

E.3.C.

Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:

- a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.
- b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.
- c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.
- d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.

PROFESSIONAL COUNSELING ASSOCIATES, INC. FORENSIC EVALUATIONS

PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to provide forensic psychological evaluations as directed by DAABHS and Arkansas State Hospital Forensics Unit within contracted and updated timelines.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has historically utilized contracted Licensed Psychologists with unique forensic evaluation training to provide this service for persons ordered under Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. Contracted providers will continue to utilize PROFESSIONAL COUNSELING ASSOCIATES, INC. as a “pass-through” to ensure clear communication occurs between the referring sources, Arkansas State Hospital Forensics Unit, and the Contractor. Data will be retained within the electronic medical records system of PROFESSIONAL COUNSELING ASSOCIATES, INC. and updated database formats to ensure clients are located and scheduled within expected timeframes.

PROFESSIONAL COUNSELING ASSOCIATES, INC. will ensure that completed evaluations for ACT 327, ACT 328, and ACT 310 are directed to all required entities – including DAABHS, Arkansas State Hospital Forensics Unit, Prosecutor, Defense Attorney, Judge, etc. The completed Treatment Recommendations Report will be Included in the evaluation submitted to Arkansas State Hospital Forensics. Persons who are deemed “NOT FIT TO PROCEED” will be referred to FORENSIC OUTPATIENT RESTORATION PROGRAM (FORP). Agency representatives will also participate in monthly FORENSIC Technical Assistance calls, or schedule individual calls with DAABHS to ensure information is updated and current. Agency representatives will continue to participate in required forensic training opportunities.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DAABH - TREATMENT RECOMMENDATION REPORT (DRAFT)**

Client's Name: _____

Date of Forensic Evaluation: _____

Is the client Fit to Proceed? Yes No

Does the client require Treatment? Yes No

If either of the above questions is answered No, then please sign the form and forward it with the client's evaluation report. If neither question is answered No, please complete the appropriate section below based on the client's evaluation report. Once complete, include this form with the evaluation.

Does client have a **Behavioral Health** diagnosis? Yes No

If Yes, is client in a PASSE? Yes No

If Yes, what is the name of the PASSE? _____

Has the PASSE been notified? Yes No If Yes, when? _____

If not in a PASSE, has client been referred for an Independent Assessment? Yes No

If No, has client been referred for counseling services? Yes No

If Yes, where and when? _____

Does the client have a **Developmental Disability** diagnosis? Yes No

If Yes, is client in a PASSE? Yes No

If Yes, what is the name of the PASSE? _____

Has the PASSE been notified? Yes No If Yes, when? _____

If not in a PASSE, was client referred to Developmental Disability Services? Yes No

For a diagnosis other than Behavioral Health or Developmental Disability: Refer to DAABH

Date referred: _____

Clinician Signature

Date

THIS IS A WORKING DRAFT COPY OF THIS DOCUMENT.

E.3.D.

Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:

- a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.
- b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.
- c. Have qualified staff in place to provide didactic competency services.
- d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.
- e. Provide Individual Outpatient Restoration according to the RFQ requirements.
- f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.
- g. Determine need for and request ARKANSAS STATE HOSPITAL inpatient admission for any Client you cannot restore as an outpatient Client.

Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.

PROFESSIONAL COUNSELING ASSOCIATES, INC. FORENSIC OUTPATIENT RESTORATION PROGRAM (FORP)

PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided FORENSIC OUTPATIENT RESTORATION PROGRAM (FORP) deliverables since the outpatient program piloted in April of 2012. At the time of this submission, PROFESSIONAL COUNSELING ASSOCIATES, INC. provides FORP services to 7% of the total persons in the state of Arkansas referred to this program (*statistical information noted on DAABHS FORP February 2019 monthly report*). Given the geography of our region, FORP services are expected to continue at this rate, and likely greater, given the volume of referrals for forensic behavioral health services in Arkansas.

Referrals to PROFESSIONAL COUNSELING ASSOCIATES, INC. for FORP services will continue to be provided by the agency's designated Daytime Screener, with oversight and direction from the Clinical Director.

Upon receipt of the referral information from DAABHS and Arkansas State Hospital Forensics Unit, the agency will proceed with locating and scheduling referrals within one week of the agency receiving the referral. For the initial stages of the competency restoration process, the referral will meet with the designated clinical provider at least weekly. The clinical provider will utilize the most appropriate forensic competency booklet (adult or child) and FORP standardized competency exam to determine competency.

The referral will be expected to score at least 70% to meet minimum competency expectations. Should the referral not be determined competent and the clinical assessment indicates medication management may be of benefit to reduce/manage behavioral health symptoms, the referral will be scheduled with an agency physician for psychiatric assessment. Should the referral present with an even greater acute psychiatric crisis, then a SPOE screening will be completed to determine least restrictive environment to ensure safety and security of the referral and others. Upon clarification of ability to be restored, the designated clinical provider will continue to monitor the referral at least monthly. All documentation will be directed to all required entities – including DAABHS, ARKANSAS STATE HOSPITAL Forensics Unit, Prosecutor, Defense Attorney, Judge, etc. as required. The completed Weekly FORP Report template will be utilized to ensure continuity of reporting and maintaining common language to reduce confusion or delays in proceed with the required legal processes. Agency representatives will also participate in monthly FORP Technical Assistance calls, or schedule individual calls with DAABHS to ensure information is updated and current. Agency representatives will continue to participate in all FORP training opportunities.

Weekly FORP Progress Update – sample

Report Date:	02/26/19
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Client's Name:	John Doe
Assigned Restorer:	Jane Smith: title – LPC, LCSW, QBHP ect...
Assigned CMHC:	XYZ
Type of Service: Outpatient Restoration	Client was seen this date. He was in a good mood. Discussed Workbook. He is doing well in FORP. Will be seen next week. (just give the basics) if doing good, or not so good, or getting the material or not, if needs to be seen by a prescriber, if psychotic, V/A hallucination, Delusions, etc...Do you feel the person can be restored within the four-month time frame...
FORP Recommendations:	Continue FORP; Refer to ASH, Refer for 310 re-evaluation, etc...
Current Diagnosis – BH:	Schizophrenia, Bipolar, etc...
Current Diagnosis – DD:	ID, NONE, Borderline Intellectual Functioning, Autism, etc...
Current Treatment - Medications:	Currently taking Medications prescribed by CFYF or Jail or other
Current Treatment - Therapy:	Therapy, No Therapy, (type of:) Family, Group, Individual, etc...

E.3.E.

Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall c. describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:

- a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.
- b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.
- c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.

PROFESSIONAL COUNSELING ASSOCIATES, INC. NON-MEDICAID

PROFESSIONAL COUNSELING ASSOCIATES, INC. outpatient behavioral health services provides assessment, intervention, and medically necessary behavioral health services, including individual therapy, family therapy, paraprofessional interventions, pharmacological management, and group therapy. Clinical services are available to referrals ages 4-99. We serve all persons within our DAABHS defined region, which includes Pulaski, Lonoke, and Prairie Counties. Outpatient behavioral health services follow the agency's mission and values statement. Our goal is to offer pathways to wholeness, healing, and hope through caring and effective behavioral health services. The needs of each client are addressed individually and from a holistic approach. All services are client and family centered and recovery oriented.

Outpatient Services has five clinic locations throughout our region – Springhill (North Little Rock), Sherwood, Jacksonville, Cabot, and Lonoke. Each clinic location has adequate office space including confidential interview rooms and appropriate spaces for group therapy and large-family therapy sessions. All facilities are accessible to persons with disabilities. Support personnel, professionals, and paraprofessionals are available at each location. When demand for services exceeds current staffing, coverage is provided by personnel from other locations.

Emergency / crisis services are provided at clinic sites during working hours, through cooperative efforts between PROFESSIONAL COUNSELING ASSOCIATES, INC. emergency services team and outpatient clinical providers. After-hours crisis coverage is maintained by PROFESSIONAL COUNSELING ASSOCIATES, INC. emergency services team. This includes on-call telephone crisis intervention and mobile face-to-face SPOE screening assessments.

PROFESSIONAL COUNSELING ASSOCIATES, INC. follows uniform admissions criteria, regardless of payer source. In instances where we are not able to clinically provide services, we make referrals to appropriate providers. Our primary target population is persons with a DSM diagnosis, with resulting impairments that create medical necessity for behavioral health treatment. Part of the initial assessment process includes educating clients on available services, general program expectations, rights and responsibilities, and any associated costs of services. Paraprofessional services, including care coordination, may be provided at the recommendation of the primary therapist, or other relevant treatment planning participant.

Services provided by PROFESSIONAL COUNSELING ASSOCIATES, INC. include an array of therapies and modalities, including individual therapy, family therapy, psychiatric assessment, pharmacological management, group therapy, and care coordination. Outpatient clients can concurrently be served by other PROFESSIONAL COUNSELING ASSOCIATES, INC. programs, including DYS Promote, Rehab Day Services, and/or Emergency Services.

Our behavioral health professionals and paraprofessionals may provide contract services as opportunities become available. Contract services are tailored to the needs of the contractor, for example:

- Assessment and counseling for Employee Assistance Programs;
- Evaluations and consultation at preschools or schools;
- Assessment and consultations at health clinics or nursing homes;
- Clinical services for victims of rape, domestic violence, and other crimes;
- Debriefing after disasters and violent incidents;
- Clinical services for youth under the jurisdiction of the Department of Youth Services (UFS contract and Promote clients);
- Court-ordered treatment services;
- Intervention services, and/or groups, for children and youth in school settings.

FAMILY RESOURCE CENTER (aka DROP IN CENTER)

The Family Resource Center located in the Springhill (North Little Rock) clinic, is intended to host community visitors and provide additional community resource and referral information. Any person may use the Family Resource Center as an information center, a transitional space between groups or sessions, and/or to self-regulate following an emotional therapeutic event in a safe space within proximity of behavioral health professionals and paraprofessionals. Persons who present for walk-in therapy clinic may use the Family Resource Center area as a waiting area until a behavioral health professional becomes available.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has maintained active relationship building with our homeless neighbors who reside in our region, and specifically in the adjacent woods next to our agency property. Agency staff ensure all persons are made to feel welcome in our facility not only to engage in available services, but also to seek shelter during business hours, utilize telephone services, utilize power source to recharge electronic devices, or obtain food or hygiene items when available. When resources are not immediately available by our agency, PROFESSIONAL COUNSELING SERVICES, INC. actively links with other central Arkansas resources – including THE VAN, LUCIE’S PLACE, OUR HOUSE, RIVER CITY MINISTRIES, VA DAY TREATMENT, etc.

Shelters	Special Requirements	Special Requirements							Address	Contact Information			
		MEN	WOMEN	YOUTH	VETERANS	REENTRY	RECOVERY	DOMESTIC VIOLENCE			DAY SHELTER	EMERGENCY	LONG TERM
Abba House	Pregnant women and new mothers; No drug problems/mental illness	•	•	•	•	•	•	•	•	•	•	1002 S Oak Street (501) 666-9718	
Compassion Center	Family rooms available with a marriage license	•	•	•	•	•	•	•	•	•	•	Women: 4210 Asher Avenue Men: 3618 W Roosevelt Rd Women: (501) 663-2972 Men/Families: (501) 296-9114	
Dorcas House	N/A	•	•	•	•	•	•	•	•	•	•	Call for more information urmission@ir.org (501) 374-4022	
Galnes House	Must have a mental health diagnosis or a physical disability	•	•	•	•	•	•	•	•	•	•	1702 S Galnes Street (501) 376-4015 galneshouse.org	
GYST House, Inc.	Chemical Free	•	•	•	•	•	•	•	•	•	•	8101 Frenchmans Lane gysthouseinc.com (501) 568-1682	
Immerse Arkansas	Youth ages 14-21	•	•	•	•	•	•	•	•	•	•	5300 Asher Avenue immersearkansas.org (501) 404-9890	
Lucie's Place	LGBTQ+ ages 18-25; drop in center	•	•	•	•	•	•	•	•	•	•	300 S Spring Street, Suite 715 luciesplace.org (501) 508-5005	
Nehemiah House	N/A	•	•	•	•	•	•	•	•	•	•	2821 Confederate Boulevard urmission.org (501) 374-1108	
Our House	Must be willing and able to work; Career Center free to community	•	•	•	•	•	•	•	•	•	•	302 East Roosevelt Road ourhouseshelter.org (501) 374-7383	
Salvation Army	Women and children; exceptions for single fathers and their children	•	•	•	•	•	•	•	•	•	•	1111 W Markham Street salvationarmyusa.org (501) 374-9296	
St. Francis House	Must be a Veteran	•	•	•	•	•	•	•	•	•	•	2701 S Elm Street stfrancisministries.com (501) 664-6036	
Women & Children First	Can work with fathers and their children as well	•	•	•	•	•	•	•	•	•	•	Call for more information Office: (501) 376-3219 Victims: (800) 332-4443	

SUBSTANCE ABUSE & MENTAL HEALTH		HOMELESS OUTREACH		RAPID REHOUSING		DAY CENTERS	
Harbor House, Inc (501) 690-1547		The Van (501) 965-9444 Finding and loving our unsheltered neighbors		Pulaski County Housing (501) 340-3374 201 S Broadway, St 220, LR		Jericho Way Day Resource Center (501) 916-9859, Mon-Fri 7:30am-2:30pm, 3000 Springer Blvd, LR	VA Day Treatment Serving military veterans. (501) 244-1900, 1000 S Main St, LR
Recovery Centers of Arkansas (501) 372-4811		Part of the Solution Street Outreach (501) 837-3952 1920 N Main St Suite 213, LR		River City Ministry (501) 376-6994 Mon-Fri 8am-3pm 1021 E Washington, North Little Rock		Our House Career Center (501) 374-7383 M-Th 8 am-9pm, Fri 8am-4pm 302 E Roosevelt Rd, LR	River City Ministry (501) 376-6994 Mon-Fri 8am-3pm 1021 E Washington, North Little Rock

ADDITIONAL RESOURCES	
Central Arkansas Family Stability Institute (CAFSI) Serving near homeless & near homeless families with children in the household. (501) 374-7383 On the Our House, Inc campus at 302 East Roosevelt Rd, Little Rock	Better Community Development Programs for persons with disabilities. (501) 963-7223 3604 W 12th Street, Little Rock
Partners Against Human Trafficking (PATH) (501) 993-1641 Victims call (501) 301-HELP(4357) Day Center, emergency transportation, and referrals for 18+ rescued victims/survivors of sex-trafficking, sexual assault, and prostitution	Free Will Baptist Family Ministries Serving ages 12-17 in the custody of DHS/DDFS. (501) 963-3129
Arkansas Food Bank Distribution center, call for more information. (501) 565-8121 Mon-Fri 8am-5pm	Methodist Family Health Emergency Center Serving ages 6-18 referred by DDFS or currently a client with Methodist Family Health. (501) 661-0720 202 S Fillmore St, Little Rock
Goodwill Industries of Arkansas Adult Education, Job Training, & Employment. (501) 372-5100 Mon-Fri 9am-9pm	Willis Hinton Neighborhood Resource Center (501) 379-1500 Mon-Fri 8am-5pm 3805 W 12th St, Little Rock
Family Promise of Pulaski County Serving households with minor children. (501) 372-0733 222 E 8th St, Little Rock	

This guide is meant to provide information about shelters and resources to the community. Every effort is made to ensure accuracy, but this information may change. Please email Our House staff at resources@ourhouseshelter.org if any information is incorrect.

E.3.F.

Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and

describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:

- a. Make FEP services available to the individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.
- b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.

Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.

PROFESSIONAL COUNSELING ASSOCIATES, INC. FIRST EPISODE PSYCHOSIS (FEP)

PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided FIRST EPISODE PSYCHOSIS (FEP) program deliverables since the outpatient program piloted in 2015. The agency will continue to provide medically necessary treatment interventions, regardless of payer source. The agency will continue to provide required data to DAABHS via monthly reporting.

For targeted individuals age 18 to 34, PROFESSIONAL COUNSELING ASSOCIATES, INC. has integrated the evidence-based curriculum -Individual Resiliency Training (IRT) - into our Rehab Day Services program, our highest level of clinical service. Noting that the first two years of structured treatment interventions are known to be positive determinants for improved long-term symptoms management. With oversight by the Clinical Director and primary therapists at the Springhill (NLR) location, paraprofessionals facilitate the IRT standard and individualized modules.

These modules include:

Standard

Orientation

Assessment and Initial Goal Setting

Education About Psychosis

Relapse Prevention Planning

Processing the Psychotic Episode

Developing Resilience – Standard

Building a Bridge to Your Goals

Individualized

Dealing with Negative Feelings

Coping with Symptoms

Depression

Anxiety

Sleeping Problems

Hallucinations

Low Stamina or Energy

Worrisome Thoughts

Substance Abuse

Having Fun and Developing Good Relationships

Having Fun

Connecting with People

Improving Relationships

Making Choices About Smoking

Nutrition and Exercise

Developing Resiliency – Individualized

For targeted individuals age 15 to 18, PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to utilize the above IRT curriculum in a setting that is clinically appropriate based on presenting symptoms and behaviors. Individualized therapy interventions provided by the treatment team – including therapist, physician, and paraprofessional, in collaboration with the youth’s identified support system, will occur. When clinically appropriate, group therapy and peer support interventions specific to this targeted group will be provided by designated clinical staff.

PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to provide community outreach and education on all aspects of integrated health – with a unique emphasis on FIRST EPISODE PSYCHOSIS (FEP). Outreach and education will occur by announcements and information updates provided on the agency’s website. The agency will distribute a dedicated FEP brochure to community partners, during community events, and in each clinic location resource area. The Clinical Director and other designated staff will facilitate training opportunities and speaking engagements with region’s hospitals, jails, schools, medical providers, and other likely entities who could assist in the collaboration of FEP awareness and referral.

