



Provider Handbook

2022 edition

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Intent of the Handbook

Choices Coordinated Care Solutions created this handbook to help you better understand Choices and your role as a provider. You will learn more about Choices' partnerships and our dedication to youth, adults, and families. While this handbook will serve as a guide, it does not replace the requirements of your signed contract. You are bound to the contractual obligations of the signed agreement.



Welcome Letter

Dear Community Partner,

Welcome to Choices! We are so glad you are joining our team to partner with and empower youth and their families.

You are now part of the Choices network, which offers families flexibility and choice in picking the team that will best meet their needs. Whether you are an individual who is already supporting a child or part of a large youth-serving organization, we share the common goal of keeping our youth safe in a place they call home.

As a provider, you also have access to Choices and our Care Coordinators, who will help make sure we fit the Plan of Care to the needs of the youth and will work closely with you and other members of the Child and Family Team. Choices will support you and your work with each youth by making sure you have what you need so we can put that youth on a path to success. Choices collects and analyzes data across all our programs, and the results show our model works. We owe a great deal of credit to our providers, who often go the extra mile to support the youth we serve. It is important to us that we work with providers in the communities we serve. That way, we can invest in you, your growth, and most importantly, our youth and families.

The following pages outline the Choices-provider relationship. I hope you take a few minutes to familiarize yourself with Choices' mission, our vision, and our guiding principles. Together, we stand to make a positive impact on the lives of youth and their families.

We look forward to partnering with you.

Sincerely,

Michael Goldberg, CEO

Choices Coordinated Care Solutions, Inc.



Section I: Introduction to Choices

About Choices

Choices Coordinated Care Solutions is a national nonprofit organization committed to supporting individuals with significant behavioral and emotional challenges in community settings. In 1996, Choices was founded as Indiana Behavioral Health Choices in Marion County, Indiana to provide intensive wraparound for youth at risk of being placed in settings outside of their homes. This local collaborative was called the Dawn Project.

Our Services

Choices offers supports and services such as High Fidelity Wraparound, mobile response, behavioral health services, and care coordination to individuals and families within the states of Indiana, Louisiana, and Mississippi. Through the development of a diverse provider network, individuals and families have access to a vast array of services that are offered by providers within their communities. Such partnership opportunities allow Choices Care Coordinators to make referrals and authorize reimbursement to contracted providers who serve youth and families accordingly.

Our Model

Through community collaboration and recruitment, provider networks are developed across Choices' service areas to meet and exceed the needs of youth and families who are referred for High Fidelity Wraparound services. The Provider Relations Team is charged with the responsibility to engage providers throughout the communities and surrounding areas where youth and families are referred to Choices.

Our Consumers

The Provider Relations team (PRT) acts as a liaison for the Choices Care Coordination team, Choices Claims Department, and community providers. We strive for excellence in customer service through a strengths-based, transparent, and responsive approach. An important skill for the PRT is the ability to act as a network navigation and a community resource support to the Care Coordination team. The PRT is most accountable to the Care Coordination team to pursue and develop partnerships that offer traditional and innovative services and supports to youth and families.

Finance

Provider reimbursement rates are determined in accord with the fee for services schedules within any given state or locality. However, Choices determines rates for providers who do not have an approved



contract with existing Choices funders or Medicaid. These exclusive providers are typically local mentoring agencies, transportation providers, or independent therapists.

Our Network Partnerships

The networks that were developed across Choices have the capacity to deliver almost 100 different types of services for the several thousand individuals in our programs each day. Choices has approximately 250 providers across three states. These providers have a variety of interests and expertise, from individual to large scale entities, mentoring to therapy, tutoring to family preservation, and institutional to in-home respite care.

The Provider Relations Team is the liaison between community providers and Choices clinical staff. Regular emails to providers about changes or opportunities comes through the Provider Relations Team (PRT). Quarterly Lunch and Learns and other formal opportunities for Choices staff to mingle with providers are methods used to educate and inform the providers and Care Coordination staff about policy changes, practice updates, or new opportunities.

Service Array

Through partnerships with our network providers, we have an array of services and supports that are available to families that are sometimes not otherwise offered through state government.

- Crisis and safety planning
- Parent-to-parent support and mentoring
- Therapy, with focus on improved client-therapist matching
- Respite
- Tutoring
- Mentoring and independent living skills building for youth
- Behavioral health and psychiatric services
- Community supervision
- Recovery support
- Residential or group home placement
- Foster care/ therapeutic service
- Mobile crisis services

Enhancing Network Capacity

Choices employs a strategic approach to enhancing network capacity, including:

- Identifying our clients' needs.
- Partnering with existing providers to expand their current service offerings.



- Recruiting and enrolling new service providers.
- Facilitating opportunities for strategic partnerships between existing providers.

These strategies are particularly important for building capacity in communities where access to network providers is limited.

We recruit and enroll providers with unique niches otherwise excluded from provider networks such as:

- Mentoring
- In-home therapy
- Tutoring
- Skill building
- Family preservation
- In-home respite care

Utilization Management Practices

Choices monitors the utilization of covered services offered by providers. The goal is to evaluate compliance with organization policies and procedures, laws, regulations, and guidelines. This may include obtaining and inspecting provider invoices, provider agreements, client treatment plans, and progress notes to ensure appropriate performance and contributions of each provider.

Utilization management for the Choices network happens at different levels of the organization. At the most basic level, the Choices Care Coordinator talks with the youth and family on a daily to weekly basis about the services provided and the impact on the family. Feedback from both the family and the provider are compiled. Impacts are measured through the feedback and through the Child and Adolescent Needs and Strengths (CANS) assessment tool. At the monthly Child and Family Team meetings, youth and family progress and provider utilization are reviewed. Decisions are made as to the continued impact of each service to the family. At the core of where services are provided, feedback is received about the network provider's performance.

