

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 77
Subject: **Contract Development**

Effective Date: 5/21/12
Last Revision Date: 1/12/16
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Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) to institute a standard procedure for developing contracts with new service providers.

Purpose

The purpose of this policy is to establish procedures for developing contracts for new providers.

Application

This policy applies to all SCCMHA programs and services.

Procedure

1. A determination is made that a contract for specific services is necessary. Responsible administrative or clinical staff requesting a new contract or service will submit the request and documentation to the Contract Manager for contract development or request for proposal (RFP).
2. The Contract Manager will obtain all documentation required under the terms of the standard contractual agreement. This may include but will not be limited to licensure, insurance certificate, resume, letter of recommendation, verification of accreditation, and network provider application.
3. The Contract Manager will validate that the contractor is licensed and insured as necessary to operate in the State of Michigan and has not been excluded or debarred using the General Services Administration Excluded Parties List System (GSA EPLS).
4. All potential contractors, solicited and unsolicited, will be required to complete a Provider Network Application.
5. After development of the contract, approval is obtained from the SCCMHA Board to execute a formal contract with the contractor.

6. SCCMHA will make a good faith effort to provide notice of significant changes in the provider network to beneficiaries. The notification process will be coordinated through the Customer Services Department.

7. If SCCMHA is unable to provide medically necessary specialty services to a particular beneficiary within the provider network, SCCMHA must adequately and timely cover these services out of network for the beneficiary. Since there is no cost to the beneficiary for in-network services, there may be no cost to the beneficiary for medically necessary specialty services provided out of network.

Approved by: 
Board Chairperson

4-14-2016
Date


Chief Executive Officer

4/14/16
Date