Living with psychosis

If a family member develops some of these symptoms, it is important to intervene early. There are many examples of individuals diagnosed with psychotic disorders who have led fulfilling and successful lives.

Some famous people with psychosis diagnoses include Darrell Hammond from SNL, Peter Green from Fleetwood Mac, Brian Wilson of the Beach Boys, author Phillip K. Dick, and Nobel Laureate John Nash



Dr. John Nash, who won the Nobel Prize in economics, was diagnosed with Schizophrenia at a young age. His life was immortalized in the Academy Award winning film *A Beautiful Mind*

PCA is here to help

- ❖ **CLINIC** locations in Pulaski, Lonoke, and Prairie Counties.
 - ❖ Administration is in Pulaski County.
 - ❖ Clinic hours are **Monday through Friday, 8:30 a.m. to 5:00 p.m.**
 - ❖ **Extended hours** are available at some clinics.
 - ❖ **EMERGENCY / CRISIS** staff are available **24 hours a day**.
- Call any agency number for assistance.

Professional Counseling Associates Outpatient Clinics:

SPRINGHILL.....	955-7600
SHERWOOD.....	835-4174
JACKSONVILLE.....	982-7515
CABOT.....	843-3503
LONOKE.....	676-3151
NLR - (Springhill).....	955-7600

Visit our website for more information:

www.pca-ar.org

Administration Headquarters: 501-221-1843

PCA provides behavioral health services.
Call **501-221-1843** for more information.

Professional Counseling Associates



What is Psychosis? Myths vs. Facts



*Offering pathways to wholeness,
healing and hope through caring
and effective mental health services.*

What is psychosis?

Psychosis refers to changes in the brain that interfere with a person's experience of his or her world. Characteristic symptoms are:

- * Hallucinations
- * Delusions
- * Confused thinking

Hallucinations refer to hearing voices or seeing things that aren't present.

Delusions refer to false beliefs or marked irrational suspicions of others.

Confused thinking can refer to disorganized thoughts or speech, difficulty concentrating or understanding others.

Other common symptoms:

- * Social withdrawal
- * Disrupted sleep patterns
- * Disrupted thoughts, memory and attention
- * Decreased motivation
- * Pervasive anxiety
- * An inability to enjoy themselves
- * Odd and unusual behaviors
- * Changes in appetite and eating
- Difficulty with daily activities, such as school and work

- * Decreased sense of smell
- * Decreased stress tolerance
- * Increased sensory sensitivity

Psychosis typically emerges between the ages of 15-25.

Approximately 2-3 out of every 100 people will experience a psychotic episode.

Myths vs. Facts:

Myth: People with psychosis are violent.

Fact: The numbers do not indicate a significant difference between those with psychosis and the general population in terms of violence potential.

Myth: Early psychosis and schizophrenia is untreatable.

Fact: Studies show that the earlier an individual is treated, the better the outcome will be. A combination of therapy and medications works best to help individuals with psychosis experience normal lives.

Myth: Schizophrenia means split personalities.

Fact: Schizophrenia comes from two Greek words, *schizo* meaning split (think schism), and *phren* meaning mind (think phrenology). Many people confuse it with split personalities, but the split has more to do with a split from reality.

Myth: Mental illness is the result of bad parenting.

Fact: Mental illness is likely caused by a combination of environmental and genetic factors.

Myth: Substance use does not negatively affect or impact people with early psychosis or people at risk of developing early psychosis.

Fact: Drug use can directly contribute to the development of early psychosis in persons who are already pre-disposed to developing psychosis or Schizophrenia.



Brian Wilson (second from the left) of the Beach Boys has experienced hallucinations, and has been diagnosed with schizoaffective disorder. *Love and Mercy*, a movie starring Paul Dano, and John Cusack as Wilson, was released in 2014. It features his treatment for the disorder.

E.3.G.

Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:

- a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.
- b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.
- c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.
- d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners.

Vendors are encouraged, but not required to participate in the maintenance or development of Behavioral health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.

PROFESSIONAL COUNSELING ASSOCIATES, INC. COMMUNITY-BASED SERVICES

As evidenced by support letters, survey responses, and other shared community partnerships, PROFESSIONAL COUNSELING ASSOCIATES, INC. is viewed as a community resource for behavioral health services. PROFESSIONAL COUNSELING ASSOCIATES, INC. strives to maintain positive working relationships with the Arkansas State Hospital, all other local hospital emergency rooms and inpatient providers. PROFESSIONAL COUNSELING ASSOCIATES, INC. routinely receives direct connect phone calls from the Suicide Prevention Hotline for persons in acute distress. PROFESSIONAL COUNSELING ASSOCIATES, INC. maintains opportunities for education and training with county jails in our region – including Lonoke County and Prairie County. Additionally, mental health awareness training facilitated by the Clinical Director has occurred in local school districts – including North Little Rock School District and Cabot School District. An ongoing Resource Directory

is available for internal staff use to provide referral information based on the presenting need. Through the agency's membership in the Mental Health Council of Arkansas, agency leadership maintains active awareness of statewide changes or other models of care being implemented by our peers.

PROFESSIONAL COUNSELING ASSOCIATES, INC. maintains a website that provides information on how to access the agency 24-hours a day, including phone numbers and clinic address information. Each clinic location supplies a Client Handbook to all new referrals, which also includes this information. Emergency contact information is posted on exterior doors of the clinics, so that should someone present to the agency during non-business hours they may view phone numbers for immediate assistance.

Through the Outpatient Rehab Day Services program, members are encouraged to participate in Consumer Council. This non-clinical time allows for direct stakeholder feedback and participation in events that are important to reduce stigma and facilitate empowerment. Consumer Council members have participated in agency Mental Health Awareness events and statewide rally events. Prior to June 30, 2018, the agency employed a Family Support Partner through the System of Care Program. As the agency has leveraged challenges impacting service delivery within the current model of care, this position has yet to be replaced. PROFESSIONAL COUNSELING ASSOCIATES, INC. continues to provide a designated Family Resource Center area, within the Springhill / North Little Rock location. This can be accessed during business hours, as noted in another response section.

Currently, PROFESSIONAL COUNSELING ASSOCIATES, INC. participates directly with the Pulaski County Circuit Court, Mental Health Court that occurs twice weekly. The Daytime Screener's duties include maintaining awareness of court petitions for involuntary commitment, immediate detention, and/or referral for Act 10 substance abuse inpatient treatment. Upon court orders being completed directing a person to our agency for behavioral health treatment, the Daytime Screener completes a single-point of entry screening to facilitate placement at the Arkansas State Hospital or other local inpatient facility.

For persons who are detained by local law enforcement due to symptoms or behaviors of a related behavioral health diagnosis, Emergency Services Screeners assess for the least restrictive environment. This might include a referral to the Pulaski County Crisis Stabilization Unit, local inpatient behavioral health facility. If the screening criteria does not warrant inpatient hospitalization, then a jail / hospital diversion appointment can be scheduled with an available provider at any PROFESSIONAL COUNSELING ASSOCIATES, INC. clinic.

In recent months, the agency's Clinical Director, along with several other Little Rock and DAABHS stakeholders, has participated in discussions with Judge Melanie Martin of Little Rock District Court to explore the implementation of a mental health diversion program in that court. These meetings have progressed to development of legal language to present for review.

The agency maintains a high standard of excellence, which includes providing culturally-competent, evidenced-based interventions that benefit our clients.

E.3.H.

Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and

describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:

- a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).
- b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.
- c. Complete the DHS 100 Form.

Compliance with Social Services Block Grant requirements found in Attachment H.

PROFESSIONAL COUNSELING ASSOCIATES, INC. SOCIAL SERVICES BLOCK GRANT (SSBG)

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides clinical behavioral health services: including individual therapy, family therapy, and group therapy by qualified behavioral health professionals; psychiatric evaluation and medication management by physicians; and other services facilitated by qualified behavioral health paraprofessionals, such as rehab day services, adult life skills, behavioral assistance, and other allowable OBHS interventions. PROFESSIONAL COUNSELING ASSOCIATES, INC. is CARF Accredited and currently has 5 OBHS Certified clinic locations serving north Pulaski, Lonoke, and Prairie Counties.

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides clinical behavioral health services based on medical necessity, regardless of an individual's insurance guarantor. When individuals in our region are uninsured or underinsured, Clinic Support Staff work with that person to determine if they qualify to utilize available SOCIAL SERVICES BLOCK GRANT (SSBG) TITLE XX funds.

Title XX

Guarantor ID 403001

Social Services Block Grant (SSBG) commonly referred to as Title XX enables PCA to provide services to clients with limited income and no funding source, at no cost to the client. Clients must meet eligibility criteria covered in DHS form 100. The client must have a physical address in our catchment area to receive Title XX, and a social security number is required.

The Arkansas Title XX program operates on the state fiscal year which runs from July 1 through June 30 or when the grant money has been exhausted (whichever comes first).

APPLICATION FOR TITLE XX SERVICES: DHS-100

The [DHS-100](#) is to serve as a record of the client's application for Title XX services. This form is used to collect information necessary to determine eligibility for Title XX. This form is used to gather information that will be used to assign a case number and should be filled in as completely and accurately as possible, even though the client may be eligible without regard to income or status eligibility. [Instructions for the form](#) are also posted.

Name, Address, Telephone Number: Enter the name, address and telephone number of the applicant. In all non-foster care cases, the case-head or a responsible adult must apply on behalf of a child or incompetent person.

Family Members: List all members of the eligibility unit and enter the personal information requested for each member. If more than 9 family members, state that an additional sheet is attached and continue on another form, completing only the name and family member sections. Use these codes.

01	Mother	05	Brother
02	Father	06	Sister
03	Son	07	Spouse
04	Daughter	08	Other

National Goal: Circle the number of ONE national goal (*usually 02 for PCA*).

1. Achieving or maintaining self-support to prevent, reduce or eliminate dependency.
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving rehabilitating or reuniting families.
4. Preventing or reducing institutional care when other forms of care are not appropriate, or other forms of less intensive care.
5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individual institutions.

Categorical Eligibility? (check one); **Service Need Established?** (Check one); **Arkansas Resident?** (check one); **Eligible for Services Requested?** (Check one).

Family Income: Check all sources of family income (consider the possibilities below) and enter the gross amount of the monthly income.

- Earned Income
- Farm Self Employment
- Social Security
- Veterans Administration
- Non-farm Self Employment
- TEA

- Alimony
- Pensions & Annuities
- Dividends & Royalties
- Worker's Compensation
- Rental Income
- SSI
- Child Support
- Interest
- Other

Title XX Maximum Allowable Income

FAMILY SIZE	ANNUAL INCOME	MONTHLY INCOME
1	17505	1458.75
2	23595	1966.25
3	29685	2473.75
4	35775	2981.25
5	41865	3488.75
6	47955	3996.25
7	54045	4503.75
8	60135	5011.25

For family units of more than 8 members, add \$4060 for each additional member.

Services Requested: Enter "MENTAL HEALTH SERVICES"

Signature: The applicant, parent, guardian or authorized representative must sign the form.

Signature of Person Assisting with Application: If client is assisted in completing the application, the person assisting must sign on the line provided.

FORM DHS-160 When Closing One Client

Before a Title XX case can be closed, you must give them ten (10) days notice by sending out the [DHS 160 form](#). Under "Reason" state "Your Title XX case will be closed in 10 days." Be sure to fill in the "Effective Date." You may choose to include this with a follow-up letter to the client. Keep a copy of the form in the chart, along with any letter that was sent. [DHS 160 instructions](#)

FORM DHS-160 When Lapsing All Title XX Clients for the Year

When the funds for the year throughout PCA are exhausted, every client with active Title XX funding is lapsed at the same time. Here is the procedure.

- Each office is notified by Administration that Title XX dollars are exhausted.
- Administration sends out a list of all active clients noting funding sources—Do not discard this list; it will also be your list to use once funds are again available July 1.
- The Client Care Liaison will lapse the Title XX screen (only the Title XX screen) using as the date 10 days after the effective date as noted on the DHS 160 form.
- Mail DHS 160 forms to each Title XX client.

E.3.I.

Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and

describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:

a. Ensuring the following services are available directly or through a sub-contractor:

i. Partial Hospitalization.

ii. Peer Support.

i. Family Support Partner.

j. Supported Employment.

v. Supported Housing.

vi. Therapeutic Communities. vii. Acute Crisis Units.

viii. Aftercare Recovery Support.

Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.

The Community Behavioral Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.

PROFESSIONAL COUNSELING ASSOCIATES, INC. EXPANDED SERVICES

PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided behavioral health services for 45 years and has maintained longstanding community relationships across Region 9: north Pulaski County, Lonoke County, and Prairie Counties. The organization currently has five outpatient clinic locations and is working to reinstate an office location in Prairie County. PROFESSIONAL COUNSELING ASSOCIATES, INC. has a well-established Emergency Services relationship with Prairie County jails and has received enthusiastic support from Sheriff Hickman to explore potential office locations to increase timely access to care for Prairie county residents.

PROFESSIONAL COUNSELING ASSOCIATES, INC. are contracted with Rivendell Behavioral Health Services of Arkansas for acute inpatient treatment services, including outpatient Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) services.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has a fully executed a Memorandum of Understanding with Recovery Centers of Arkansas to partner together to meet the needs of individuals diagnosed with behavioral health and substance use disorders who require extended, residential, Medication Assisted Treatment (MAT), transitional and aftercare recovery services.

PROFESSIONAL COUNSELING ASSOCIATES, INC. aspires to develop a virtual service delivery system. Telemedicine and Telebehavioral health services could be utilized to reduce barriers in access to medically necessary services such as psychiatric evaluations, assessments, medication management, and behavioral health counseling. With virtual technology, persons with transportation barriers or persons in jail, could interface with their prescriber to maintain an appropriate medication regimen. Additionally, telemedicine services could be utilized for persons in jail experiencing a behavioral health crisis. Through a virtual delivery system, evaluations could occur more effectively and efficiently to determine the safest, least restrictive intervention required – reducing staff travel time and increasing efficiency in collaboration between county jails and direct service providers.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is partnering with InovaTel, a clinician-owned and operated nationwide telepsychiatry network comprised of Psychiatrists, Psychiatric nurse practitioners and Licensed clinical social workers to help us meet our recruitment needs for highly qualified telemedicine professionals and to help us continue increased access to care by supporting our need for a growing telemedicine treatment team for Region 9.

E.4 COMMUNITY COLLABORATIONS

E.4.A.

Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:

- a. Collaborate with diverse stakeholders within the proposed Region.
- b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.
- c. Assist in developing short and long-term solutions to help individuals connect with community supports.
- d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.
- e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has a fully executed Memorandum of Understanding with Recovery Centers of Arkansas for treatment referrals and care coordination for dually diagnosed individuals who require Substance Abuse Residential Treatment, Partial Hospitalization, Intensive Outpatient Services, Outpatient Services, Re-Entry Program, and Chemical Free Living Support, Medication Assisted Treatment (MAT) and aftercare support services for co-occurring, behavioral health and substance use disorders.

Recovery Centers of Arkansas, LLC

Recovery Centers of Arkansas is a CARF accredited substance abuse treatment program operating in the Central Arkansas area. The non-profit organization is licensed by the state of Arkansas for Behavioral Health and Substance Abuse Treatment. Traditional individual, group and family treatment services are available. A 30-bed chemical-free living facility offers those individuals who need extended services for those in an early stage of recovery. To further support a successful recovery the organization offers aftercare services at no additional cost.

Diagnosing

Recovery Centers of Arkansas uses the Diagnostic and Statistical Manual of Mental Disorders in assessments to designate a Substance Use Disorder diagnosis. In general, the DSM diagnostic categories dictate that meeting 2-3 of the criteria indicates a mild substance use disorder; meeting 4-5 indicates moderate disorder, and meeting 6-7 indicates severe disorder (APA, 2013). Regardless of the length of time a person has been

sober, the substance use disorder diagnosis will continue to be listed. However, a specifier exists in which the assessor is to note when applicable 1) partial sustained remission (no use in the past 6 months) or 2) full sustained remission (no use in the past 12 months). Either of these specifiers should include if the remission occurred while the person was in a controlled environment (e.g. incarcerated).

Placement Recommendations

The American Society of Addiction Medicine (ASAM) criteria is used in making placement recommendations. ASAM recommends placement is in the least restrictive environment. Individuals are recommended for residential treatment if they carry a severe substance use disorder diagnosis and have been determined to be unable to discontinue using in an outpatient setting. Otherwise, placement recommendations are for outpatient services with intensity and duration dependent upon the severity noted on the diagnosis. Recovery Centers of Arkansas provides a full spectrum of level of treatment to meet the needs of the individual with a substance use disorder: Residential Treatment, Day Treatment/Partial Hospitalization, Intensive Outpatient Services and Outpatient Services. All levels of care include a drug testing component. A strong aftercare program is available at no additional fee for program alumni.

Residential Riverbend Treatment

1201 River Road
North Little Rock, AR 72114

Residential Treatment

The Oasis Renewal Center

14913 Cooper Orbit Road
Little Rock, AR 72223

Residential Treatment
Day Treatment/Partial Hospitalization
Intensive Outpatient Treatment
Outpatient Treatment

Williamsburg

6301 Father Tribou
Little Rock, AR 72205

Day Treatment/Partial Hospitalization
Intensive Outpatient Treatment
Outpatient
Chemical-Free Living

Personnel

Recovery Centers of Arkansas' staff includes waived psychiatrists (in conjunction with its *Medication Assisted Treatment* program), master's level licensed social workers and counselors, licensed alcohol and drug counselors, certified alcohol and drug counselors and trained peer recovery support specialists.