Organizationally, Choices runs monthly and quarterly reports that show the providers utilized within Choices' network, the number of families served by each provider, and the amount of money received by each provider. The Choices Provider Relations Director and Vice President of Community and Provider Relations review the utilization data for trends and patterns that align with the norm along with those that are different. If there are trends that seem out of the norm, the Provider Relations Team contacts the provider to review the utilization behaviors. The team also assesses the utilization pattern with the Care Coordinators who have authorized services for the provider. Real time utilization data can be observed through our data system; however, it becomes retrospective because the data accumulates, and the patterns are formed after the utilization occurs.



Quality Management Practices

Choices follows best practices to monitor the quality of services offered by providers. Choices will provide continued assistance to providers in the development and management of referral protocols and a claims-review procedure. The provider will be an active participant in each client's Child and Family Team to implement the client's Plan of Care. The provider will submit all required reports and any additional information needed to comply with service standards of Choices and/ or government entities in a timely fashion.

Additionally, the provider shall assist and support Choices with any internal or external audit process for billing, compliance, or credentialing purposes that are connected to services provided. This includes but is not limited to allowing Choices or its designee to engage in an on-site review of records and related documents at the provider's place of business and/ or where services were provided to Choices clients.

Provider Network On-Site Evaluation

The Provider Relations Team will maintain ongoing communication with the provider to check in and discuss what is working well and areas of concern. An on-site evaluation is required and facilitated by a member of the Provider Relations Team. This evaluation contains four parts:

- State-specific training, including HIPAA, CPR & First Aid, and cultural diversity.
- Case records, such as monthly reports, confirmation of submission, and a locked system.
- State-specific background checks.
- State-specific insurance requirements.

Ensuring Clear Communication throughout the Network

Network management at Choices consists of ongoing communication from the VP of Community and Provider Relations and the designated Provider Relations team member. Information is communicated in a clear and concise manner by way of provider network training, traditional mail, email communication, and annual contract review and renewal. The Provider Relations Team meets on a bi-weekly basis to exchange ideas and offer insight regarding creative ways to communicate with network providers and increase network capacity. Information is shared throughout the provider network regarding updates related to the Vendor Information Portal, cross-training opportunities, community events, and other provider-related updates.

Choices Care Coordinators are responsible for facilitating monthly Child and Family Team meetings; wherein, the youth, family, referral sources, and network providers are required to be present. The Child and Family Team provides guidance and direction to all network providers and other team members regarding the goals and expectations of service to the youth and family. Choices Care Coordinators communicate information with their leadership/clinical team regarding successes or concerns that are brought to their attention. Choices' Provider Relations Team works closely with Care Coordinators and



the leadership/clinical team to address provider-related concerns that might appear to be in violation of the Provider Master Agreement or state-specific addendums.

In addition to ongoing communication with your Choices referral source, providers are contractually required to meet the reporting requirements indicated in Exhibit C.

Our Mission

Empower individuals. Engage communities. Enhance systems.

Our Values

- Respect
- Trust
- Collaboration
- Accountability
- Diversity
- Innovation

Team-Based Approach

We promise to:

- Make your needs our priority and stay responsive in our planning and practices.
- Address each of your issues as if it were our own.
- Consider perspectives of all team members and share resources.
- Treat all team members with respect, integrity, and honesty, and exhaust every effort to meet the needs of the people we serve.
- Build on peoples' strengths and enhance natural supports and community resources.
- Be personally responsible and ethical in our practices.
- Encourage diversity and build cultural competency through awareness, education, and sensitivity to differences.



Section II: Choices State Partnerships

Our Partners

Choices works with a trusted network of hundreds of providers who are integral partners in offering individualized treatment plans to the youth we serve. Our providers range from community-based, grassroots organizations to larger agencies.

Our ability to partner with community providers ensures that our clients can access the supports they need when and where they need it. Choices works with providers across large urban and rural areas. We help establish a broad and comprehensive service array. These include formal, non-traditional, and client-selected providers that are culturally competent and capable of working in home-based and neighborhood settings. We often find that our clients best know their own communities and can help us engage and enroll providers that are the most easily accessible for them. Below is a brief overview of all Choices programs across multiple states.

Indiana

Cross Systems of Care

Provides individualized service and Plans of Care for youth and families with complex needs who are involved in multiple care systems.

Choices Emergency Response Team (CERT)

A mobile, community-based service that provides 24-hour assessment and on-site crisis response to support individuals and their families during times of crisis with a focus on individuals experiencing overdose due to opiate use.

Children's Mental Health Initiative (CMHI) and Children's Mental Health Wraparound (CMHW)

These programs support youth with significant behavioral and mental health needs by providing services that are within a System of Care philosophy and consistent with High Fidelity Wraparound principles. The programs provide youth and families with resources they may not otherwise be eligible to receive, including community-based and clinic-based services.

Family Preservation

Community-Based Family Preservation Services are provided to families who have had a substantiated incident of abuse and/or neglect, and the Indiana Department of Child Services (DCS) believes the youth can remain in the home with the introduction of appropriate services to the entire family. Choices is one of many DCS partners across the state. Through Family

Preservation Services, Choices provides the following evidence-based practices in select regions of Indiana:

- Parent-Child Interaction Therapy (PCIT)
- Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- High Fidelity Wraparound

Louisiana

Wraparound

A program designed for youth with complex behavioral health needs to receive the necessary support and services in their homes and communities instead of institutionalized care.

Mississippi

Wraparound

Helps individuals 21 and under with severe emotional or behavioral needs. The main goal is to prevent unnecessary removal of youth from their homes. The program takes an individualized, team-based approach to helping the youth and their family achieve positive outcomes.

Foster Care Solutions

A therapeutic foster care agency that facilitates certification, training, and support of foster parents. The agency provides every child with a stable placement and works as a team with the child, family, and partners to achieve permanency. The program currently operates in Indiana.

Behavioral Health Solutions

Evidence-based mental health services for youth and families involved with child welfare and/or juvenile justice. Services include individual, family and group therapy; case management; coordination with primary care providers; and assessments to ensure appropriate levels of care. The program currently operates in Indiana.

Section III: Terms and Concepts

Terms

Below are terms that you will often hear when working with Child and Family Teams, the Provider Relations Teams, and the Claims Department.

Evidence-based practices

According to the [Child Welfare Information Gateway](#), evidence-based practices “refer to the integration of the best available research evidence with the child welfare practice expertise in the context of child and family characteristics, culture, and preferences.”

For more information about evidence-based practices, visit the California Evidence-Based Clearinghouse for Child Welfare (CEBC) at <https://www.cebc4cw.org/>.

Wraparound Facilitator or Care Coordinator

A Choices employee responsible for assisting family case managers, probation officers, teachers, and all team members to streamline services and supports with the goal of achieving permanency and decreased need on formal system-supports. Wraparound Facilitators and Care Coordinators:

- Help families identify strengths and needs to develop plans.
- Are trained to be expert facilitators.
- Partner with families to build a team of community supporters and services.
- Help families track their progress.
- Stay in regular contact with youth and families with face-to-face meetings and phone calls.
- Organize Child and Family Teams.
- Conduct Team Meetings.
- Provide crisis support.
- Educate, empower, and encourage youth and caregivers.

Plan of Care

A written document developed by a Choices Care Coordinator describing the type, frequency, and duration of the covered services that are to be provided to the participant or participant’s family by direct service provider. The Plan of Care includes interventions and supports that are centered on the strengths of the youth, family, and community.



Child and Family Team (CFT)

A Child and Family Team (CFT) is an inter-disciplinary team who meets regularly and whose main purpose is to develop and approve a highly individualized Plan of Care. Family members are encouraged to help choose team members and serve as the “driver” of the team process. They participate actively on the team and share successes and concerns regarding the strengths and needs of the youth.

For more information about Child and Family Teams, read the Child and Family Team Workbook.

Child and Family Team Meeting (CFTM)

An initial Child and Family Team meeting may be held within 10 days of the referral, and again every 30 days, or more frequently as needed. This may also vary by state, program, and youth.

Claims Specialist

An individual who is responsible for processing vendor invoices, generating payment, and maintain records for offsite offices, monthly financial analysis and reporting, and a variety of tasks that support the fiscal operations department.

SmartCare

Providers currently use the electronic health record system called [SmartCare](#) to submit invoices to Choices, for payment. For instructions on how to use SmartCare for provider claims, read [the SmartCare Provider Guide for Claims](#).

If you have questions about submitting an invoice through SmartCare, contact the Claims Department at Claims@ChoicesCCS.org.

Vendor Information Portal (VIP)

Before October 31, 2021, Choices used the [Vendor Information Portal](#) (VIP). VIP was an Internet-based web application that allows vendors to submit invoices electronically. Using the Vendor Information Portal expedited payment of services performed as well as helped facilitate accurate submission of billable services.

The VIP User Guide is [here](#). If you have questions about VIP, contact the Claims Department at Claims@ChoicesCCS.org.

Concepts

Choices follows the principles of Wraparound in much of our work with youth and their families. It is important for Choices providers to understand what Wraparound entails when partnering with Choices

and serving individuals and families. Below are brief explanations of Wraparound-related terms and aspects of the process.

About Wraparound

According to the National Wraparound Initiative, Wraparound is “a method of engaging with children and youth with the highest levels of mental health needs, and their families, so that they can live in their homes and communities and realize their dreams.”

Wraparound helps youth thrive in healthy, loving, and stable homes. Benefits for youth and their families include:

- Safer behavior at home, school, and elsewhere.
- Improved life and social skills.
- Being heard and leading the planning process.
- Better family harmony.
- Stronger community support.

Wraparound Terms

At Choices, we often use the terms Wraparound, High Fidelity Wraparound, and Care Coordination interchangeably. Below are brief explanations of each term.

Wraparound	High Fidelity Wraparound	Care Coordination
Choices has Wraparound programs in Indiana, Louisiana, and Mississippi. Wraparound is a practice model defined by the National Wraparound Initiative. It is a team-based planning process that places youth and their families at the center. With the help of a team that includes service providers and supportive relatives or friends, a family takes the lead in developing goals and its vision for the future. The team puts the plan into action and helps the	“High Fidelity” indicates a high level of adherence to the Wraparound model by practitioners, such as Care Coordinators and wrap facilitators. Carefully designed phases and Wraparound principles define how we work with clients, build Plans of Care, and enhance supports. High Fidelity Wraparound has clear practice guidelines and tools for measurement. The federal government funds High Fidelity Wraparound	At Choices, Care Coordination usually refers to an Indiana Department of Child Services funded program called Cross System Care Coordination, for which Choices has a contract. There are a lot of similarities to Wraparound, but the program is funded by the State of Indiana.

youth and family reach their goals.	programs across the country, through Medicaid.	
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10 Principles of the Wraparound Process

(Source: The National Wraparound Initiative's Wraparound User's Guide, A Handbook for Families.)

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team based.** The Wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The Wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single Wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. **Community-based.** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
6. **Culturally competent.** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. **Individualized.** To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based.** The Wraparound process and the Wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. **Unconditional care.** Despite challenges, the team persists in working toward the goals included in the Wraparound plan until the team reaches agreement that a formal Wraparound process is no longer required.
10. **Outcome based.** The team ties the goals and strategies of the Wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

How Wraparound and Care Coordination Work

The Care Coordinator or Wraparound Facilitator serves as an advocate for the youth and family. They help to guide the team through the process of team meetings, remove barriers to allow families to fully participate, and guide the development for a Plan of Care and Crisis Plan unique to each family's needs. Care coordination is a process that empowers the people we serve. This process includes:

- Engaging with the family and their team to build strong relationships.
- Helping the family and others to identify needs and prioritize the things that need to be addressed.
- Identifying strengths of the family and developing plans to build on them.
- Meeting with the family and those important to them for Child and Family Team meetings and routine check-ins when needed.
- Helping set up important appointments for needed services and resources.
- Helping those involved with the family focus on success.