Evidence Based Practices Used as Curriculum at RCA

Curriculum	Source	Where typically used
12 Stupid Things that Mess Up Recovery	Hazelden	Residential & OP: O
AA Big Book	World Services	Residential & OP: O, RB, WB
Brief Intervention to Motivate Clients to Get Help – manual with CD	Hazelden	Intervention: O
Cognitive Behavioral Therapy for PTSD	Hazelden	Residential & OP: O, RB, WB
Living in Balance	Hazelden	Residential & OP: O, RB, WB
Living with your Higher Power – Guide to the Big Book Steps 1-3	Hazelden	Residential: O, RB
Motivational Interviewing	Technique, not curriculum	Residential & OP: O, RB, WB
My Personal Journals	Change Co.	Residential Treatment: O & RB
NA Basic Text	World Services	Residential & OP: O, RB, WB
Quitting Alcohol	Hazelden	Residential & OP: O, RB, WB
Quitting Cocaine	Hazelden	Residential & OP: O, RB, WB
Quitting Heroin	Hazelden	Residential & OP: O, RB, WB
Quitting Marijuana workbook	Hazelden	Residential & OP: O, RB, WB
Quitting Meth	Hazelden	Residential & OP: O, RB, WB
Seeking Safety Training DVD's & reproducible handouts set of 4	Seeking Safety	Residential: O, RB
Steps 1-3 Prog Workbook	Hazelden	Residential: RB
Strategies for Anger Management Manual With reproducible worksheets	Boys Town Press	Residential & OP: O, RB, WB
The Matrix Model Revised, 3 DVD's and handouts that includes the Family Unit 12 Sessions Family Ed.	Hazelden	OP: O, WB
Using Brief Intervention	Hazelden	Residential & OP: O, RB, WB
Youth Drugs of Abuse DVD	Hazelden	Residential: RB

Evidence-based Practices used at Recovery Centers of Arkansas

- Trauma-Informed Care** is a strengths-based philosophy and approach to treatment that is based on an understanding that many individuals seeking substance abuse services have a history of trauma. It recognizes the interconnections between addictions and unresolved trauma. Services are based on the needs of the individual and follow the Six Key Principles identified by SAMSHA for Trauma Informed Care: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, cultural, historical, and gender issues. In-service trainings are offered to RCA clinical staff and will continue to be made available to subcontractors to insure ongoing fidelity to this concept.

- **TCU Mapping** procedures involve the use of material produced by SAMHSA and are primarily used in correctional settings. Much of the material targets anti-social behaviors, criminal thinking, hostility, etc. This evidence-based practice is used by Recovery Centers of Arkansas in treatment groups when the primary composition of the groups is individuals with criminal-justice system involvement such as those who might be referred through contracts with the Federal Bureau of Prisons or the Arkansas Department of Community Corrections.
- **Motivational Interviewing** techniques are used in both residential and outpatient services offered at Recovery Centers of Arkansas. Outpatient Program Director, Gary Campbell, is trained as a trainer for Motivational

MEMORANDUM OF UNDERSTANDING



Carole Baxter, *Executive Director*

March 11, 2019

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
700 Main Street, Slot W345
Little Rock, AR 72201


To Whom It May Concern:


This Memorandum of Understanding supports **Professional Counseling Associates (PCA)** response to bid number 710-19-1024 to serve as the Community Mental Health Center for Region 9 in Arkansas.

Recovery Centers of Arkansas (RCA), is a CARF accredited substance abuse treatment program operating in the Central Arkansas area that is licensed by the state of Arkansas for Behavioral Health and Substance Abuse Treatment and staffed by waived psychiatrists (in conjunction with its Medication Assisted Treatment program), master's level social workers and licensed counselors, licensed alcohol and drug counselors, certified alcohol and drug counselors and trained peer recovery support specialists. As a partner in good faith, RCA will provide the following services for individuals referred by PCA under the proposed contract:

- **Substance Abuse Residential Treatment:** Curriculum for residential treatment is a four-week cycle that includes models such as traditional 12-step work, family systems theory and cognitive behavioral therapy. Services include structured, intensive treatment seven days a week with a minimum of 33 hours of group therapy and one hour of individual therapy weekly.
- **Partial Hospitalization:** PHP is a middle ground between residential and outpatient care. Clients spend several hours each day participating in treatment and therapy.
- **Intensive Outpatient Services:** This level of treatment is often used as a step-down from residential treatment. A minimum of one individual and three group sessions per week for 4-6 weeks are provided.
- **Outpatient Services:** This level is often used by individuals active in self-support organizations such as Alcoholics Anonymous or Narcotics Anonymous or by individuals with other strong support systems. A minimum of one individual and two group sessions per week are provided.
- **Reentry Program:** RCA is licensed by Arkansas Community Corrections as a transitional facility for paroles and provides re-entry services to residents.
- **Chemical Free Living:** Chemical-free living space for adults progressing successfully in recovery. A 30-bed chemical-free living facility offers those individuals who need extended services for those in an early stage of recovery.

This agreement will automatically renew at the end of each year unless either party gives the other written notice of termination.

By: 
Sarah Hirsch, Chief Executive Officer
Professional Counseling Associates

By: 
Carole Baxter, Executive Director
Recovery Centers of Arkansas

Board of Directors

George Bryant
Isadore Caldwell
Ralph Cloar
Dr. Geoff Curran
James Dietz
Amy Enderlin
Pete Hornibrook
Jim Julian
Andrew Kumpuris
Nancy Kumpuris
Thomas McCain
Dr. Larry Miller
Virginia Redden
J.D. Simpson, III
Lee Stephens

Riverbend
1201 River Road
North Little Rock, AR 72114

Williamsburg
6301 Father Tribou
Little Rock, AR 72205

Steepchase Apartments
6225 Father Tribou
Little Rock, AR 72205

Oasis Renewal Center
14913 Cooper Orbit Road
Little Rock, AR 72225

www.theoasisrenewalcenter.com (phone: 501-376-2747) www.rcofa.org (phone: 501-372-4611)

Residential & Outpatient Substance Disorder Treatment • Chemical-Free Living Facilities

Scan + file



Arkansas Community Correction

Two Union National Plaza Building
105 West Capitol, 3rd Floor
Little Rock, AR 72201-5731
501-682-9510 (office) 501-682-9513 (fax)

July 13, 2018
Carole Baxter
6301 Father Tribou.
Little Rock, AR 72205

I want to congratulate you on receiving your Transitional Facility license with Arkansas Community Correction. We value the relationship between our agency and your facility in assisting our parolees with affordable housing and other services that you provide.

Our records indicate that your facility, Recovery Centers of Arkansas Williamsburg is licensed for a total capacity of 2, with that license being valid from July 22, 2018 to July 22, 2019.

If there are any significant changes to your facility such as expansion, modification, changes in food services, etc., please notify the ACC Transitional Housing Manager to verify that those changes are covered by both license and contract.

If you should have any questions or need any assistance, please feel free to contact myself or Daniel Potter, Transitional Housing Coordinator.

Sincerely,

A handwritten signature in cursive script that reads "Carrie Williams".

Carrie Williams
Assistant Director, Reentry

Cc: file

ACC TRANSITIONAL HOUSING FACILITY LICENSE

ISSUED TO

Recovery Centers of Arkansas Williamsburg.

6301 Father Tribou, Little Rock Arkansas 72205

By Arkansas Community Correction to temporarily house offenders under ACC supervision
under the provisions of Administrative Regulation 7.8 for a maximum 2 bed facility.

License valid from July 22, 2018 – July 22, 2019
unless relinquished or revoked for cause.



Sheila Sharp
Sheila Sharp, Director



March 4, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

Rivendell Behavioral Health Services is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

A handwritten signature in black ink, appearing to read "Ballard Sheppard", written over a horizontal line.

Ballard Sheppard PhD, LPC
CEO/Managing Director
Rivendell Behavioral Health Services
of Arkansas, LLC
Email Address: Ballard.Sheppard@uhsinc.com
Website: www.rivendellofarkansas.com
Office Phone: (501)316-1255
Fax: (501) 794-0908



Carole Baxter, *Executive Director*

March 11th, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Road
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensic Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

Recovery Centers of Arkansas is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

Carole Baxter
Executive Director
cbaxter@rcofa.org

Board of Directors

George Bryant
Isadore Caldwell
Ralph Cloar
Dr. Geoff Curran
James Dietz
Amy Enderlin
Pete Hornibrook
Jim Julian
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Little Rock, AR 72225



SCHOOL OF SOCIAL WORK
COLLEGE OF EDUCATION AND HEALTH PROFESSIONS
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

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February 27, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

UA Little Rock School of Social Work is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

A handwritten signature in black ink that reads 'Elizabeth D Fowler'.

Elizabeth D Fowler, LCSW
MSW Field Coordinator/Instructor
UA Little Rock | School of Social Work | Ross Hall 401 N
edfowler@ualr.edu
(501) 569-3563 (office)



March 1, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

NAMI AR is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,

A handwritten signature in black ink, appearing to read "BSM", is written over a faint, larger version of the same signature.

Bradford S. Martins, Ph. D.
President
NAMI AR Board of Directors
email: BSMartins@uams.edu

March 11, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch:

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with our agency in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

ARcare is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,



Steven F. Collier, MD, FACHE
Chief Executive Officer
steven.collier@arcare.net

SFC/cw

JEFFERSON COMPREHENSIVE CARE SYSTEM, INC.

P.O. Box 1285 • Pine Bluff, AR 71613-1285 • (870) 543-2380

www.jccsi.org

Pine Bluff Medical
& Dental Center
1101 Tennessee St.
P.O. Box 1285
Pine Bluff, AR
71613-1285
Phone: 870-543-2380
Dental: 870-543-2341
Fax: 870-535-4716

Alzheimer Center
309 S. Edline
P.O. Box 37
Alzheimer, AR
72004
Phone: 870-766-8411
Fax: 870-766-8412

Redfield Center
823 River Road
P.O. Box 66
Redfield, AR
72132-0066
Phone: 501-397-2261
Fax: 501-397-2263

College Station Ctr.
4206 Frazier Pike
P.O. Box 668
College Station, AR
72053
Phone: 501-490-2440
Fax: 501-490-0156

Open Hands Center
Healthcare for the Homeless
3000 Springer Blvd.
Ste. B
Little Rock, AR
72206
Phone: 501-244-2121
Fax: 501-244-2130

Little Rock Community
Health Center
1100 N. University
Ste. 125
Little Rock, AR 72207
Phone: 501-663-0055
Fax: 501-280-0602

North Little Rock
Community Health Ctr.
2525 Willow St.
Ste. 1
North Little Rock, AR
72114
Phone: 501-812-0225
Fax: 501-812-0284

February 25, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, Arkansas 72117

Dear Mrs. Hirsch,

On behalf of Jefferson Comprehensive Care System, Inc. (JCCSI), I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for their Request for Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204) for mental healthcare funding.

Throughout PCA's long history in the region, the community mental health center has become a vital component of providing mental health services for the community. PCA has also been a major provider of crisis and forensics evaluation services. PCA has had a strong presence in our community and we feel strongly that PCA will continue to provide and expand access to mental health services through crisis and forensic mental health services.

PCA has a long-standing affiliation with JCCSI in order to provide a coordinated, comprehensive service approach that not only addressed the patient's mental health needs but also provided social supports that ensures a better outcome for the patient's long-term recovery.

JCCSI is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid # 710-19-10204). We look forward to working together for many years to come to serve individuals in our area who desperately need high quality mental healthcare services.

Sincerely,



Sandra J. Brown, MPH, MSN, RN
Chief Executive Officer
sbrown@jccsi.org



MEMBER COMMUNITY HEALTH CENTERS OF ARKANSAS



CABOT PUBLIC SCHOOLS
602 NORTH LINCOLN STREET • CABOT, ARKANSAS 72023 • (501) 843-3363

February 26, 2019

Sarah Hirsch, LPC, MHSP, MA, MBA/HCM
Chief Executive Officer
Professional Counseling Associates
3601 Richards Rd
North Little Rock, AR 72117

Dear Mrs. Hirsch,

I am pleased to provide Professional Counseling Associates, Inc. (PCA) with a letter of support for your Request for Qualification application for Crisis and Forensics Mental Health Services (RFQ Bid #710-19-10204) for mental health care funding.

PCA has a long history in this region as the community mental health center to provide quality mental health services for the community. PCA has been a major provider of crisis and forensics evaluation services. With this strong presence, I feel PCA will continue to provide, as well as, expand access to mental health services through crisis and forensic mental health services.

PCA has partnered with Cabot Public Schools as a provider for many years to provide a comprehensive approach to meet present mental health needs and ensure a better outcome for long term recovery for patients.

Cabot School District is honored to support PCA's Request for Qualification application for the Crisis and Forensics Mental Health Services (RFQ Bid #710-19-10204). We look forward to continuing to work together to serve community members in need of high quality mental health services.

Sincerely,

A handwritten signature in black ink that reads "Terena Woodruff".

Terena Woodruff
Director of Counseling
Cabot Public Schools
Terena.woodruff@cabotschools.org

Sarah Owen
President

Corey Williams
Vice President

Brian Evans
Secretary

Donna Nash

Joe Trusty

Marvin Jones

Pam Clem

E.5 STAFFING REQUIREMENTS

E.5.A.

Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:

- a. Describe your policies and procedures for training all staff and tracking the training requirements.
- b. Describe your ability to demonstrate on-going staff development and recruitment.

Describe your efforts to ensure all staff are good stewards of state and federal funds.

PROFESSIONAL COUNSELING ASSOCIATES, INC. STAFFING REQUIREMENTS

PROFESSIONAL COUNSELING ASSOCIATES, INC. believes that hiring and retaining responsible, productive, accountable staff is vital to the implementation of our mission and goals. Some non-profits have responded to external pressures with reductions in force or benefits, while others are reducing or eliminating full-time employees and switching to contractors. Others are basing continued employment on billable hours.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has implemented a strategy that facilitates getting the right talent in the right place at the right time and cost – with high levels of engagement – to meet current and future demands. PROFESSIONAL COUNSELING ASSOCIATES, INC. continues to strive to be an employer of choice. Managers strive to establish a climate of trust and positive employee engagement. PROFESSIONAL COUNSELING ASSOCIATES, INC. has implemented a performance management system that encourages all employees to surpass expectations and provides leaders with the resources necessary to hold people accountable and to coach them for success in behavior and outcomes. PROFESSIONAL COUNSELING ASSOCIATES, INC. is building the capacity of its people in the core competencies that will drive our future growth and impact. PROFESSIONAL COUNSELING ASSOCIATES, INC. encourages resilience from its staff, since flexibility and endurance are essential in our environment of constant demands and constant change.

The CEO continues her role as the chief encourager of our staff, and personally informs staff of developments and situations. She and other senior managers participate directly in every person's initial orientation, as well as educational trainings and events, and one-on-one coaching and problem-solving.

Internal audits by the HR Director are focused on personnel records and I-9's. These audits continue to be conducted on an annual basis. Documents that external auditors review in the current personnel records were individually flagged so the auditors can be more efficient. All termed personnel records were marked with the

hire year to expedite the annual purging process. All I-9's are reviewed against the current staffing list and termed I-9's were placed in a separate binder. The HR Director continues to update HR processes and policies to meet requirements for compliance, consistency, equity and efficiency. Changes informed by ACA are monitored and new reporting requirements are being followed. Potential legislative changes to the Fair Labor Standards Act are being monitored for their impact on the hourly and salaried employees of PROFESSIONAL COUNSELING ASSOCIATES, INC.

In FY18, the training calendar was updated and continues to be utilized. Due to excellent management of financial resources, PROFESSIONAL COUNSELING ASSOCIATES, INC. was able to give staff that met the required qualifications, a 3% merit increase at the beginning of FY18.

The PROFESSIONAL COUNSELING ASSOCIATES, INC. Board also approved a continuation of the 4% contribution for FY18 by PROFESSIONAL COUNSELING ASSOCIATES, INC., into an employee's 401K and a 2% match. Additional educational information on the benefits of a retirement account, has resulted in an increased number of PROFESSIONAL COUNSELING ASSOCIATES, INC. employee's investing their own funds into their 401K.

STAFF DIVERSITY

PROFESSIONAL COUNSELING ASSOCIATES, INC. strongly supports the attraction, engagement and retention of a diverse workforce that can achieve our ambitious goals. This ongoing commitment to diversity is not an isolated program but is mainstreamed into all that PROFESSIONAL COUNSELING ASSOCIATES, INC. does. PROFESSIONAL COUNSELING ASSOCIATES, INC. currently has around 50- full-time employees with 42 being female and 11 being male, 26 Caucasian, 26 African-American.

Additionally, PROFESSIONAL COUNSELING ASSOCIATES, INC. has 9 after hours' part-time employees. Of those, 7 are female and 2 are male. 4 of those individuals are African-American and the other 5 are Caucasian.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is actively recruiting for several open positions. At the last census, the overall population of Arkansas was 16% Black and 80% Caucasian. Opportunity for employment with PROFESSIONAL COUNSELING ASSOCIATES, INC. is open to any person who based on merit is qualified for the desired position. Job postings, career days, and other recruitment activities use a wide variety of avenues to appeal to possible applicants from many cultures and all generations.

STAFFING, RECRUITMENT, TRAINING, AND LONGEVITY

PROFESSIONAL COUNSELING ASSOCIATES, INC. believes we are achieving CARF's test of adequate and appropriate staffing which is to: "(a) provide appropriate client care; (b) ensure safety; (c) meet organizational performance goals; (d) continue normal operations during planned and unplanned absences; (e) meet client needs across all PROFESSIONAL COUNSELING ASSOCIATES, INC. programs and settings, including Emergency

Services and various locations; (f) provide adequate supervision for clinicians and front-line staff; (g) retain, develop, or recruit staff of types that will be important to meet changing needs in the foreseeable future. Recruitment, retention and staff turnover has been especially challenging for PROFESSIONAL COUNSELING ASSOCIATES, INC. during FY18. According to the HR Director, PROFESSIONAL COUNSELING ASSOCIATES, INC. staff turnover rate for FY18 was 42.5%.