Child and Family Teams are Team-Based and Family-Driven

An essential component of Wraparound and Care Coordination is the Child and Family Team. This team is comprised of the identified person, any involved family members, service providers, and natural supports. Including natural supports as part of the Child and Family Team results in a broader group of invested people who are committed to the wellbeing and success of the person. Natural supports are also essential to improving outcomes, providing a lasting connection in the community, and offering support in the event of a crisis.

Child and Family Teams are most successful when everyone works together toward the family's vision. The team is here to help the youth and the family find the services and supports that will help them succeed. Family members should help choose team members and serve as the "driver" of the team process. They should participate actively on the team and share successes and concerns regarding the strengths and needs of the youth.

The Child and Family Team should be made up of people who will be involved on an ongoing basis. Typically, Child and Family Teams can include the following individuals:

- Parent or legal guardian
- Child or adolescent
- Care Coordinator/ Wraparound Facilitator
- Probation officer and/ or child welfare worker
- School teacher or counselor
- Mental health provider(s)
- Family support partner
- Other informal supports, such as clergy, neighbors, the youth's friend, or other family members.

What Families Can Expect from their Child and Family Team

During the process, families should expect to:

- Drive decision-making.
- Attend regular meetings facilitated by Choices.
- Receive copies of all plans and reports.
- Be respected by other members of the Child and Family Team.
- Have their voices heard.

Successful Child and Family Teams

Youth and families are most successful achieving independence in their own homes and communities. All members of the Child and Family Team actively participate by bringing their resources, skills, and knowledge to the table. All meetings begin with successes at Choices, and members work together to help the youth and family achieve their goals. Teams work through a strengths-based discovery process that encourages families to identify their strengths and the services they need. Meetings take place at least every 30 days. All team members, including providers, should:

- Make themselves available to meet at least monthly and be available to consult between meetings.
- Share information openly and honestly.
- Help create a care coordination plan and crisis plan.
- Participate actively on the team.

As a member of the team, you must let the group know if you are going to be unavoidably late or unable to keep an appointment.



Section IV: Steps to Become a Provider in Indiana

Introduction

Email the Provider Relations Team at ChoicesPRPublic@ChoicesCCS.org with a letter of intent if you are interested in becoming a member of our Provider Network. The steps to become a provider with Choices are listed below.

Pre-Screening Phase

Agencies or individuals interested in providing services for Choices must submit the below information in one complete packet to ChoicesPRPublic@ChoicesCCS.org. Once this information is received, it will be reviewed and forwarded to the provider review panel for review and feedback.

- Proposal (should include but not limited to proposed services, rates, locations/counties/ areas you want to serve, population, age group, structure of any programs, history of agency/provider providing services, and anything else that you think would be helpful for us to review in deciding whether to partner with you and/or your agency.)
- Brochures (if applicable)
- Resumes
- Degrees and college transcripts
- Licensures/certifications (if applicable)
- Proof of Evidence-Based curriculums or programs being used

New Contract Phase

Once a proposal has been approved, a Provider Relations Team member from the designated site will conduct a formal meeting with the prospective provider. The Provider Relations Team will share the following information:

- | | |
|------------------------|----------------------------|
| • Provider Handbook | • Exhibit A |
| • Direct deposit form | • Exhibit B |
| • Employee Roster Form | • Exhibit C |
| • W-9 Form | • Exhibit D |
| • Attachment 1 | • Master Provider Contract |

The Provider Relations team member will request the following documents from each subcontractor or employee within the provider organization:

- Employee Roster*
- Completed Direct Deposit Form*
- W-9*
- Proof of Insurance
- Resume(s)
- Copy of Degree(s) and Official College Transcript(s) (if applicable)
- Copy of High School Diploma(s) (if applicable)
- Proof of Valid Driver's License(s)
- Background Checks
- Proof of Required Trainings (visit <https://www.in.gov/dcs/3493.htm> for more information)
- Proof of Evidence-Based Practices if applicable
- Copy of Licensure/Certification if applicable

* The asterisk refers to documents related to the organization and not individual employees or subcontractors.

A Provider Relations team member will notify the provider regarding a formal training for their billing department which will take place once the contract is complete.

Welcome to the Choices Provider Network

Once all prior steps have been completed, the Provider Relations Team will ensure the provider received the following information:

- Copies of all contractual attachments
- An invitation to the next Provider Network Forum
- A welcome packet



Section V: Contracting with Choices

Commitment to Our Providers

Choices strives to support our providers in all possible ways as they guide youth on the path to success. By partnering with Choices, you can expect exceptional customer service from the Provider Relations Team to ensure you have the resources necessary to facilitate your relationship with Choices youth and families.

Choices Wrap Facilitators and Care Coordinators actively engage and support you throughout your work with Child and Family Teams.

Our Claims Department provides ongoing support and access to [SmartCare](#).

The Contracting Process

As a Choices provider, you will help improve the outcomes for youth and families experiencing significant mental health and behavioral health needs and may be at risk of being placed in restrictive facilities away from their parents or caregivers.

Choices is devoted to choosing behavioral health agencies, groups, and individuals to provide wraparound services to our youth. Our ability to partner with community providers ensures that individuals and families can access the supports they need when and where they need them. These include formal, non-traditional, and family-selected providers that are culturally competent and capable of working with families in home-based and neighborhood settings. We often find that families best understand their own communities and can help us engage and enroll providers that are the most easily accessible for them.