The HR Director is focused on assisting managers in hiring professional staff who will meet the qualifications required in the new landscape of healthcare reform and Medicare expansion. PROFESSIONAL COUNSELING ASSOCIATES, INC. staff are essential to the achievement of our mission and are our PROFESSIONAL COUNSELING ASSOCIATES, INC. greatest asset.

ADMINISTRATIVE, TECHNICAL, AND CLINIC SUPPORT STAFF

The Administrative and Technical staff has been in place during the full fiscal year and has successfully maintained the internal and financial controls of the organization. Cross-training and team building are combined with an emphasis on day-to-day management. The IT manager has focused on managing the relatively new clinical and billing system. Bi-weekly caseload meetings with management are conducted to review any IT updates or changes that may be needed.

The CSS staff is full-time at each clinic and is dedicated to maintaining the check-in and check-out system and clinical paperwork requirements. Cross-training is consistently done to ensure every clinic performs the same consistent PROFESSIONAL COUNSELING ASSOCIATES, INC. procedures. Daily calls are made by the CSS to clients to remind them of appointments and to provide any medical coverage updates for insurances, Medicare or Medicaid.

MEDICAL STAFF

The shortage of psychiatrists, physicians, and Advanced Practice Nurses, especially those who are willing to work in a public-service outpatient setting, continues to be an issue in Arkansas and Nationwide. Every CMHC continues to report a shortage for medical staff. The following is the latest data: A 2012 report for the Arkansas Center for Health Improvement counted 201 Psychiatrists practicing in Arkansas; a 2011 report done for the UAMS AHEC system estimated 42 unfilled positions for Psychiatrists. So, at the beginning of this decade, Arkansas had an immediate need for roughly 20% more Psychiatrists than it had, without other changes to the system. Of course, many of those are not willing to work in a demanding public-clinic environment. Work in a hospital setting, for example, has more limited hours, a much smaller patient load, and is generally perceived as much less stressful as CMHC work. Since those statistics were gathered, the shortage continues to intensify: Baby Boomer medical professionals continue to retire or cut back their hours; fewer medical graduates are choosing psychiatry as their specialty; systems such as the VA are increasing their psychiatric staff; and demand continues to rise.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has one full-time physician and a contract psychiatrist. Supervisors carefully monitor and prioritize the use of our physician's time, and we work with the primary care physicians of our patients to meet as many needs as possible, especially for stable medication regimens. We are alert for any creative intervention to help manage these problems. We continue to actively recruit for medical staff through other recruiting mechanisms. Retention of medical staff has been stable the past two years, despite the challenges.

INTERNSHIPS & PRACTICUMS

Historically, PROFESSIONAL COUNSELING ASSOCIATES, INC, has partnered with numerous academic institutions for clinical placement, internships and practicums. Examples include: University of Central Arkansas, Capella University, Walden University, Philander Smith College, UAMS College of Nursing. Reference contract documents.

E.6 RECORDS AND REPORTING

E.6.A.

Describe your company's policies and procedures related to Client records and record retention including:

- a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.

How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe

A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.

How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS approved format and timeframe.

PROFESSIONAL COUNSELING ASSOCIATES, INC. RECORDS AND REPORTING

PROFESSIONAL COUNSELING ASSOCIATES, INC. is contracted with Netsmart Technologies for our electronic medical records and clinical management system. Netsmart is recognized nationwide as a technology leader which is supporting clinicians with innovative solutions to navigate the ever-changing healthcare landscape and continuously transform quality of care. Netsmart's technology platform is "myAvatar" which is a ONC-certified electronic health record (EHR) solution specifically designed for behavioral healthcare and addiction treatment in community-based, residential and inpatient programs. It offers a robust set of features that support roles throughout the organization, from front desk staff and clinicians to billing administrators and executive management.

PROFESSIONAL COUNSELING ASSOCIATES, INC. Clinical Policies manual details all agency processes related to clinical recordkeeping and the overlap between current electronic medical records and historic paper records. PROFESSIONAL COUNSELING ASSOCIATES, INC. policy is outlined below:

CLINICAL RECORDKEEPING

Clinical records are created, maintained and stored in compliance with state and federal guidelines. Client information is disclosed or released outside PROFESSIONAL COUNSELING ASSOCIATES, INC. in compliance with HIPPA privacy laws, including ways to handle emergencies and unusual situations.

Until June 30, 2014, paper files were the primary legal client record at PROFESSIONAL COUNSELING ASSOCIATES, INC. (Most documents since 2000 were composed using computer software, but they were printed for signature and storage.) On July 1, 2014 the Avatar Electronic Medical Record (EMR) went live, and the primary legal client record became electronic.

The QI Director serves as the HIPAA Privacy Officer and is also the Custodian of Records for legal purposes and to satisfy the requirements of ARKANSAS MEDICAID OBHS and of DAABHS.

ACCESS TO RECORDS

Clinic Support Staff at each site are responsible for keeping clinical records immediately available to clinicians who are scheduled to serve a client, and to personnel who may respond to emergencies. Case files are removed from a record room only while a person is actively using them. Records are returned to the record room when the clinician has finished, no later than the end of the day.

Almost all adult clients have the legal right to read their own record and get copies. Parents and guardians have this right for minors, and in divorces both parents almost always have the right. (The handout Information for Parents includes a brief explanation for separated parents, and Authorization to Consent for a Minor also reiterates that both parents have rights unless a court takes them away.)

No one except PROFESSIONAL COUNSELING ASSOCIATES, INC. personnel is given direct physical access to any original client record, except in compliance with a specific section in these Policies or at the direction of the CEO or the QI Director.

PURPOSES OF CLINICAL RECORDS

When creating and maintaining records, remember that many different people can legally gain access to the record, including the many who are not behavioral health professionals.

Every clinical chart must satisfy several important demands. Keeping a record that satisfies all these needs is a difficult task, and developing those skills is an important part of professional development.

First, the clinical chart is a legal record. It often becomes evidence in court cases, ranging from divorces to lawsuits to criminal prosecutions. Along with releases of information, this means that many different people (client, professional, nonprofessionals) may read what you write, for many different purposes.

Second, the clinical chart is the supporting evidence for every bill, and documentation is a critical element of Corporate Compliance. This includes a whole chain of items that justify Medical Necessity, in addition to the notes or forms documenting each service event.

Third, the chart coordinates the day-to-day work of many different people who serve a client.

Fourth, what you write becomes your voice after you are gone. If PROFESSIONAL COUNSELING ASSOCIATES, INC. gets a call regarding this person a year after you depart, your notes or Hot Sheet or Discharge forms may help guide a life-or-death decision.

CREATION OF CASE RECORDS

As Custodian of Records, the QI Director has ultimate responsibility for the content and form of clinical records. The QI Director may designate local Custodians of Records within each program for certifying copies or accompanying records to court.

All records will be clear, complete, and legible. All records will be stored in a way that will maintain their integrity and accessibility, and that maintain security and confidentiality of information.

Before Avatar (through 6/30/14), an individual paper medical record was created for each person or organization who assigned a PROFESSIONAL COUNSELING ASSOCIATES, INC. "Case ID" and given a client status of "AC This primary case record is used by all clinicians serving the case whenever possible.

All clinical documentation is stored in the individual case record, including portions that are generated on the computer system. Entries and forms document every service for the case; correspondence with and about the case; forms that document medical necessity, prior authorization, financial eligibility, and other supportive or administrative processes.

Copies or prints made from the individual case record may be temporarily used as working files but will not be substituted for the main record and are never treated as the primary source. (For example, a copy of a form may be kept until the original is signed and returned; a copy of notes may be carried to court for reference during testimony.) Any working files are kept as securely as the originals and destroyed when no longer needed. Any practice or process that involves using copies as working files requires approval from the QI Director.

A small amount of information about billing, re-billing, Explanations of Benefits, denials, and other reimbursement correspondence is stored in individual paper files secured in the Accounting Department.

TIME FRAMES AND DEADLINES

Entries are made as soon as possible after the event or observation they describe. Following OBHS rules, documentation of any service must be created by the end of the staff person's next working day after the event. (Psychological Evaluations are an exception; OBHS allows 14 days after the initial clinical interview or start of testing for the final evaluative report to be submitted to the record.)

An entry is never made in advance. When it is necessary to summarize events that occurred over a period, the note is to always indicate the time the entry was made, while the narrative describes the time each event occurred. Timeliness of entries is critical to the admissibility of a health record.

CONTENTS OF NOTES, ACCURACY, AND ATTRIBUTION

Each person on staff is responsible for documenting the services they provide. Accuracy of times, and services delivered, is critical to accurate billing. Inaccurate billing can be considered abuse or fraud.

It is the clinician's responsibility to correctly assign a service code to describe the event, along with times and other charge items such as Location. On the Staff Intranet, see How to Complete a SAL and Service Codes for definitions of those items. Every note or form that documents a billable service must contain all the points required by that service's definition.

The documentation for each event must match the coding on the SAL, and it is important that the note supports the level of service of the Activity Code being claimed. In addition, service notes must reference the goals and/or objectives that were addressed in the contact.

Every item in the chart or database must identify clients by name and case number. Every entry or form must include a date of creation and identify the individual who created and approved it.

Keep entries brief. The focus must include the interventions and actions of personnel. Note events or circumstances in client's daily life only to the extent that they are relevant to risk management, to the service being described, or to the overall treatment plan. Content must be specific, objective, complete, and concise.

When you state a professional judgment such as a diagnosis, evaluation, or recommendation, always list the specific justification for that statement. For example, a diagnosis must always be supported by stating the symptoms found and often needs other information such as duration, historic patterning, or how you ruled out more serious disorders.

There must never be ambiguity about which information comes from client statements, staff observations, and statements by other people. Information from another person or document must be clearly attributed to its source. If more than one person was present for any part of the service, documentation will clearly describe who was present and who performed the actions, as well as the roles of the participants.

Avoid using falsely formal language, such as writing “Staff maintained observation” rather than “I watched.” Use of “I” and “myself” makes clear the source of the information. Using vague words such as “Staff” can cause confusion. For example, “Client became abusive toward staff” could mean “client cursed under her breath at receptionist” or “client struck me with her purse.”

PERMANENCE, LEGIBILITY, AND DOCUMENTS SCANNED INTO AVATAR

All entries to the record must be legible. Any handwritten documentation is to be sent back to the originator for clarification before scanning if they are not legible.

Personnel who are scanning paper documents (or importing electronic documents) into Avatar must carefully follow the operating instructions to ensure that every document is given the correct client register, document date, and category. Instructions also include important steps for ensuring that each document is complete and properly signed before scanning, and that the images are correctly scanned and legible before they are saved as electronic documents.

Any personnel who discover an error in a scanned document in Avatar must immediately send an MIS request, copied to their supervisor, stating the exact error found, including any other client registers affected. (For example, an electronic document that mixes two clients’ information affects two cases, not one; one file must be voided, but two new documents may need to be scanned.) With approval, IT can void the electronic document, and the CSS must re-scan and file the paper document correctly.

SIGNATURES AND AUTHENTICATION

When you sign as Author of a note or a form, you verify that the entry is your own, that it is accurately recorded, and that the charge information is correct and complete. Approval co-signatures on a document indicate the review and approval of the co-signer.

All documents generated by PROFESSIONAL COUNSELING ASSOCIATES, INC. personnel must include all required original signature(s) or HIPAA-compliant electronic signature(s). Signatures will identify an individual, including their credential and the date of signature.

If the author of a note is no longer available, but the note was dictated, handwritten, or drafted, and is reasonably judged to be accurate, then a note may be authenticated by the signature of that person’s supervisor.

ERRORS AND CORRECTIONS

Whenever an error is corrected, the original text must remain readable, or there must be a clear audit trail showing exactly what was removed and what was added.

If a chart ever comes under review or is introduced as evidence, obliterated passages can give a damning impression of fraud or deceit, even when the original error was innocent.

Errors in a clinical record are never corrected with any method which would obliterate or delete the original words. In paper records, this includes “white-out” or pasting paper over the error. In Avatar, it means that documents cannot be “deleted” but can only be “Voided” and replaced with an audit trail.

If a correction needs to be made to an entry whose author is unavailable, or to an entry that may already have been released outside PROFESSIONAL COUNSELING ASSOCIATES, INC., contact the QI Director or Clinical Director immediately.

AVATAR DOCUMENTS

Once a note or form has been submitted (saved) in Avatar, whether from direct typing, from a scanned paper form, or from an imported electronic file, it is permanently locked against editing. Some forms allow Amendments (additional notes) to be added, but no edits can be made to the existing text.

Instead, items can be Voided. This does not destroy the item but removes it from view and leaves an audit trail of what was changed, by whom, on what date. To request this, send an MIS Request with a copy to your supervisor, stating the exact item and what the error is. Voiding requires approval from the Clinical Director. Voiding is generally needed because of an error in storing an otherwise sound document. E.g., an entry was placed into the wrong person’s chart, under the wrong Episode or Program, using the wrong Charge Code information, etc.

If the request is made to correct any other type of error, IT personnel will consult the QI Director as Custodian of Records before Voiding the document.

PAPER AND SCANNED DOCUMENTS

Any errors in paper documents should be found and corrected before scanning. To correct an error in your own entry: Draw a line through the entry; write “error” next to the incorrect information, place an insertion symbol where the correct word belongs and write the correct word, then initial and date the change(s) you made. If an error is found in a document that has been scanned into Avatar, contact the QI Director or Clinical Director to determine the best response. Often the document will need to be voided and scanned again with the correction in place.

FILING ERRORS IN PAPER CHARTS

If an entire sheet has been filed in the wrong client’s chart, move it to the correct chart upon discovery. Always check both charts involved to ensure no other items have been misfiled. Retype the note into the correct chart, after procedures for a “Late Entry” (next subsection) and stating that the entry was delayed because the original was misfiled. In Avatar, Filing Errors require Voiding and re-creation of the note.

LATE ENTRIES

Never backdate any entry or try to give the appearance that the entry was made on a previous date.

A late entry is documentation of any service delivered, information obtained, etc. that was not completed within specified timeframes. There is no time limit to writing a late entry; however, the more time that passes, the less credible the entry becomes.

Forms or notes that were not completed by their deadline must be completed as soon as the omission is noted. They must include the date the service was provided, when the documentation was done, and the date the documentation was signed. (Avatar automatically records the documentation Submit date and the Signature date).

ADDENDA

An addendum provides additional information in conjunction with an existing entry.

The author or another person may make an addendum before an item is scanned (for example on an Emergency Screening form when more information comes to light the next working day.

Document the current date and time and head the note "Addendum." Refer to the date and title of the original entry and state the reason for the addendum. State the additional information and identify the source(s) of that information. If the addendum does not appear on the same page as the original note, cross-reference with a comment on/by the original documentation to "See Addendum." Sign as for any note, with credential and current date.

Some notes and forms in Avatar allow electronic Addendums to an existing note. Consult the Clinical Director for information.

DUPLICATE CASE REGISTERS AND MULTIPLE CHARTS FOR SAME CLIENT

Before a new PROFESSIONAL COUNSELING ASSOCIATES, INC. Client ID number is assigned, it is the responsibility of the CSS to thoroughly search the databases for previous records for that person. To rule out that a person has ever been served at PROFESSIONAL COUNSELING ASSOCIATES, INC., you must check by name, by date of birth, and by Social Security number. First search Avatar; if the person is not found, also sort the MIS. It is very important not to assign a 200000-series Avatar ID when a prior record exists.

If anyone notices that more than one case ID number has been assigned to the same individual, or that two individuals have been combined under a single ID, immediately notify your supervisor and the QI Director.

PHYSICAL ORGANIZATION OF CHARTS

Paper Charts for clients served after 1998 use an internal divider system, which is described on the *Chart Divider Sheet* found between each section of the paper chart. Avatar charts contain a set of "CWS" (Clinician Workstation) forms, notes, and Documents that are categorized on the screen display as the Client Chart and are presented by episode and date. Avatar charts also contain some information in the "PM" (Practice Management) system, such as scheduled events and guarantor information.

CLOSED CHARTS: STORAGE AND RELEASE OF INFORMATION

Closed paper charts can be put into archival storage after all items from the latest admission have been filed, and the chart has received a final clerical review for missing signatures or other deficiencies. CSS at each location are responsible for the charts housed at their location. Storage locations and conditions are listed in the Records Retention Policy on the POLICIES AND COMPLIANCE page of the Staff Intranet. Briefly, the home clinic retains the chart for at least a year, and Springhill has rooms for indefinite storage for its own closed charts. Other charts are sent to secure storage off-site under the supervision of the QI Director (as Custodian of Records).

Closed charts may be needed for audit, to reopen a case, to release information, etc. Email requests for recently-closed charts to the CSS at the location where they were last served. If stored off-site, email the Clinic Support Supervisor, who makes weekly trips to retrieve charts from storage. Requests for summaries, legal certification, affidavits, or other special handling are referred to the QI Director.

RETENTION AND PLANNED DESTRUCTION OF RECORDS

On the POLICIES AND COMPLIANCE page of the Staff Intranet, PROFESSIONAL COUNSELING ASSOCIATES, INC.'s Records Retention Policy states specific requirements for retention, storage, and eventual destruction for clinical, billing, and administrative records. Generally, paper charts are retained until two deadlines have passed: it is ten years after the last clinical service, and the client has reached their 20th birthday.