Eligibility Criteria

The Choices provider network ranges from individual service providers to large organizations, all of which must meet the eligibility requirements set forth by the funders – government entities such as child welfare, Department of Education, or mental health. Every state or jurisdiction establishes its own contractual stipulations that the prospective provider must adhere to before receiving approval from Choices to serve individuals and families. Such contractual stipulations include criminal background record checks, verification of required insurance, proof of professional licensure, and/or education. Choices takes pride in its ability to comprehend and ensure that all providers within the network are in full compliance with the State for which they are partnered. Network providers are contracted with Choices under one or more service codes, which are shared and discussed during the initial conversation.



Provider Questionnaire

The Choices Provider Questionnaire has information for Choices to share with our local programs to help match an agency's array of services with the needs of the child and family. This can include information about licensure, educational background, certifications, types of clients, and population services.

Contractual Agreements

Master Provider Agreement

The Master Provider Agreement is the standard agreement that applies to all Choices providers across programs and locations. This contract provides information about terms and conditions, compensation, and HIPAA.

Exhibit A – Addendum

This is a state-specific agreement that includes state requirements and expectations for providers working with youth. It covers background checks and insurance requirements.

Exhibit B – Menu of Services

This describes our array of services available to individuals and families. It also includes standard requirements as mandated by the state.

Exhibit C – Provider Documentation Timeline

Providers are required to submit documents within certain time frames. Exhibit C lists these timelines.

Exhibit D – Compensation Schedule, Service Code Listing, and Rates

Exhibit D is the full array of contracted services. Once completed, it becomes the provider agency's fee schedule.

Interim Provider Agreement

This agreement allows Choices to partner with organizations that are state-approved. Providers can begin working with Choices for an interim period of 60 days while they submit the required documentation.

Liability Waiver for Parents

This waiver allows Choices to partner with providers outside of the Choices network, at the request of the parent or legal guardian's preference. Under this agreement, Choices may reimburse the provider



for services. This waiver is signed by the parent or legal guardian and indicates that Choices is waived of all liability.

Liability Waiver for Providers

This waiver allows Choices to partner with providers outside of the Choices network, at the request of the parent or legal guardian's preference. Under this agreement, Choices may reimburse the provider for services. This waiver is signed by the out-of-network provider and indicates that Choices is waived of all liability.

Single Services Provider Agreement

This agreement allows a Child and Family Team to work with a provider that has a special skillset needed for a youth during a limited time period.

Contract Term and Termination

The initial term of the Master Provider Agreement is effective once all parties have signed the contractual agreements. The Agreement is effective for a two-year term and will renew automatically for a one-year period unless it is terminated by one of the parties.

The contract agreed upon between Choices and the provider has a set term and may be terminated by either party without cause as long as 30 days written notice is provided to the other party. Choices may immediately terminate the contract if the safety of the child or the qualifications of the provider come into question. If the contract is terminated, the provider is still obligated to complete treatment for 60 days or until transfer of care is accomplished. If the contract is terminated, the provider will cooperate with Choices to supply all records of the participant.

Insurance and Indemnification

Insurance and indemnification are state-specific. Refer to your Master Provider Agreement for details.

Provider Network Grievance Process

Providers may follow this process to have their concerns, grievances, and appeals heard and evaluated. General issues should be facilitated by the Care Coordinator and supervisor working with the provider, while issues related to billing or claims should be facilitated by a member of the Claims Department. If this initial review does not result in a satisfactory resolution, the provider may file a grievance with the state-designated Grievance Officer.



Through this grievance procedure, providers may address the following issues:

- Denial or termination of privileges within the Provider Network.
- Contracting concerns, including decisions not to contract or to abrogate existing contracts.
- Referrals for services.
- Conflicts within the Child and Family Team relating to services provided.
- Billing and claims issues.
- Other service-related issues.

Read the entire Provider Grievance Procedure [here](#).

Provider Network Appeals Process

If the provider is dissatisfied with the Grievance Officer's response and resolutions, the provider may request an appeal to the Grievance Committee. This request should be submitted in writing or email to the CEO of Choices and include all information the provider wishes to be reviewed by the Grievance Committee. The CEO shall select a Grievance Committee within five working days of receiving the appeal, and the committee shall review and provide a response and resolution within 30 days following the receipt of appeal.

The Grievance Officer and CEO shall maintain a record of the receipt of the grievance, the subject matter of the grievance, and the resolution of the grievance. A provider may also directly initiate a complaint with the U.S. Department of Health and Human Services or appropriate local, state, or federal funding, licensing, or regulatory agencies at any time.

Business Associate Agreement

A written agreement to protect the privacy and provide for the security of Private Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 and regulations by the U.S. Department of Health and Human Services.

Network Provider Participation

Choices providers actively participate in activities that support a youth and the Child and Family Team. These activities include meetings, court hearings, and scheduled appointments.



Our Provider Relations Team also encourages providers to participate in the Provider Network Forum, which is an opportunity to meet with Choices staff and other providers. Choices also hosts annual “fairs” for providers to meet with local child welfare and juvenile justice partners.

Below are descriptions of various types of participation we expect from providers.

Child and Family Team Meetings

Choices providers join Child and Family Teams as part of Wraparound. The meetings last about an hour and occur monthly until the youth transitions out of the formal process. See Section III for more information about Child and Family Teams.

Court Attendance

Providers are encouraged to attend court to represent a youth or family upon invitation from the Care Coordinator or Wrap Facilitator. Choices will reimburse providers for court attendance, per appearance.

Multi-Disciplinary Team

The Multi-Disciplinary Team at Choices is made up of network providers with various expertise in areas including but not limited to clinical support, community-based services, educational assistance, and behavior management. This diverse team of providers meets on an ad hoc basis to offer insight on how to effectively support specific cases with Choices youth and families. Choices clinical staff will determine when the Multi-Disciplinary Team is necessary and individuals on this team are chosen by Provider Relations and Choices leadership.