Placing an original, primary client record into a shredding receptacle is done only by the QI Director or in her presence. A list of records that are apparently eligible for destruction is prepared from the database; however, each record is directly checked for eligibility in case the date of birth, date of last clinical event, or other crucial fact is wrong on the electronic database. The name on the paper chart is also checked as well as the Case ID number(s), and dates of any services in a Promote jacket are checked against DYS retention rules.

No original record is ever destroyed in any situation where a legal proceeding is known to be in progress that involves that client or that general class of record. Limiting destruction of original client records to the personal participation of the QI Director is a safeguard for this; since all subpoenas, threatened malpractice

suits, and corporate compliance actions are required to be reported to her, there should never be a legal matter in progress involving client records of which she is unaware. Likewise, limiting the destruction of original personnel records to the CEO ensures that no record known to be involved with a legal proceeding is destroyed.

SHREDDING OF OTHER CLIENT INFORMATION AT CLINICS

The Record Retention Policy lists many types of papers are temporarily used at PROFESSIONAL COUNSELING ASSOCIATES, INC. that are not part of the permanent client record, but that do contain protected health information such as client names. (Examples include caseload printouts, message books, drafts of notes) All this material must be shredded rather than discarded, according to the specific instructions in that Policy. However, if any such copies or drafts are involved in any anticipated investigation, audit, or litigation, they cannot be destroyed without the prior authorization of the QI Director.

REQUESTS FOR RECORDS THAT HAVE BEEN DESTROYED

Requests for information from charts that have been shredded are forwarded to the QI Director. She can retrieve limited information from the MIS and issue a response and/or statement of destruction.

RE-OPENING A CASE WHEN OLD RECORD HAS BEEN SHREDDED

If a client is being reopened whose chart has been shredded, the original Client ID is still used. From the MIS database, the CSS can print a Client Face Sheet for scanning into Avatar, summarizing the most recent episode of care and most recent diagnosis. Contact the QI Director or Clinical Director if more information is needed for clinical care or legal purposes. Depending on the date of services, it may be possible to access additional information, such as, layers of diagnosis fields and justifications, event and attendance records, emergency contact records, court records, etc.

“THINNING” PAPER CHARTS OF LONG-TERM CLIENTS

If the paper chart of an adult client contains some records that are more than ten years old, and the bulk of the record is a problem in limited storage space, contact the QI Director. It may be possible to “thin” the routine progress notes and forms that are over ten years old, while retaining Medical Necessity documents such as Intake, PDA, and Psychological Evaluations.

DATA REPORTING

PROFESSIONAL COUNSELING ASSOCIATES, INC. will continue to submit the DAABHS reporting templates to the identified individuals by the specified timelines and report due dates (i.e. 10th or 15th of every month depending upon report).

PCA Records Retention Procedures (Dec 2014)

ALWAYS check the current version of these rules on the PCA intranet.

These policies and procedures apply to CLIENT records, and to ADMINISTRATIVE and ACCOUNTING records. Retention requirements may exist for several reasons. We may need to produce materials for chart audits, to defend against malpractice accusations, to meet financial or tax regulations, and/or to keep material available which may be clinically important for a person's care. Here are specific timelines for various kinds of records. (The Director of QI has detailed reference tables on legal retention requirements for less common types of materials.)

Only an authorized manager may destroy original records. That manager must notify the CEO when a cleanup period / destruction is planned. Only the Director of QI is authorized to destroy an original client record. Only the CEO has authority to destroy an original personnel record. Only the Chief Financial Officer is authorized to destroy an original financial or accounting record (including original SALs).

If we know that any legal proceeding is in progress which could require any of these records, destruction will be suspended and legal advice will be obtained. Limiting destruction of original records to the personal participation of the managers listed above is a safeguard for this. All subpoenas, threatened lawsuits, ongoing investigations or audits, and corporate compliance actions must be reported to the appropriate manager, so there should never be a legal matter in progress involving client, personnel, or financial records of which the responsible manager is unaware.

Long-Term STORAGE LOCATIONS and What May Be Sent There:

CLIENT CHARTS are stored in ID order in several locations. Main Archive (now on Geyer Springs Road, moving to Jacksonville in 2015) is not accepting any additional charts until more shredding becomes possible from the existing stored set. Springhill Archives contains most cases closed at SH since 2000. Depending on available space, Each clinic and Promote store some charts for clients who were open on July 1, 2014 (when Avatar system went live), or who had been closed within last couple of years before that date. These must be retained for 10 to 18 years after last service (see table below for rules). While a record is in the possession of PCA, HIPAA requires that any of these be produced when requested with proper authorization.

BOXED-STORAGE RECORDS are boxed because they virtually never need to be produced before their destruction date. These include (a) all ACCOUNTING RECORDS; (b) original SALs and other logs that support Billing; (c) EMERGENCY SERVICES records before July 1, 2014 (later items are scanned in Avatar); (d) FORENSIC EVALUATION records kept by PCA; (e) Closed PROMOTE client charts, and (f) other records of GRANT and CONTRACT services and expenditures.

These are stored in a locked room at Springhill, stacked by the year that destruction will be allowed. Only completely filled, uniformly sized, lidded boxes may be added to this area, and each box sent must be clearly labeled as follows: (a) type(s) of document; (b) date span included in the box; and (c) DATE OF DESTRUCTION for the entire box. Note that there are several different periods for administrative records: 2, 5, 7, or 10 years and indefinite. Pack so that an entire box shows a single destruction date; if the span is long, set destruction date based on the newest item included.

PCA rules are based on these legal requirements:

Clinical/Client Files: Depends on date of last PCA service, and client's date of birth. See item 4 below.

Other records that support medical billing (e.g., original SALs): 10 years federal limit on investigation of any health care fraud. (This takes precedent over shorter limits in contracts or regulations such as RSPMI Medicaid manual.)

Business / financial records: (Administrative Items that are not part of a medical billing process) Retain for 10 years, then shred. **NO ONE except the CFO can authorize the destruction of PCA business records.**

Records of any activity held out to employees as a "benefit": 6 years (this includes most EAP records) (ERISA statute)

Personnel Records: 10 years minimum for any person who billed any services. Other rules apply due to a variety federal and state laws related to employment, non-discrimination, workplace, etc. Director of HR is responsible for coordinating research on current legal rules before any new destruction is authorized.

The times stated here are MINIMUM retention periods. Documents may be stored longer, as long as space is adequate and when staff have other projects with higher priority.

Based on these general rules, PCA rules for different kinds of documents follow.

1. Items to be shredded without manager's approval.	2
2. Clinical Items for people who did NOT become clients	2
3. Other Records related to PCA clients:	3
4. PCA Client charts	3
5. PCA Emergency Services Records	4
6. PCA Personnel files	4
7. Managed Care Records	5
8. Corporate Documents	5
9. Accounting Records	5
Accounts Payable including Payroll	
Accounts Receivable and Support for Billing	
10. Other Organizational Records and Binders	6

1. Shred these items after use, without need to seek approval.

SHRED, Don't TRASH! Do not allow these to accumulate by keeping longer than needed

Any printout or copy with client names	SHRED as soon as finished using.
Any printout / schedule with staff or client addresses or phones	Shred as soon as finished using.
Any item with personal identifiers (SSN, Date of Birth)	Shred, don't trash
Duplicate pages removed from charts;	Keep the clearest, most complete copy.
Duplicates or drafts of Notes or Attendance logs	Shred as soon as finished using.
Copies of faxes, transcriptions, or drafts that were kept until original was safely received, filed into chart, signed, or notes kept in case the person appears for appointment	Shred as soon as no longer needed
Any copies used in a "dummy charts." (When client sees MD at a location that is not their home clinic, the currently-open page of their original Med Log, and copies of key medical records, are kept at the MD's clinic.)	Shred when "dummy" no longer needed
Client Payment Receipt books	5 years (raised from 2 to be congruent with Accounts Receivable)
Original SAL (billing records)	10 years
Purchase Order COPIES (All ORIGINAL Purchase Orders go to Accounting!)	Discard when transaction is done. Shredding is not needed unless a Social Security Number, or a Client's Name, appears on the PO)
Phone Message books / Appointment slip books	60 days. Keep maximum of current + prior book, only if you have a practical need to consult them. Any clinically significant phone message should be written on an Urgent Coordination Form instead.

2. Clinical Items for people who did NOT become clients.

Pre-intake paperwork, requests for initial appointment	90 days	Kept for convenience if person reappears for another intake or a complaint is made.
Triage Notes (document any meeting where staff decided not to admit.)		
Court orders and related court information on people who did not become clients	2 years	Kept for convenience if person reappears for another intake or a complaint is made.

Social Security Evaluations	1 year	SSA has originals, refer requests to them.
Contract Evaluation Files (e.g., Game and Fish, Police Departments)	Were retained 10 years as a courtesy.	Contracting agency has originals, refer requests to them.
Forensic Evaluation Reports & Summary letters (kept for convenience of CEO in referencing contract with DBHS)	PCA keeps only copies	Originals are retained in DBHS archives, refer requests to them
Forensic Evaluation support documents (Records reviewed, testing, and raw interview notes)	7 years after end of trial; or "forever" if capital sentence	Supporting documents for Forensics done by contractors on behalf of PCA are the responsibility of the contractor.
ProMax EAP records	all destroyed	Employee Benefit ERISA rules followed
Dr. Hope Gibson's client files from her private practice	all destroyed	All were 10 years old & for adults

3. Other Records related to PCA clients:

Draft Attendance Logs or activity tickets [The signed SAL or the attendance spreadsheet attached to a signed SAL is retained 10 years as the source data for client attendance.]	60 days – As a practical matter, the green penciled "activity tickets" for Day Services are currently kept through at least one full monthly accounting cycle, in case any error emerges that was not detected and corrected during the posting check processes.	A print from the attendance spreadsheet showing all in-and-out times for a client during one week is printed and attached to the original Day Services Weekly Note in the person's Clinical Record.
Old-style "Daily Notes" jackets from Rebuilders Program ("log" format on pale yellow paper)	All are destroyed	During that era, Medicaid only required Weekly Notes.
Client services in Partial Hospitalization (PHP), or Acute Day programs run by PMR, Inc under contract with PCA (bright yellow jackets)	These have been destroyed – all were past 10 year retention period.	Discharge summaries were retained and been placed in PCA client charts at end of PMR admission.
Clinic Support Staff worksheets (e.g., Original posting sheet, Call Reminder List, Medical Visit Slip)	SHRED after 60 days	kept at clinic for supervisor to review, or for convenience in checking other work
Clinical / Compliance Audit Reports and Corrective Action Plans	10 years	Kept by Director of QI

4. PCA Client charts

ONLY the Director of QI, or the CEO, can tag an original chart for destruction!

PROMOTE files are not "health care services." The red PROMOTE charts follow DYS contract rule. Therefore, PROMOTE jacket will be shredded when: •DYS Contract retention period has ended, independently of shred date of PCA clinical chart.	5 years after end of multi-year DYS contract under which the service was delivered For the contract ending 6/30/01, DYS retention ended on 7/1/2006. For contract ending 6/30/06, DYS retention ended on 7/1/2011.	Medical malpractice statute of limitations ends at the 20 th birthday, but PROMOTE services are defined as not medical. If any services were billed to Medicaid, those must be in the PCA clinic chart before the PROMOTE chart can be shredded. These are now BOXED for STORAGE since Rite-Track information is used at reopen and paper charts are merely retained as required.
Closed Client is now 20 years or older	10 years after last billed service. Older charts were sometimes kept open administratively for many months after the final service. For retention decisions, the "End of	Federal False Claims Act allows fraud investigations for 10 years after event is billed. Medicaid RSPMI manual requires 5 years after date of service (and until all audit

	treatment episode" is defined as date of last face-to-face service with the client [or a collateral] during the last admission.	questions, appeals, court cases have been resolved; Section 220.10.) Both are longer than Arkansas statute of limitations for medical malpractice (2 years after the last clinical service).
Closed Client is NOT YET 20 years old, even if Last billed service was 10 or more years ago.	Never destroy clinical file before Client's 20 th birthday.	Arkansas Statute of Limitations for malpractice allows suit to be filed up to 2 years after client reaches age of majority
THINNING – For clients age 20 or older, whose case has been re-opened, or continuously open, for more than 10 years since first Intake, the Director of QI may "thin" certain routine items out of the folders as follows. KEEP: •All Clinical Intake, Discharge, Evaluation, Diagnosis, and Summary forms and notes. •All event notes and forms for ten years before the date of thinning.	Client is now 20 years or older, and chart has more than 1 volume, and some services in older volumes are more than 10 years old. Director of QI will sign and date a statement on cover of oldest remaining paper file: "Notes Thinned from [vols / years]" and will update numbering of every remaining volume.	MAY SHRED after ten years: at discretion of Director of QI: •Forms / notes that are administrative clerical, or financial eligibility •Daily Notes, Progress Notes, clinical forms not listed under KEEP ; •Aftercare transmittal forms (usually handwritten); •Lab slips, drug screen slips, missed appointment notes; •Emergency contact notes. •Records received from other providers

5. PCA Emergency Services Records

Emergency Services for PCA CLIENTS: Original kept in chart, convenience copy at Emer. Services	Shred copy held by Emergency Services after 2 years	This allows staff to look back at an entire fiscal year, OR an entire calendar year, if a state office requires us to answer a new query for data not in the MIS.
Screening billed to Medicaid (Shelf List printout can show FS of the service)	10 years	
Non-Clients, unbilled: Original is kept at Emergency Services NOTE: At intake or reopen, CSS at Clinic check event file; if Emer. Forms are not in chart, request from Emer. Svcs.	2 years	This is Statute of Limitations for Medical malpractice for adults
Non-client (and copies of clients') Mental Health Court documents (Orders, Petitions, supporting info – sent to Emer. Svcs. To coordinate with court)	2 years	Originals always available from Court. Use our convenience copy in case person reappears, or to respond quickly to state questions.

6. PCA Personnel files ONLY the CEO can approve destruction of original Personnel Files!

Files for employees terminated in 1999 [??] or earlier, have been reviewed by the Director of HR and purged

Originals (secured in HR file room) for staff who provided any clinical / billable SERVICE	10 years from date of the last clinical service they delivered	Because of RSPMI requirements for staff credentials, background checks, etc., these are treated as "records related to billing."
Originals for any staff who were not licensed or certified and so never billed for services	10 years, unless additional storage space is needed and CEO agrees.	This includes students/interns who were never licensed and never certified as an MHPP
Any duplicate personnel items copied for use of a supervisor or manager (kept locked in that person's office)	Upon termination.	Compare supervisor's file with official file. Place all originals in official file and shred the remainder.
Records of Clinical Supervision meetings (2/2011 RSPMI rule)	DO NOT DESTROY	Kept by Supervisor as long as employed; sent to CCO at departure.
Employment applications and supporting	1year from the date when that	

material, including PCA actions on applications	job was filled	
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7. Managed Care Records *Must have CFO's approval for destruction*

Provider Contracts and credentialing applications	10 years	Contracts with individual Payer, either for PCA as a clinic, or for individual therapists as Providers. Current set kept in Managed Care Office. Boxed for storage when a Therapist terminates, and previous year's contract and applications boxed for storage when new version is filed.
Authorization Requests & Approvals with CLIENT INFORMATION	10 years	MEDICAID: Older copies were on paper. Current versions are being stored electronically on the S: drive under Managed Care. This will shift to storage in Avatar when scanning is available. Other Insurances: Only a few insurance plans require these. Therapist completes form and sends to Managed Care who faxes to insurance company. Originals kept in locked file in Managed Care office, along with any written authorization when received (most are by phone and recorded into Avatar). Expired copies sent to storage annually.

8. Corporate Documents

Must have CFO's approval and attorney consultation for any destruction.

Minutes of the Board	Indefinitely	Change this only with advice of counsel and assent of Board.
Corporate Charter & Bylaws	Never destroy	Master Copy maintained in CEO's office
Any Records from Members of Board that are required by Corporate Compliance	Indefinitely	Any Identifiers required by federal law; Annual Disclosure of Interests and Mitigation Plan memos. Kept in locked file in CEO's office.

9. Accounting Records *Must have CFO's approval for destruction.*

Current fiscal year documents are at Administration. Documents for the prior year are moved to Springhill Archives room after that year's audit is finalized. After labeling contents / time span of each box, Write Destruction Date on each box, and stack according to Destruction Date.

Bond documents	Indefinitely	
Final Financial Audit Reports, Management Letters, Form 990's (Non-Profit Corporate Tax Return), Form 5500 (Tax return for Profit-Sharing Plan)	Indefinitely	Older years are now stored in box with the Board Minutes for same year.
Worksheets and supporting documents for Annual Financial Audit	10 years	
Annual Budget	10 years	
Notes or worksheets used in budget preparation	10 years	Finalized budget and updates are kept as part of Board Minutes
Supporting documentation for monthly financials	10 years	
Bank Statements from PAYEE ACCOUNTS for CLIENTS Annual Report filed with Social Security Administration for each account	10 Years	Current and prior month statement locked in Springhill vault. All other months are filed in the client's financial chart at Admin.
PCA corporation Bank statements	10 years	

ACCOUNTS PAYABLE including PAYROLL *Must have CFO's approval for destruction.*

Purchase Orders and attachments regarding transaction	5 years	Invoices, credit card transactions, etc. Only single copy is kept of any document.
Supporting documentation for Accounts Payable (payment lists, check registers, aged reports for AP.)	5 years	
Travel Reimbursement forms (Staff or Board)	5 years	
W2s & Supporting reports	10 years	Including payroll registers
Payroll Tax Returns and Supporting Documentation	10 years	
Cafeteria Plan, Profit-Sharing Plan, and any other Employee Benefit	10 years	

ACCOUNTS RECEIVABLE and SUPPORT FOR BILLINGS

Must have CFO's approval for destruction.