Provider Network Forum

The Provider Network Forum is a series of regularly scheduled meetings that gives providers and Choices staff an opportunity to discuss common goals, share best practices, and examine possible service gaps or underserved locations. This is a collaborative effort for a broad scope of providers to come together on an ongoing basis and review anything from professional boundaries and ethics to high-level training opportunities.



Section VI: A Commitment to Quality

Cultural Competency

Cultural competency is critical to how Choices and its partners serves individuals and families. We know that we cannot effectively meet the needs of youth and families without getting to know their backgrounds and doing our best to incorporate their cultures. Choices employees go through mandatory racial equity training in order to better understand structural racism and how it impacts communities where we work. We also hire employees who reflect the diversity of people we serve, including but not limited to race, sexual orientation, disability, religion, gender identity, language, and other aspects of culture. Organizationally, we value cultural competency and emphasize it in our policies, daily work, internal interactions, and external partnerships.

The provider network plays an important role in how we connect people from various backgrounds with appropriate services and care. We strive to find providers located in the same communities our youth and families live. We help families select providers that share or understand their cultures. Translation services are also something that we connect individuals with when needed, so that they can effectively communicate and make informed decisions with fewer language barriers.

Accreditation

Choices has been accredited by the Council on Accreditation (COA) since June 1, 2011.

COA accreditation is an objective, independent, and reliable validation of an agency's performance. The COA accreditation process involves a detailed review and analysis of an organization's administration, management, and service delivery functions against international standards of best practice. The standards driving accreditation ensure that services are well-coordinated, culturally competent, evidence-based, outcomes-oriented, and provided by a skilled and supported workforce. COA accreditation demonstrates accountability in the management of resources, sets standardized best practice thresholds for service and administration, and increases organizational capacity and accountability by creating a framework for ongoing quality improvement.

Confidentiality and HIPAA Compliance

Choices Coordinated Care Solutions is dedicated to respecting the privacy of our clients, donors, provider network, staff, volunteers, and corporate information. Choices will treat all personal and health information it receives in the course of providing services and coordinating care as confidential and will not disclose or discuss such information with anyone without permission or authorization from Choices management or as otherwise required by law. Choices will take care to ensure that unauthorized

individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Choices Clinical Practice

Choices Care Coordinators, Wraparound Facilitators, and clinical supervisors participate in extensive training provided by the National Wraparound Implementation Center. The training helps them deeply understand Wraparound principles and implement the Wraparound process in a high-quality manner.

Here is an overview of the training, which is taken over the course of a year:

- Introduction to Wraparound (3 days):
 - Understand critical components of the Wraparound process in order to provide High Fidelity Wraparound practice.
 - Practice the steps of the Wraparound process.
- Engagement in the Wraparound Process (1 day):
 - Identify barriers to engagement.
 - Develop skills around engaging team members and the family.
 - Use research-based strategies to increase positive outcomes for youth and their families.
- Intermediate Wraparound: Improving Wraparound Practice (2 days):
 - Choices participants will have experienced on-the-job training for several months before attending this session. The training is tailored and enhances the skills they already started to develop. Trainees will:
 - Address common implementation challenges.
 - Practice and use tools in telling and reframing the family story.
 - Pull out specific functional strengths to use during the planning phase.
 - Identify underlying needs of the youth and caregiver.
 - Practice developing outcome statements and strategies that tie back to the reason for the referral and address underlying needs.
- Advancing Wraparound Practice: Supervision and Managing to Quality (2 days; for supervisors only):
 - Identify the essential elements of quality Wraparound implementation.
 - Increase understanding of the role of the supervisor in quality Wraparound implementation.
 - Learn how to manage quality throughout the phases of Wraparound implementation.
 - Learn how to develop quality Wraparound practitioners, individualized and strength-based service plans, and team processes.
 - Learn how to transfer knowledge and skills to the workforce.



Provider Mandatory Monthly Reporting

Providers are required to submit timely and complete reports regarding the services they are delivering to clients. Each provider enters into a written Provider Agreement at the time he or she joins the Choices Provider Network or begins to serve a Choices client. The Provider Agreement will contain an addendum, specific to the state in which the services are being provided, which specifies the deadlines for the reports that are required from that provider. The Provider Relations Team works with providers at the time of contracting to identify the necessary content and format of the reports that will be submitted.

All network providers must adhere to the Choices contractual agreements, which includes monthly report submissions and requirements. It is critical that all reporting requirements be met and submitted to the Choices Care Coordinator or Wrap Facilitator as indicated in the Exhibit C timeline.

Provider Satisfaction Surveys

This is an optional survey that providers can complete anonymously. The goal of this survey is for Choices to help improve the quality of services we offer and ensure provider satisfaction while working with us.

We measure our network providers' success based on their ability to meet the needs of the identified youth and family. Feedback regarding the quality of the provider is driven by the Child and Family Team. Additionally, evaluations allow us to check for contract compliance and receive input from providers as to whether their partnership with Choices is successful to them.