Deposit Slips and Check Logs	5 years	Deposits done by Administration and by Clinics.
Payment Receipt Books (from clinics) Credit Card Transaction records (paid to PCA)	5 years	
Grant Billing & Supporting Documentation	10 years	This includes any logs showing persons served, activities
Client Financial Chart, including document request charts (A paper chart for each Client ID, created and stored at Accounting. It contains EOBs and other items related to billing)	10 years	These charts are retained at Administration until destruction, are not moved to Archives.
Multi-client EOBs (Explanation of Benefits for a billing batch to a single payer, which contain information about more than one client.)	10 years	MCD, MCD, Tricare, Some BCBS, etc.
Any copies of Client Data that were sent from clinics to Accounting.	Current Accounting period	(Keep originals in clinic charts per those retention policies.)

10. Other Organizational Records (CARF Requirements)

Incident Reports Place one signed, complete copy in binder, including notes from investigation / follow-up.	3 years after incident AND until next CARF site visit	Binder kept in active use until a CARF survey occurs, then stored until next survey.
Other binders of forms and worksheets for the Health and Safety Program (e.g. Facility Monitor Checklists, Drills, Inspections)	Through 2 CARF surveys	
Documentation of trainings; Any minutes of staff meetings	Through 2 CARF surveys	
Minutes of Managers Meeting, QI Meetings	indefinitely	RSPMI requires two quarters of QI minutes. CARF reviews Managers Meeting Minutes to support some Standards, but does not require them per se.

E.7 APPEALS AND GRIEVANCE PROCESS

E.7.A.

Describe your plan for providing a system for handling individual complaints, appeals, and cooperating fully with the processing of any complaint or appeal.

PROFESSIONAL COUNSELING ASSOCIATES, INC. APPEALS AND GRIEVANCE PROCESS

PROFESSIONAL COUNSELING ASSOCIATES, INC. provides all clients with Clients Rights booklets informing them of their rights to a safe and secure environment, their responsibility to help maintain safety, and PROFESSIONAL COUNSELING ASSOCIATES INC. general policies regarding safety and emergency intervention. Client Rights are posted in all service sites. At the initial interview, each potential client (and/or parent or guardian) receives a copy of our client rights booklet. Clients are offered another copy at the time of annual review of financial information (when the Permission to Treat & related acknowledgment statements are signed). *Client Feedback Forms* are displayed in all waiting areas and invite complaints or grievances as well as suggestions or praise. Posters and brochures from independent resources such as Disability Rights Arkansas and NAMI-Arkansas are available at all clinics and the Family Resource Center. We encourage clients and families to attend educational events, join advocacy groups, and increase their skill and confidence in self-advocacy.

PROFESSIONAL COUNSELING ASSOCIATES INC. takes all complaints and grievances seriously. The agency's Clinical Policies Manual details the following process for information and resolution:

COMPLAINTS AND GRIEVANCES

Any Complaint That Suggests Abuse

Any time a grievance or allegation includes any possibility of abuse by any personnel of PROFESSIONAL COUNSELING ASSOCIATES, INC., or at PROFESSIONAL COUNSELING ASSOCIATES, INC., it must be reported to the CEO immediately.

COMPLAINTS MADE BY ANY PERSON SERVED (OR BY PARENT OF MINORS, GUARDIANS, OR LEGALLY AUTHORIZED REPRESENTATIVES)

For purposes of this section, “client” includes any person who has ever received or sought PROFESSIONAL COUNSELING ASSOCIATES INC services, such as persons served only with an emergency contact, or persons aggrieved because a case was not opened for them. Any “legally authorized representative” of a client is treated just like the client in handling complaints.

Clients may make a complaint if they are dissatisfied with their care, disagree with a treatment team decision, disagree with a PROFESSIONAL COUNSELING ASSOCIATES INC policy, or have some other problem with PROFESSIONAL COUNSELING ASSOCIATES INC or a person on staff. Clients are always initially encouraged to discuss any concerns with their Primary Therapist. This is because many problems turn out to be misunderstandings or miscommunications that can be easily resolved at this level. More importantly, talking about perceptions, needs, response options, and practicing appropriate assertiveness skills, is often a valuable part of treatment. If that does not resolve the problem, the therapist contacts their Clinical Director, or puts the person in contact with them directly.

A client may skip to the Client Advocate at any point. Copies of the Client Feedback Form are displayed in all waiting rooms and on the Staff Intranet. Any person on staff can fill out that form based on a spoken complaint or can assist a client in filling out a form. Clients are urged to use the form or call the Advocate if they disagree with PROFESSIONAL COUNSELING ASSOCIATES INC. policies regarding payment or eligibility.

A grievance may be given to the Client Advocate in written or spoken form. The Advocate shall write a statement of the grievance if the client is unable to, unwilling to, or wishes assistance. Once a grievance is registered with the Advocate, the Advocate investigates, and makes a written recommendation no more than 30 days after receiving the grievance. The Advocate writes his or her findings, any changes or compromises already made, and any recommendations; he or she submits the report to the CEO and reports verbally to the client.

If the situation has not been resolved to the client’s satisfaction, the CEO responds with a final decision within 5 days. If the client is not satisfied with the CEO’s decision, information for contacting Disability Rights Arkansas and the Division of Behavioral Health will be provided.

Examples of responses to grievances may include:

- clarifying policies, laws, or other constraints to explain PROFESSIONAL COUNSELING ASSOCIATES, INC. actions to clients;
- making a reasonable exception to a policy;
- changing PROFESSIONAL COUNSELING ASSOCIATES, INC. policy or developing new policies;
- adding or revising clinical forms or public information materials;
- adding an area to procedures for routine or special reviews;
- working with other agencies to solve a problem or access needed services.
- explaining the purpose of an action,
- reinforcing the need for active participation in treatment;
- acting to protect the safety of personnel, clients, or third parties in a volatile situation;
- educating PROFESSIONAL COUNSELING ASSOCIATES, INC. personnel;
- mediating an interpersonal conflict, or transferring client to another clinician or clinic;
- disciplining personnel (this could range from placing a copy of the complaint in personnel files, up through termination and reporting to the appropriate licensing board and/or state agency);
- referring personnel to an Ethics & Standards Review panel;
- requesting consultation from PROFESSIONAL COUNSELING ASSOCIATES INC. attorney to clarify a contradictory area of law;

The Executive Assistant logs grievance reports as they are completed. Reports are discussed at the next monthly Managers Meeting. This may result in changes in policy, procedure, training, or another follow-up. QI prepares an annual summary of the year's reports, including patterns and trends, as part of the annual.

COMPLAINTS AND GRIEVANCES BY PERSONS WHO ARE NOT LEGALLY AUTHORIZED REPRESENTATIVES

Sometimes a person who is not in a legal position to speak for a client will contact PROFESSIONAL COUNSELING ASSOCIATES INC. to question or complain about a client's care.

Refer the caller directly to the Client Advocate in any case where:

- There is any allegation or suspicion of abuse (this must be immediately reported to the CEO);
- or, there is any possibility the client may not be competent to refuse investigation;
- or, there is any possibility the client may be under coercion;
- or, the client is in the custody of DHS or any other state agency, or is being served by DDS, DYS, or DCFS.

No matter who makes the complaint, and no matter what the expressed wishes of the client may be, any grievance call that includes any of those issues must be fully and formally investigated.

For any complaint made by a person who is neither the client nor their legal representative, the Advocate checks with the client's Primary Therapist, and then contacts the client (or client's legal representative). Ask the client's preferences about how to respond to the caller.

- If the client wants the caller to receive specific feedback, either get a signed Authorization for release of that information or arrange a joint meeting that includes the client and the caller.
- If, on the other hand, the client believes that the caller is intruding or should not be given information, work with the client and therapist to determine a response that respects the client's wishes, clinical needs, and safety needs.

These contacts from third parties are quite variable. For example, a wife might call to say her husband seems afraid of a PROFESSIONAL COUNSELING ASSOCIATES INC employee, suggesting the possibility of abuse. A man might complain that PROFESSIONAL COUNSELING ASSOCIATES, INC. is irresponsible for not keeping his ex-wife "locked up". A caseworker from another organization may complain that someone has been denied services or charged for services. A brother of a client might accuse PROFESSIONAL COUNSELING ASSOCIATES INC of treating his sister improperly because her therapist does not believe that she is in danger from the FBI. Examples of responses to such third-party grievances might include:

- Give the caller information about Arkansas behavioral health laws, the service system, PROFESSIONAL COUNSELING ASSOCIATES INC policies, program eligibility criteria, or financial rules and resources.
- Refer the caller to an organization such as NAMI or Al-Anon for support, self-help, education, or advocacy;
- Report to the caller that their concern has been investigated, but that without an Authorization we cannot talk about anyone's personal situation or treatment;
- Work with the client to set appropriate boundaries with a deceptive or threatening caller, educate the client about privacy rights, and reassure the client that she cannot be forced into a hospital if she is not dangerous to self or others;
- Refer an incompetent client who has no legal representative to Disability Rights Arkansas for investigation of alleged abuse.
- Refer a client who is being stalked, threatened, or harassed to Arkansas Legal Services Partnership for counseling about legal options, or to local law enforcement.
- If a client seems to be receiving threats or exploitation from a person who is their payee, guardian, caregiver, or person with a power of attorney, always staff the clinical situation with the treatment team and senior Managers to determine whether abuse reporting may be needed.

Investigations and resolutions of all grievances and inquiries handled by the PROFESSIONAL COUNSELING ASSOCIATES INC Client Advocate are reviewed in the Managers' Meeting, to consider implications for improving existing operations and to help identify areas where current services are a poor fit for community needs or opportunities for service development may exist.

E.8 QUALITY ASSURANCE

E.8.A.

Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.

PROFESSIONAL COUNSELING ASSOCIATES, INC. QUALITY ASSURANCE

PROFESSIONAL COUNSELING ASSOCIATES, INC. Clinical Policies manual details all agency processes related to quality assurance and quality improvement methods.

QUALITY IMPROVEMENT & CORPORATE COMPLIANCE

PROFESSIONAL COUNSELING ASSOCIATES, INC. is accountable to clients, families, guarantors, regulators, Board of Directors and our local communities. It is the goal of PROFESSIONAL COUNSELING ASSOCIATES, INC.'s Quality Improvement (QI) and Corporate Compliance, across all PROFESSIONAL COUNSELING ASSOCIATES, INC. programs and locations, to test and uphold consistent adherence to laws, regulations, and policies while also improving the real quality of services and meaningful outcomes of work with our clients. All personnel are expected to support PROFESSIONAL COUNSELING ASSOCIATES, INC. systems and committees that evaluate clinical activity to improve quality of care. Everyone is expected to bring forward any problems or conflicts they may notice, cooperate with personnel who are investigating and assessing issues, and suggest improvements where possible, as detailed in *the Code of Conduct*.

In hiring, continuing education, and supervision, PROFESSIONAL COUNSELING ASSOCIATES, INC. leadership emphasizes the use of evidence-based methods and a person-centered, recovery-based approach. Clinicians need to learn many skills after graduation. Person-based planning, medical necessity, goal-oriented treatment, documentation, and compliance with laws and regulations are challenges that are seldom addressed in post-secondary programs.

It is crucial to our work to involve families, elicit client participation, leverage natural supports, and work with other systems as they affect each client. What can be done by one clinician alone with a client is seldom enough to resolve problems or achieve goals. While each clinician is serving people, who have urgent and

challenging needs, that clinician's work is also being judged against a complex set of technical and legal requirements. PROFESSIONAL COUNSELING ASSOCIATES, INC. needs their vigilance and care, and clinicians deserve our education, coaching, and backup.

The QI Director develops and administers programs to help protect clients and personnel, manage risks, minimize recoupments, reduce errors, improve reliability, and strengthen PROFESSIONAL COUNSELING ASSOCIATES, INC.'s position in the health care market. The QI Director also has legal responsibilities as the HIPAA Privacy Officer, Corporate Compliance Officer, CARF Certification Officer, and Custodian of Medical Records. The position is also responsible for most external reporting (except financial statements), internal clinical data mining, liaison with clinical auditors, preparation and monitoring of Corrective Action Plans, and aspects of risk management related to malpractice and other clinical liability areas.

Quality Improvement encompasses many activities, including keeping policies and procedures in synch with external rules and PROFESSIONAL COUNSELING ASSOCIATES, INC. needs; internal monitoring and audits; exceptional case backup; supporting staff education and clinical supervision; assisting with issues with licensing boards; and liaison with external reviewers and regulators. The QI Director insures that both incidental problems and systematic patterns of deficiency are addressed with appropriate remedies. This requires attention to the root causes of errors or inadequate documentation, as well as creative efforts to improve the supports and resources PROFESSIONAL COUNSELING ASSOCIATES, INC. can offer to help personnel improve their performance in a demanding environment.

Managers and supervisors help develop a written evaluation design for each core program, including target goals, objectives, and expected outcomes. Data-gathering is integrated into everyday activities. Program directors and managers provide recommendations to the Clinical Director and CEO, who make decisions and provides direction for goals and corrective action. Integrating QI activities with Information Technology is crucial. Under the direction of the CEO, the QI Director works with the Clinical Director and Chief Financial Officer and others to improve accuracy and usefulness of clinical data and documentation, while taking advantage of electronic data to scan for outliers and detect problems across large groups of clients. Through the Caseload Management Team and QI Committee, as well as in problem-focused meetings, they recommend updates to data fields and coding, adjust workflows, and request and help design reports for the needs of clinicians, CSS, and supervisors in service programs.

For professional and medical staff, time is our most precious resource, and it must be targeted to priority needs. Helping personnel manage deadlines and requirements, and noticing problems before they become severe, is an important function for our IT system. With thoughtful use of IT resources, supervisors and managers can detect patterns, identify needs and opportunities, and set priorities. PROFESSIONAL COUNSELING ASSOCIATES, INC. has a long history of managing by data and sifting for actionable information; with Avatar and Quantum we have opportunities to design a more modern and powerful system for using information.

QUALITY IMPROVEMENT COMMITTEE

The Quality Improvement Committee meets at least quarterly, chaired by the QI Director. Additional called meetings can occur as issues arise. Members include the designated Medical Director, the CEO, the Clinical Director, and the Clinic Support Staff Coordinator.

Work of the QI Committee includes the functions enumerated in the DAABHS Provider Certification regulations, but also addresses management of clinical information, medical services issues, workflow improvements, client needs and prioritization of resources, and changes needed in clinical documentation. In other words, the QI Committee does not confine itself to examining the results of specific chart reviews, but considers interactions among clinical work, information, and workflow (including support and accounting functions that may enhance or impede clinical quality, or the accuracy and usefulness of clinical records and clinical data). The QI Committee also reviews developing or new regulations such as changes in Medicaid program changes or CARF Standards as they may affect these systems. With the advice and consent of the CEO and/or CFO, many corrections and improvements discussed in the QI Committee can immediately be put into place, e.g., direct education and coaching of clinical or support personnel, recommendations and requests to the Clinic Support Staff, IT, Accounting, or Compliance systems, and/or recommendations and requests to the Management Team.

CORPORATE COMPLIANCE PROGRAM

As Corporate Compliance Officer, the QI Director oversees compliance with laws, contracts, and regulations. This addresses a broad group of issues, e.g., service coding, compliance with third party requirements for documentation, and coordination of overlapping or hierarchical regulations from different sources or regarding different client groups. Compliance also addresses interpretation of policies and procedures, and proposes revisions to recordkeeping, workflow, and computer processes. Corporate Compliance issues are addressed through the Managers Meeting, QI Committee meetings, and in called meetings, and personnel such as the Clinic Support Staff Supervisor, CSS staff, IT Analysts, Accounts Receivable personnel, Managed Care Coordinator or Client Care Liaison participate, depending on the issues being addressed. Refer to the PROFESSIONAL COUNSELING ASSOCIATES, INC. *Code of Conduct* for details about the role of the Compliance Officer, and procedures for reporting and investigating problems.

In any situation where incorrect coding or potential waste, abuse, or fraud is suspected or alleged, the Director or QI and/or the CEO personally directs an internal audit, including events that are like the suspect events in location, personnel, service code, or other variables. These audits begin with a sweep of data to identify charts and events to be reviewed. Findings from such reviews may clear the concern. When problems are substantiated, PROFESSIONAL COUNSELING ASSOCIATES, INC. initiates repayment of erroneous billings, and makes necessary changes (e.g., additional education, changes in reference materials, or workflow redesign) to prevent recurrence.

If any wrongdoing is uncovered, investigation and consultation will result in recommendations for disciplinary and/or legal action. The CEO and Board are ultimately responsible for acting on findings, but the Compliance Officer has personal responsibility to make reports directly to the Board regarding such matters. As set forth in the *Corporate Compliance Resolution* of the Board, the Corporate Compliance Officer makes quarterly direct reports to the Board about compliance matters.

To keep current with regulations and legal changes, specific personnel are assigned to monitor publications, provider bulletins, and website changes for news regarding regulations or guarantor procedures and requirements. Primary sources include Arkansas Medicaid, and its contractors HP and the current Medicaid audit contractor; the federal Correct Coding Initiative websites and HIPAA FAQ postings; CMS, the regional Medicare intermediary, and several other guarantors. The QI Director, the CFO, and the HR Director monitor publications of the American Health Information Management Association, Healthcare Financial Management Association, Society of Human Resource Management, and similar sources for changes in coding systems, federal and state laws and regulations, licensure rules, etc., that may affect PROFESSIONAL COUNSELING ASSOCIATES, INC. policies and procedures. The CEO, Clinical Director, HR Director, and professional personnel who subscribe to newsletters or journals in medicine, nursing, social work, counseling, and psychology also copy items that may be relevant. Any changes that affect multiple areas of PROFESSIONAL COUNSELING ASSOCIATES, INC. are brought to the Managers' Meetings and/or the QI Committee and/or the Accounting Team Meeting for discussion and to assign follow-up.