Every year, we survey our providers to understand their satisfaction level with Choices. We ask them questions around the following topics:

Child and Family Team Best Practices	Provider Relations Best Practices	Claims Best Practices
Administration <ul style="list-style-type: none"> • Agenda setting • Regular meetings held monthly • Promptness of meetings • Facilitation by a Care Coordinator or parent System of Care values <ul style="list-style-type: none"> • Responsiveness to family needs • Flexibility • Cultural competence Producing access to services <ul style="list-style-type: none"> • Crisis intervention services • Timely and easy access • Well-coordinated services 	Professionalism <ul style="list-style-type: none"> • Quality of communication • Level of professionalism Responsiveness <ul style="list-style-type: none"> • Timely response to information requests or other messages Partnership <ul style="list-style-type: none"> • Quality of relationship between Choices, the provider, and the community Technical support <ul style="list-style-type: none"> • Quality of support addressing liability, confidentiality policies, and evaluation of the quality of services 	Preparation for invoicing <ul style="list-style-type: none"> • Authorizations • Enrolling new staff Resolution of problems <ul style="list-style-type: none"> • Timely resolution of billing issues Technology <ul style="list-style-type: none"> • Efficient online billing system Staff support <ul style="list-style-type: none"> • Services provided • Interaction with staff

Consumer Satisfaction Surveys

This is an optional survey that members of a Child and Family Team can complete anonymously. The goal of this survey is for Choices to help improve the quality of services we offer and ensure consumer satisfaction and ongoing success while working with us.



Section VII: Provider Reimbursement

Providers are paid according to their contractual agreement with Choices, on a fee-for-service basis. Reimbursements are made in accordance with Exhibit D of the contract and are contingent on submission of monthly reports with all the required details, which include narratives, start dates, and end dates.

Providers submit invoices through SmartCare and have 90 days – from the first day of the month after services were provided – to submit each complete invoice. Once the invoice is submitted, Choices will pay the provider according to the payment schedule established in their Choices Master Agreement. For more information about reimbursement, download the following documents:

- [SmartCare Provider Guide for Claims](#)
- [Foster Parent Manual](#)
- [Foster Care Invoice](#)
- [CMHI Invoice Instructions](#)
- [Claims FAQ](#)

If you need help submitting a claim, contact the Claims Department at Claims@ChoicesCCS.org.

Section VIII: Frequently Asked Questions

What kind of contract documents do I need to sign?

Most professional providers entering the Choices network will sign a Master Provider Agreement and addenda to that contract, which vary based on the state in which services are provided.

- The Master Provider Agreement contains most of the terms and conditions on which the parties' relationship will be based. Choices utilizes the same Master Provider Agreement across all states, which provides clarity and consistency for providers.
- Addendum A sets out specific requirements that are needed to provide services in a specific state. If a provider is going to provide services in more than one state, that provider would need to sign an addendum for each state. The Addendum A contains requirements taken from contracts, laws, or regulations of the state's child welfare agency or other governmental agency that governs that contract. For instance, the Addendum includes requirements for criminal background checks, child abuse checks, and insurance coverage.
- Exhibit B, the Service Code Description, is a list of all service codes pursuant to which Choices pays for services. Each provider selects from Exhibit B those services it is qualified and willing to provide, and Choices confirms that the provider is appropriately credentialed to provide the services selected. Once the provider and Choices have agreed upon the rates which will be charged for each service, these service codes and rates are listed in Exhibit D, the Compensation Schedule.
- Exhibit C is a list of the reports which the provider will need to submit as services are provided. If a provider already creates a similar report within its system, Choices seeks to work with that provider to utilize its existing report structure when possible.

What kind of documentation will I need to provide?

You will receive a checklist at the time of contracting which will identify the documents that Choices will need to complete your credentialing process. While the documents can vary slightly based on state requirements, they typically include the following:

- General business information, such as a W-9, direct deposit form, and an agency information sheet which includes needed contact information.
- Documentation of background checks for your staff, including criminal background checks, child abuse and neglect checks, and Department of Motor Vehicles checks (if transporting clients).
- Certificates of insurance demonstrating that you have the required general liability, professional liability, and worker's compensation insurance.



- If you are not already contracted with the state child welfare agency, Choices will also ask for additional proof of work history, licensure and certification, educational degrees, and identity.

All these documents must be provided to Choices before you can be approved to provide services to youth as part of the Choices network.

How do I receive referrals?

Each youth and family can select providers of their choosing. If you are selected by a youth and family to provide services, you will receive notification from a Care Coordinator of that selection and the type and amount of services which have initially been approved. Please advise the Care Coordinator in a timely manner if you have accepted the referral and will be providing the services. Because Choices promotes “family voice and choice” and its network is non-exclusive, Choices cannot guarantee that any provider will receive a certain type or level of referrals.

How will I be paid for services?

All services must qualify as “Covered Services” in order to be paid by Choices under the Agreement.

- First, the service must be listed on Exhibit D to your contract, indicating that you have been approved to provide that specific service at an agreed-upon rate. If you wish to provide services to a youth that have not been previously included as options within your contract, please contact Provider Relations to discuss the process for adding additional services.
- Second, the Child and Family Team (CFT) must authorize the services as appropriate and necessary for the youth and family. Our authorization process is a collaborative one – the members of the team work with the youth and family to determine the types and frequencies of services which will be most beneficial. Because providers are typically involved as members of the CFT, they could discuss their proposed treatment, understand how it plays into the youth’s overall plan of care, and provide feedback to the CFT about the youth’s progress with those services. The Choices Care Coordinator facilitates the CFT meetings and enters authorizations for those services which are approved at each meeting.

How do I address concerns or grievances with Choices?

Choices values its partnerships with the providers in its network and wants to know if a provider has a concern or a grievance relating to services provided to Choices’ clients or any aspect of the provider relations process. We encourage you to reach out to a Care Coordinator, a supervisor, a member of the Provider Relations team, a member of the Claims staff, or another Choices employee with the



appropriate knowledge to assist in answering the provider's questions. Any Choices employee can also assist a provider in filing a formal grievance with Choices upon request. Choices' grievance procedure is available in the Choices Provider Handbook or on the Vendor Information Portal.

Will Choices audit my files? How does that work?

Choices works with providers on an ongoing basis to ensure that they continue to meet their contractual requirements.

- Periodically, Choices will ask each provider for updated credentialing information to verify that all staff still meet licensing, background checks, driving, insurance, and other requirements. Depending on location and availability, a member of the Choices Provider Relations Team may meet with the provider in person to discuss the contractual requirements and view the documents. This is also an opportunity for Choices to "check in" with the provider to see how things are going overall and whether there are opportunities for the provider to expand services available to youth and families.
- Should there be a question regarding billing or services provided, or Choices becomes aware of a concern regarding a provider's staff member, Choices will contact the provider to discuss those concerns. Choices may ask to meet with the provider in person to review records or develop a plan to address the issue and will work to set that meeting for a time and place convenient for both parties.

The contract says that if the applicable laws change, this will affect my contract, even if Choices does not give me notice. Why does the contract say this?

Choices and the providers in its network are all subject to the laws and regulations of the state and federal entities that provide funds for these services. Choices has no control over whether those entities will change the laws and regulations, and Choices is obligated to follow those changes and to implement them with its network providers if applicable to them. If Choices becomes aware of a significant change that affects its providers, it will make efforts to let those providers know of that change. However, all providers are obligated to monitor and follow the laws and regulations that apply to them. If a provider determines that it no longer wants to serve Choices clients due to a change in law or regulation, it has the right to terminate its contract with Choices by following the procedure set out in the Master Provider Agreement.



Why am I required to indemnify the State?

Most of Choices' contracts with state funding agencies require Choices to indemnify the State, and for Choices to pass those obligations on when it contracts with other entities to provide services to youth and families. Therefore, Choices includes this language in its Master Provider Agreement to comply with these state requirements.

What happens if I do not want to accept any more clients through Choices?

The Choices provider network is non-exclusive, and a provider is not required to take clients upon referral. You can turn down a referral if you choose to do so. If you determine that you no longer want to be part of the Choices network, you can terminate your Master Provider Agreement at any time by providing 30 days written notice. If you leave the network, we ask that you work with Choices to ensure continuity of care for any youth and families you are serving at that time.

Why is the Agreement governed by Indiana law? Why does it require that disputes be settled in Indiana?

Contracts are generally governed by state law. Therefore, a court applying one state law might interpret a contract provision differently than a court applying a different state law to interpret the same language. Because Choices uses the same basic contracts for all of its providers, it needs to be able to predict and understand how those contracts will be interpreted, regardless of the state in which a provider is located. Thus, Choices chose to have its contract governed by the law of one state – Indiana.

The fact that a court will use Indiana law to interpret the contract does not mean that the provider will be subject to Indiana's requirements for providers. The provider would be subject to the requirements applicable to its operations in the state in which it practices, and the requirements set forth in the contract and addenda. Rather, the designation of Indiana law means that if a dispute arose between Choices and a provider, the person resolving that dispute would look to Indiana statutes and court decisions to see how similar contractual provisions had been interpreted in the past.

For similar reasons, Choices also requires that any disputes be settled in Marion County, Indiana, where Choices' headquarters are located. Because Choices maintains agreements with providers across multiple states, it would be a huge financial and administrative burden for Choices to travel to those other sites to address any legal dispute which arises. Therefore, Choices' Master Provider Agreement requires any disputes to be addressed in one central location.



How do I contact my Choices team?

You may contact the main office at Choices to receive the name and number of your Care Coordinator. The main office phone number is 317-726-2121.

Who do I contact if there is an error with my billing?

Please contact Claims@ChoicesCCS.org.

How do I receive my payment?

Providers will receive payment by Electronic Funds Transfer (EFT) or by check through the United States Postal Service. The Direct Deposit Form will be provided to you separate from this manual.

When will I receive my payment?

The terms and conditions of payment are listed in your Master Agreement unless otherwise noted by the local Provider Relations Team.

How can I complete my invoice electronically?

Providers complete invoices electronically through SmartCare. Refer to the [SmartCare Provider Guide for Claims](#) or [CMHI Invoice Instructions](#) for step-by-step directions.

Do I need to send invoices to DCS still?

No, once the youth is enrolled with Choices Cross System Care Coordination program, Choices becomes responsible for all payments for services that are pre-approved, including discretionary funds.

What is a Vendor ID?

Once a provider is enrolled into the Choices Electronic Health Record system, a Vendor ID is generated. A Vendor ID is the number used to identify you in the billing system and will be provided to you by Choices. This number is different from any DCS ID number.

How do I get the Client ID number?

You may contact your local Choices clinical team for this ID number.



Do I need a referral for reimbursable items?

No, Choices does not require a referral for reimbursable items. However, reimbursable items must be discussed and approved with the Care Coordinator prior to purchase.

Do I use the same service codes that I used with Indiana Department of Child Services (DCS)?

No, please refer to your signed Exhibit D, which will reflect the correct codes.

Is Choices required to complete a Placement Agreement for youth who are placed in a group home or residential treatment facility?

Yes, the Choices Care Coordinator will include the effective date that aligns with the Choices enrollment.

Can I utilize background checks and fingerprints from my previous agency?

No. The results can only be used for the contractor/sub-contractor that is listed on the check. For more information regarding this please refer to the following links on the Indiana DCS website:

[Background Check for Department of Child Services \(DCS\)](#)

[National and State Fingerprint Based Criminal History Check](#)

Where can I find the Indiana DCS service standards?

Indiana DCS service standards are available at this link: <https://www.in.gov/dcs/3878.htm>.

Where do I apply to obtain a worker's compensation waiver?

Visit the Indiana Department of Revenue website at this link: <https://www.in.gov/dor/4473.htm>



Section IX: Useful Contact Information

General Questions

If you are an active Choices provider, reach out to your Provider Relations Manager with general questions.

For those interested in becoming a provider, send a letter of intent to ChoicesPRPublic@ChoicesCCS.org.

Billing Questions

Email billing questions to the Choices Claims Department at Claims@ChoicesCCS.org.

File a Grievance

Follow the instructions in the Grievance Procedure [here](#) to submit a formal concern. The contact information is included in the document.