ONGOING ROUTINE REVIEW OF CLIENT CHARTS AND EMERGENCIES

Reviews by the provider of services are described in clinical care sections of these policies (e.g., Outpatient Reviews of Treatment Plans, and Promote 90 Day Reviews.) This chapter describes reviews and audits by other personnel or persons external to PROFESSIONAL COUNSELING ASSOCIATES, INC.

Every event that results in an *Emergency Contact* form or a *Crisis Screening* form is faxed the next working morning to the Emergency Services Office. Each one is reviewed for clinical appropriateness, risk management, and closure by a professional clinician, as delegated by the Clinical Director.

Any unresolved problems the *Clinic Support Staff* encounters during data entry, filing, or scanning are taken to the CSS Coordinator, program director, QI Director or Clinical Director for a decision and/or follow-up (e.g., difficulty reading or interpreting statements of diagnosis or codes, mismatched information, mistaken program or episode assignment, etc.). Any unresolved problems the *Accounting Team* encounters are likewise surfaced when they relate to diagnostic or procedure coding; federal, state, or guarantor rules; or questions regarding professional boards or other regulatory matters.

ACCURACY CHECKS AND ROUTINE SUPPORT STAFF REVIEW

Posting Check on 100% of events. Every Service Activity Log (SAL) is used by CSS at the service location to check for accuracy and completeness against clinical documentation and charge data. This check is performed, and errors reported before billing is sent out. When problems are found, the originating clinician is asked to

clarify or correct the source data directly. Requests for correction are monitored by Accounting staff and reported to managers and supervisors for follow-up and to seek root causes. Failure by a clinician to make timely entries or timely corrections is reported to the program supervisors.

Duplicated charges, blank fields, and certain omissions can be corrected immediately (e.g., a blank charge field, missing note). Some types of errors are complex to correct in the Avatar system; building a workflow, approval system, and audit trail for correction of error types is one goal for QI and IT in the current year.

Accounting personnel run several exception reports to catch omissions or illegal values in intake data and updates to client data before billing is created and submitted.

Accounts Receivable personnel routinely monitor denied claims and error codes on Explanations of Benefits. They coordinate with the CFO, QI Director, supervisors, and involved personnel to detect and troubleshoot anomalies, especially in diagnosis coding, CPT coding, and other clinically-related matters. These may result in coaching of personnel who have made errors, clarification of instructions, research into rules that had not previously been invoked, etc.

Cross-checks on Prior Authorization (PA) Processes: Most services to OBHS clients require Prior Authorization by external clinical reviewers, based on requests completed by Therapists that elaborate on the intake assessment and Treatment Plan to justify medical necessity and specific services requested. All documentation required from Therapists for PA is monitored and cross-checked by the Managed Care Coordinator, who provides feedback and coaching to clinics and alerts Managers to problems encountered, any patterns of difficulty, and new behaviors by the PA contractors. The CEO or designee attends regular meetings of the state's OBHS QI Committee, which reviews the performance of those PA contractors, advocates for improvements, and advises DAABHS and Medicaid on emerging issues.

The Caseload Management Team meets every other week. It is chaired by the QI Director and includes the Clinical Director and Support Staff Coordinator. The CEO often participates for part of meeting, and other staff may be included depending on topic. The team also places calls to CSS and Therapists during the meeting when questions arise that need follow-up or are not clear from computer record. The team refers to data matrixes prepared by the QI Director from clinical data, showing all open Outpatient cases by responsible staff. The team scans and mines this data set to monitor adherence to deadlines, appropriate case mix, and each Therapist's management of their caseload. This also produces lists of individuals who may need enhanced follow-up and engagement versus closing, and identifies data blanks, anomalies, unlikely combinations, etc. to help direct the cleaning of data set and prevention of future errors.

PROFESSIONAL COUNSELING ASSOCIATES, INC. Avatar reports were developed in 2015. This has been a valuable complement to the labor-intensive review of individual random charts and identifies many problems in care and participation in time for personnel and supervisors to intervene. Team members use these data tables and highlighted lists to identify supervisory issues and to discuss cases with personnel. They also use them to coordinate with CSS personnel to monitor the timeliness of dictation, transcription, and filing, and adherence to rules for scheduling and responding to broken appointments.

DOCUMENTATION AND COMPLIANCE REVIEWS

A member of the clinic or administrative support staff (usually a supervisor or an experienced CSS loaned from another clinic) reviews a sample of clinical records for the presence, accuracy, completeness, and timeliness of all required documents. Several checklists for this review are prepared by the QI Director, based on OBHS rules used in audits and recoupment sweeps, and on other checkpoints. These are primarily checking work done by clinical staff, but also some that are the responsibility of Clinic Support Staff and some that monitor client and family participation.

These may be random sweeps of a program or of all locations, or targeted to a question (e.g., when clinician is leaving PROFESSIONAL COUNSELING ASSOCIATES, INC., when a raised error rate is noted, when question arises about questionable or possibly sub-standard practices). Reviewers work with the Clinical Director and QI Director to resolve each individual deficiency found in records. Detail findings are kept on a spreadsheet which is used to request further systemic follow-up. This might involve training at a Clerical Meeting or Centerwide Meeting; a report to the QI Committee regarding conflicting regulations; a consultation from a PROFESSIONAL COUNSELING ASSOCIATES, INC. attorney; discussions in the Managers' Meeting about coordination between departments; work with the CFO and IT staff regarding computer procedures, data fields, or screen design; changes in clinical forms; changes in clinical policies; updates to reference materials; or training for personnel.

CONCURRENT CARE REVIEW

Concurrent Care Review evaluates the quality of clinical services delivered and examines the overall logic and flow of evaluation and treatment as well as the quality of individual clinical contacts. This may include any clinical issue; for example, intake and diagnosis, the appropriateness of treatment relative to diagnosis and problems, the choice of therapist, quality of transfers, termination and follow-up. Forms for these reviews are frequently revised, considering the standards items of interest to CARF, The current Medicaid audit contractor, and other external authorities.

A licensed professional who is not the Primary Therapist conducts each review. Each clinician reviews at least two cases. At least one case for each professional clinician (including part-time and interns) is reviewed. The pull may be random or may be targeted to a problem area or clinical group (e.g., clients with a diagnosis, cases that are inactive but open, clients in a age group). Personnel may also be invited to request reviews of charts which they believe highlight a problem or dilemma.

Since the review is intended to evaluate quality of documentation as well as clinical care, a deficiency may be noted based on the vagueness or lack of clarity of the information in the chart. The checklist notes areas in which the care delivered was adequate, deficient, or of exceptionally high quality. Reviewers are also asked to make clinical or administrative suggestions regarding each case and any underlying processes.

The review sheets are tallied, examined at a meeting of the QI Committee. The summary and follow-up address the overall purposes of protection for clients, guidance for continuing education of clinicians, risk management for the agency, and enhancement of PROFESSIONAL COUNSELING ASSOCIATES, INC.'s position in the health care market. Recommendations need not be limited to problems with cases or persons but may include apparent need for a special review or for additions to or clarifications of system-wide procedures. Reports protect client confidentiality. The raw checklists are destroyed after a short time (except where external standards require that they be held for audit) because Arkansas law provides no protection for the confidentiality of peer review documents or minutes except in a hospital setting.

MEDICAL REVIEWS

Internal Review: A Medical Review is conducted at least annually to review clinical charts. Such reviews may be random or may be focused on a patient group or treatment modality (e.g., persons with bipolar disorder, persons with repeated hospitalizations). At a minimum, the sample includes two clients seen by each PROFESSIONAL COUNSELING ASSOCIATES, INC. Physician and by each APN who has a prescriptive practice, both for assessments and for ongoing Pharmacological Management.

The reviewer is a board-certified Psychiatrist or Behavioral health APN who is not among the practitioners being reviewed. The checklist for this review is posted on the Staff Intranet under CLINICAL FORMS / QI. Results of the review are discussed at the QI Committee Meeting, which includes the Medical Director, and feedback is given to medical personnel.

The review checklist is periodically updated by the QI Committee (with input from medical personnel and the external reviewer). The form includes issues of current concern to PROFESSIONAL COUNSELING ASSOCIATES, INC., as well as the following basic issues. Per CARF Standards, it addresses: (a) multiple medications in use from PROFESSIONAL COUNSELING ASSOCIATES, INC. or elsewhere; (b) possible interactions; (c) how well side effects, unusual effects, and contraindications are addressed; (d) appropriate use of lab tests; (e) overall appropriateness and effectiveness of the regimen in use; and (f) direct participation in decision-making by the client (and guardian, if there is one) and their apparent satisfaction with the medication regimen.

QI Plans for Advanced Practice Nurses: Each APN files a QI Plan with the Nursing Board, with the approval of his or her cooperating Psychiatrist. Findings of these reviews are discussed by the QI Committee and copied to the APN by the Physician.

External Review of Pharmacologic Management against Consensus and Evidence-Based Protocols: Ongoing review of prescription practices is provided by an external organization, the Arkansas OBHS Drug Utilization Review Program. This provides external review of all prescriptions that are funded by any OBHS program in Arkansas. The prescription profile for each patient is checked by a complex algorithm with the participation of Physician and Pharmacist reviewers. This program checks for issues such as polypharmacy, uses not supported by a diagnosis on file, similar scripts from multiple providers, and suspicious quantities of medications could be subject to abuse. Informational query letters are generated for any outliers found; the letter includes the specific issue that triggered the review, a list of all medications paid by OBHS from any prescriber in the previous 12 months, and a list of all diagnoses reported during that time.

The DUR program also alerts PROFESSIONAL COUNSELING ASSOCIATES, INC. prescribers if a patient is obtaining similar medications from other source(s). The prescriber returns a response to the review program.

While this review does not cover 100% of PROFESSIONAL COUNSELING ASSOCIATES, INC. clients, it is noted that virtually all PROFESSIONAL COUNSELING ASSOCIATES, INC.'s child and adolescent clients, and most adult clients, are touched by the OBHS program.

Any prescription funded by OBHS for medications that are considered second- or third-tier choices on the OBHS formulary require special justification and prior authorization. These medications are identified and updated in regular meetings of an advisory board facilitated by UAMS experts in both medicine and pharmacy. (Although this does not cover all PROFESSIONAL COUNSELING ASSOCIATES, INC. clients, many of the medications scrutinized are at a price point that is not paid by our clients out of pocket, and therefore most use of these medications is externally evaluated.) The program also requires special prior authorization for use of stimulants in adult clients and use of typical or atypical antipsychotics in clients under 18.

EXTERNAL AUDITS

PROFESSIONAL COUNSELING ASSOCIATES, INC. clinical programs are subject to extensive On-Site Inspections of Care (OIC) by the current Medicaid audit contractor. An OIC is an on-site review by two surveyors for two days, conducted at least annually at each clinical location. Each review closely examines 20 charts and includes 20 interviews of clients and/or parents. It also inspects personnel records and credentialing, policies and procedures, and other questions regarding the facility and PROFESSIONAL COUNSELING ASSOCIATES, INC. operations. Any deficiencies result in citations which require a Corrective Action Plan, and any case questioned by the on-site reviewers is referred to medical reviewers for possible recoupment or decertification.

In the Retrospective Review program (also carried out by the current Medicaid audit contractor) all Medicaid beneficiaries statewide are sampled four times a year, and a random sample of cases is selected for audit. PROFESSIONAL COUNSELING ASSOCIATES, INC. scans records into a secure web portal which are reviewed for Medical Necessity and Compliance, using a different checklist than the IOC audits. Recoupment of fees and/or decertification of client eligibility are possible outcomes.

The Promote Program is reviewed at least two times each year by the Division of Youth Services, using a detailed set of audit criteria. About 25 records are examined at each visit. External audits are performed at least once a year by Arkansas state reviewers from the Title XX program. The Childcare Licensing Board performs an annual audit of Promote and another of the childcare facility at the Family Resource Center (including staff and policies as well as the facility).

Audits are also performed at one or more locations by reviewers from some guarantors, and direct sampling audits by agents of CMS or other federal offices occur as record requests, telephone checks, or on-site visits. Arkansas Legislative Audits and unannounced chart requests by the state Medicaid Inspector General have occurred in recent years, and a variety of RAC and other third-party sampling and auditing programs affect any cases paid by Medicare and/or Medicaid. Medicare Advantage clients are subject to other audit processes through the regional CMS office and through contractors.

EXCEPTIONAL CASE REVIEW

Exceptional Case review or conference is not a committee or a scheduled event, but a flexible process of consultation with a senior clinician-manager who is not generally present at team staffing. Reviews vary from a chart review and discussion with the clinicians, up to a meeting with two or more experienced clinical personnel or consultants, a debriefing of all involved personnel, consultation with outside specialists, etc.

Exceptional Case Reviews serve a number of purposes, including but not limited to: risk management; assessment of any need to involve the PROFESSIONAL COUNSELING ASSOCIATES, INC. attorney or malpractice carrier; mitigation of damage to other clients, family members, or other involved parties; debriefing of personnel; re-evaluation of PROFESSIONAL COUNSELING ASSOCIATES, INC. policies and practices in light of an incident; determination of the need for compassionate care for survivors or others affected by an incident; determining appropriate liaison with law enforcement, the coroner's office, or other outside agencies. In addition to the immediate review, follow-up reviews may be needed later. These may be documented with a *Case Administration* or *Urgent Coordination* note in the client chart, with notes on the Follow-up section of a *Critical Incident Report*, or by other means.

Mandatory Reviews / Adverse Events: All client deaths from any cause, suicide attempts with serious consequences, or acts by clients or personnel that place the public at significant risk are reported as Critical Incidents and reviewed by the Clinical Director, QI Director, and CEO. In addition, any *Critical Incident Report* that seems to relate to a client's care at PROFESSIONAL COUNSELING ASSOCIATES, INC., or to Protected Health Information, may result in Exceptional Case Review. They may also be triggered by a complaint, inquiry, or Client Advocate report.

Prospective Review / Clinician's Request: Any clinician may request an Exceptional Case Review for assistance or backup. The Clinical Director or QI Director arranges for an individual or group of advisors who have appropriate expertise to talk with the clinician and/or other team members and review the case. Clinicians may request an Exceptional Case Review in any case where they feel there is an apparent conflict between customs or rules and good clinical practice, or where the clinician would feel safer with explicit backup of their decisions. Such review could include getting explicit guidance on legal or ethical issues, planning for crisis management, brainstorming options or reaching out to senior staff of other organizations in a very difficult case, or other forms of exceptionally close backup of the clinician's work. It may also bring issues to light that need to be addressed on a broader level than the immediate problem case.

STUDIES OF TREATMENT EFFECTIVENESS AND CLIENT SATISFACTION

The QI Director develops and implements procedures to evaluate treatment effectiveness and appropriateness and facilitates the appropriate dissemination of the results of such studies. Efforts to integrate such studies with the ordinary clinical record system and to evaluative use of the computer database system are strongly encouraged.

Consumer surveys include items tapping satisfaction, outcome, crisis response, barriers to care and accommodations, and perceived service needs for planning input. PROFESSIONAL COUNSELING ASSOCIATES, INC. also participates in the annual mailed survey to a random statewide sample of open and closed clients and parents served by CMHCs, regardless of guarantor.

Satisfaction surveys are done at least annually at each clinical location. These are offered to all clients and parents of clients who pass through the clinic's waiting room during the survey week.

Post-Discharge phone survey calls are made from the Administrative office from time to time, between 1 month and six months after discharge, to former clients for whom we have permission to use phone numbers. Calls are made by clinical interns, or other personnel. A structured set of questions is used that ask open-ended opinions in addition to "Grades" of A, B, C, D, or F. Any contacts who have complaints or needs for service are passed to other personnel for callbacks. Promote staff use measures mandated by DYS at intake, during treatment, at closing, and in follow-up contacts, with tabulation and reporting done by DYS.

Most external audits and on-site inspections include personal interviews between auditors and PROFESSIONAL COUNSELING ASSOCIATES, INC. clients and/or parents of minor clients. Results of these reviews, and any concerns raised, are included in the report of the audit.

Results of all these processes are discussed during management meetings, included in PROFESSIONAL COUNSELING ASSOCIATES, INC. planning processes, and included in the annual management report.

STAKEHOLDER-BASED PLANNING

PROFESSIONAL COUNSELING ASSOCIATES, INC. strives to base its strategic planning on the actual needs of the populations it serves. PROFESSIONAL COUNSELING ASSOCIATES, INC. uses an ongoing process to seek input to identify new or unmet needs in the community, and to expand, enhance, restructure, or add programs and services as appropriate to address real needs and concerns in the most effective manner possible. Input is sought in several ways. Input and recommendations from each of these general forums are brought to the attention of the management team for appropriate action relative to the planning of programs and services.

DIRECT CLIENT INPUT

Input is solicited via client questionnaires in conjunction with satisfaction with services provided (see previous section). These questionnaires are collected during treatment and after discharge and include specific queries about perceived needs for additional services and perceived barriers to service accessibility. More detailed needs assessments are conducted from time to time regarding rural communities, specific programs such as Promote or CASSP, or special populations such as hurricane evacuees or a school's students, families, and personnel. Clients and their families are also interviewed by outside auditors at almost all on-site audits, and feedback from those interviews is incorporated into the audit reports and reviewed by personnel.

Program-specific client feedback meetings may be constituted to make appropriate recommendations to the management personnel. The Community Support Program holds consumer group meetings and Clinical Director respond to requested adjustments in program operations and program planning. The CEO visits programs to talk directly with consumers and families at various locations.

Investigations and resolutions of all grievances and inquiries handled by the PROFESSIONAL COUNSELING ASSOCIATES, INC. Client Advocate are reviewed in the Managers' Meeting, to consider implications for improving existing operations and to help identify areas where current services are a poor fit for community needs or opportunities for service development may exist.

BOARD EXPERTISE

Members of the PROFESSIONAL COUNSELING ASSOCIATES, INC. Board of Directors are selected from among persons who can have knowledge of the behavioral health needs of the community, whether through personal or family experience, professional or volunteer experience, linkages to other boards or organizations, and the utilization of other special knowledge. The Board is heavily involved in planning and ongoing oversight of programs. The Board's Nominating and Community Relations Committee considers these factors when evaluating a prospective new member. Feedback on availability, interest, knowledge, and skills, and what groups the applicant may be able to represent are given to the full Board as part of each nomination for membership.

PERSONNEL EXPERTISE AND COMMUNITY LIAISON

Whenever possible, PROFESSIONAL COUNSELING ASSOCIATES, INC. employs individuals who have immediate knowledge of the needs of persons served, whether through personal or family experience, volunteer experience, or the utilization of other special knowledge. The hiring process emphasizes the collection of pertinent educational and background experiences, including special qualifications and volunteer experience. Through the *Community Visibility and Planning Report*, which is collected monthly for presentation to the Board, the ongoing observations of key personnel in several programs report comments, suggestions, and

requests they have encountered during interactions in the community. Meetings and activities with external entities, and planning inputs gleaned at those contacts, are also reported by that means.

PROFESSIONAL COUNSELING ASSOCIATES, INC. actively encourages participation by personnel in community efforts such as advocacy group meetings, planning councils, and other coalitions and liaison groups which include consumers, family members, and other advocates of persons served. The CEO also encourages participation and liaison with various groups of providers in behavioral health, substance abuse, education, and other areas, as well as with faith-based organizations and civic action groups. This is intended to provide support for those community efforts, to help coordinate PROFESSIONAL COUNSELING ASSOCIATES, INC. planning with that of other entities, and to provide a broad range of information germane to PROFESSIONAL COUNSELING ASSOCIATES, INC. internal planning.

E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

E.9.A.

Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:

- a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.
- b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).
- c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.
- d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.

Describe how your agency will utilize funds toward the development of infrastructure.

PROFESSIONAL COUNSELING ASSOCIATES, INC VENDOR COMPENSATION & FINANCIAL MANAGEMENT

PROFESSIONAL COUNSELING ASSOCIATES, INC. utilizes DAABHS funds for persons in Region 10. Prior to providing a crisis screening all financial information is obtained. Only those services provided to persons with no insurance will utilize DAABHS services. DAABHS is always payer of the last resort.

Any persons that wish to utilize Title XX SSBG funds are required to fill out a PCA's Financial Agreement form as well as the DHS-0100 Form (Application for Social Services Block Grant Services). Staff reviews the forms to see if the person qualifies for these funds. Any persons that live out of our region, have insurance or exceed the monthly family income for the household size, we deny the application. Only persons qualifying for this funding utilizes the funding. Prior to billing any services for the following months, we verify insurance to make sure there still is none. If no insurance is in place, we utilize funds for the following month.

Any funds utilized for SSBG Title XX are recorded on a purchase order. The purchase order is approved by management, prior purchases being made. Receipts are attached to the purchase and submitted for payment to the credit card company. At month end the Accounts Payable Specialist runs a report for any expenses charged to this general ledger account. This report, copies of the purchase orders, as well as corresponding receipts are given to the Billing Coordinator to process monthly billing. All services provided are recorded on

the SSBG Services by Client Form. Those services are culminated on the Cumulative Services Per Service Code Form and the total expenditures are recorded on the Provider Request Form. Billing is submitted monthly for these services.

Prior to services rendered, all clients fill out an Intake Packet, which includes a Financial Agreement Form. Benefit verification is performed for all clients. At the time of the verification process, the client's primary, secondary, tertiary insurances are confirmed. All primary insurances are billed first for all primary payers no matter what type of insurance is it. Once the primary claim is processed, secondary insurances are then billed, if applicable, and the primary payer information is included in the secondary claim. If applicable, once the secondary claim is processed, the tertiary is billed. These funds are always utilized as the payer of last resort.

Professional Counseling Associates undergoes an annual BKD Audit every July. During this audit BKD is checking to see if PCA is adhering to applicable auditing standards. These standards include, but are not limited to, auditing standards generally accepted in the United States of America, Government Auditing Standards, The Provisions of Uniform Guidance, And DHS Audit Guidance, and DHS Audit Guidelines.

E.10 REGION SPECIFIC SERVICES

E.10.A.

Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

- a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.
- b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.

As evidenced by support letters, contracts, Memorandum of Understanding and other collaborative community partnerships, PROFESSIONAL COUNSELING ASSOCIATES, INC. is viewed as a trusted community resource and community partner for high-quality behavioral health services.

PROFESSIONAL COUNSELING ASSOCIATES, INC. has provided outpatient mental health and psychiatric emergency services for over 45 years to individuals across the lifespan throughout Region 9, in five outpatient clinic locations, homes, schools, jails and community-based settings in North Little Rock, Sherwood, Jacksonville, Cabot, Lonoke and Prairie county locations.

PROFESSIONAL COUNSELING ASSOCIATES, INC. is well suited to continue to provide high-quality behavioral health services in Region 9 as the organization is regarded as one of the top mental health organizations in the State of Arkansas and has consistently been awarded the highest level of national accreditation through CARF, by providing high quality mental health services to some of the most vulnerable and at-risk individuals in our communities.

Currently, the challenges facing PROFESSIONAL COUNSELING ASSOCIATES, INC. are not unique to behavioral health organizations. Both nationally and locally, the healthcare system continues to undergo significant changes. Growing challenges and rising costs in managing complex populations in healthcare is influencing and shaping the development of new care models and new delivery systems in Arkansas. Similarly, the political and competitive pressures on payers to contain cost, increase quality/value and shift to alternative financing and payment models is significant and rapidly moving forward.

Critical to the success of these new trends in alternative reimbursement and risk-sharing will be the utilization of data-driven decision-making including cost analysis, information exchange, predictive analytics and new technologies. Value-based reimbursement will not only permit the expanded use of technology---it will make technology essential for success. An increased focus on social determinants of health throughout the health and human service market is also influencing changes in financial models and delivery systems. New value-based financing models will encourage payers to consider housing and other social supports as part of their model of care.

PROFESSIONAL COUNSELING ASSOCIATES, INC. remains committed to our mission of offering pathways to wholeness, healing and hope through caring and effective behavioral health services to men, women, children and families. However, PROFESSIONAL COUNSELING ASSOCIATES, INC. recognizes that it must embrace a new strategic vision to competitively position the organization for a viable and fiscally sustainable future to ensure essential behavioral health services are accessible to the most vulnerable in our communities. PROFESSIONAL COUNSELING ASSOCIATES, INC. seeks to be a leader in Population Health Management and is well positioned to remain a trusted community partner and leader in the provision of high-quality behavioral health services. PROFESSIONAL COUNSELING ASSOCIATES, INC. supports Arkansas' move toward accountable, holistic, integrated models of care and seeks to become a Center of Excellence in Population Health Management and integrative Behavioral Healthcare through mutual partnerships and in collaboration with DHS to launch new high-quality, cost-effective, innovative delivery systems that expand access to care for our underserved communities in Arkansas.

A list of collaborative community partners and contracted organizations is below. Copies of Memorandum of Understandings, contracts, support letters are also included.

1. Arkansas Department of Health
2. Recovery Centers of Arkansas
3. Rivendell Behavioral Health Services of Arkansas
4. UAMS e-Link
5. innovaTel Telepsychiatry
6. UAMS College of Nursing
7. Jefferson Comprehensive Care System
8. Little Rock School District
9. University of Central Arkansas
10. UA Little Rock, School of Social Work
11. National Alliance on Mental Illness of Arkansas
12. ARCare
13. Cabot Public Schools



MEMORANDUM OF UNDERSTANDING

March 13, 2019

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
700 Main St, Slot W345
Little Rock, AR 72201

To Whom It May Concern:

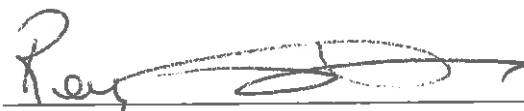
This Memorandum of Understanding supports Professional Counseling Associates (PCA) in response to bid number 710-19-1024 to serve as the Community Mental Health Center for Region 9 in Arkansas.

As one of the nation's largest telemedicine networks, UAMS e-Link connects behavioral health clinics with hospital emergency departments, medical clinics, detention centers and schools to allow delivery of mental health services over a HIPAA compliant network. As a partner in good faith, UAMS e-Link will provide the following services for PCA behavioral health professionals under the proposed contract:

- Cisco Meeting software that allows collaboration using a camera-equipped device
- Ability to log connections (as required for reimbursement)
- Usage reports to quantify telemedicine adoption
- Access to live continuing education (free of charge)
- Telehealth training for physicians and staff
- Telehealth support for UAMS-provided equipment and software

This agreement will automatically renew at the end of each year unless either party gives the other written notice of termination.

By: 
Sarah Hirsch, Chief Executive Officer
Professional Counseling Associates

By: 
Roy Kitcher, e-Link Network Director
Institute for Digital Health & Innovation
University of Arkansas for Medical Sciences



innovaTel
 telepsychiatry
 re-imagining psychiatric care

900 State Street, Suite 203B, Erie, PA 16501

1.866.492.7597

innovatel.com

March 13, 2019

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
 700 Main Street, Slot W345
 Little Rock, AR 72201

To Whom It May Concern:

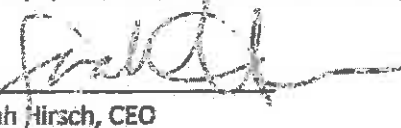
This Memorandum of Understanding supports Professional Counseling Associates response to bid number 710-19-1024 to serve as the Community mental Health center for Region 9 in Arkansas.


There has been a significant increase in demand for behavioral health services across the country and there are not enough behavioral health clinicians to meet the demand for services. Psychiatric recruitment and retention is a serious obstacle for behavioral health organizations and telepsychiatry has proven to be an extremely effective solution.

InnovaTel Telepsychiatry will be partnering with Profession Counseling Associates to assist in the development of their telepsychiatry program to increase access to care within their community in Arkansas. innovaTel has nationwide network of virtual psychiatrists, psychiatric nurse practitioners and licensed clinical social workers.

innovaTel is partnering with Professional Counseling Associates to provide a full-time Psychiatric Nurse Practitioner that is Lifespan trained to see patients of all ages. innovaTel does not provide any locums tenens, innovaTel's telepsychiatry model is focused on encouraging care coordination, a team-based approach and most importantly continuity of care for the patients. The clinician that innovaTel provides to Professional Counseling Associates will be their choice in provider, while innovaTel does all of the vetting of clinicians, it is ultimately Professional Counseling Associates choice who will be joining their team. innovaTel's goal with telepsychiatry partnerships is to mimic the workflows of the existing clinic and it is the goal that the patients and staff have the same experience has if they clinician was there on site, the only difference will be that the clinician is connecting through simple technology.

innovaTel's partners throughout the country have received high patient satisfaction surveys and the clinicians placed in organizations have extremely high retention rates, some clinic partners have had the same psychiatric clinician for over five years.

By: 
 Sarah Hirsch, CEO
 Professional Counseling Associates

By: 
 Jon Evans, CEO
 innovaTel Telepsychiatry

team up with us!



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (MOA) is entered by and between the Professional Counseling Associates, Inc. (PCA) and the Arkansas Department of Health (ADH), Center for Health Protection, hereafter referred to as CHP.

The CA administrator for this agreement will be: Sarah Hirsch, Chief Executive Officer, Professional Counseling Associates, Inc. Correspondence address is 3601 Richards road, North Little Rock, AR. Phone number, office: 501-221-1843, email Sarah.Hirsch@pca-ar.org.

The CHP administrator(s) for this agreement will be: Joe Martin, IVP Section Chief, 501-671-1452, joe.martin@arkansas.gov; and Mandy Thomas, Suicide Prevention Program Manager and GLS Project Director, 501-614-5234, amanda.thomas@arkansas.gov; and Jacob Smith, Suicide Prevention Follow-up Specialist, 501-671-1611, Jacob.r.smith@arkansas.gov.

The ADH administrator for this agreement will be: W. Steven Carter, CFO, 501-280-4201, steve.carter@arkansas.gov at same address listed above.

This MOA may be amended, if mutually agreed upon, to change the scope and terms of the MOA. Such changes shall be included as a written amendment to the MOA and must be signed by the signatories listed below.

I. Purpose:

As part of the Garrett Lee Smith Memorial Suicide Prevention (GLS) grant requirements funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Early Identification, Referral, and Follow-up (EIRF) form is a survey guided by best practices used to gather de-identified information on suicidal individuals about the source and setting of identification, referrals made, and linkages to those services. The purpose is to improve continuity of care and follow-up of youth identified at risk for suicide by early identification of warning signs, referral to needed services, and ensuring that services were received. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their suicide risk may be heightened. The EIRF data collection occurs within the context of the Zero Suicide Model, a systems-wide approach based on the idea that suicide can be prevented if signs leading up to it, including depression, is early identified and screened for as a whole.

The EIRF form does not collect protected health information. The EIRF collects de-identified individual-level data for each youth identified as at risk for suicide by a trained gatekeeper. The EIRF form includes several sections, as listed below:

- Participant identification number.
- Demographic information.
- Setting and source of identification (identification is defined as the first recognition of the youth as at risk for suicide).
- Gatekeeper training and screening information.
- Mental health and other support referral information.
- Follow-up information for the first and second mental health appointments.

Please see attached a copy of the EIRF survey form that will be used for data collection and follow-up information.

II. Scope of Work:

- Enhance continuity of care, outcomes, and follow-up, for youth ages 10-24 that are at risk of suicide in health care systems;
- Create a database to address the prevention, early identification and treatment for youth identified at risk for suicide;
- Establish a framework of collaboration and, as applicable, integration of standardized suicide prevention practices in training, screening, service referral and tracking measures.

III. Deliverables:

- PCA will collaborate with ADH to collect and review EIRF survey information, to close the gaps and better evaluate the effectiveness of services for youth at risk of suicide and their families.
- PCA will utilize the EIRF form to gather de-identified information on suicidal youth ages 10-24 about the source and setting of identification, referrals made, and linkages to those services.
- PCA will submit EIRF results to ADH on a monthly basis and for the 3-month follow-up services.
- ADH will provide the EIRF form and collect completed forms from CA on a monthly basis and for the 3-month follow-up services.
- ADH will collect, store, and organize EIRF data information.
- ADH will provide technical assistance as needed, along with support and resources.
- ADH will provide trainings for PCA staff, including, but not limited to, Assessing and Managing Suicide Risk (AMSR), Recognizing and Responding to Suicide Risk (RRSR), and Collaborative Assessment and Management of Suicidality (CAMS).

IV. Terms of Agreement:

The term of this memorandum of agreement is November 1, 2018 through September 29, 2019 and may be extended annually, contingent upon approval by the program, the ADH, and required legislative reviews, and upon the appropriation and availability of necessary funding.

V. Funding:

Cost Center: 610070






Internal Order: ASUI0019

Center-CHP

This expenditure is in line with the goals of the Garrett Lee Smith Memorial, Youth Suicide Prevention grant.

A stipend will be paid monthly of \$1,500.00, up to a maximum of \$15,000 for completion of deliverables outlined in section III, from the Garrett Lee Smith Memorial, Youth Suicide Prevention funds through SAMHSA.

The following parties agree to this Memorandum of Agreement:

 PCA CEO Signature	Sarah Hirsch, Chief Executive Officer Printed Name & Title	9/25/18 Date
 Suicide Prevention Program Manager Signature	Mandy Thomas, Suicide Prevention Program Manager Printed Name & Title	10/3/18 Date
 Injury & Violence Prevention Section Signature	Joe W. Martin, IVP Section Chief Printed Name & Title	10/3/18 Date
 Substance Misuse & Injury Prevention Branch Signature	Haley Ortiz, Branch Chief Printed Name & Title	10/3/18 Date
 Center for Health Protection Director Signature	Renee Mallory, CHP Director Printed Name & Title	10/3/18 Date
 Chief Financial Officer Signature	W. Steven Carter, CFO Printed Name & Title	10.5.18 Date



**LITTLE ROCK
SCHOOL DISTRICT**

2017-2018 School Based Mental Health Services Contract

OVERVIEW:

The Little Rock School District recognizes the need for education, early intervention, and prevention services in regards to student mental/emotional health issues. As such, the Little Rock School District wishes to contract for such services to be provided during normal hours of operation or otherwise specified. Professional Counseling Associates (PCA) is an entity desiring to contract to provide such services.

The following is an agreement by and between PCA and the Little Rock School District in regards to services to be provided to the District. This agreement will be effective for the 2017-2018 school years.

CONTRACTUAL RESPONSIBILITIES OF

AGENCY NAME:

Professional Counseling Associates (PCA)

- I. PCA will provide appropriate current documentation of licensures for therapists that will be providing services to students and their families. Documentation to be submitted to the Mental Health Services Coordinator will include, at a minimum, current state license/certification (showing expiration date), background check, board certifications (if applicable), copy of current driver's license, and appropriate liability insurance providing proof of coverage. Current MHPP certification for MHPP/Case Managers will also be submitted to Mental Health Services Coordinator along with therapists' documentation.
- II. PCA will provide services of individual, group, and/or family therapy, MHP/MHPP interventions, collateral, crisis, and stabilization interventions as needed at the discretion of the mental health provider, with goals and objectives to be determined by student needs, staff availability, and mental health provider's expertise/knowledge.
- III. PCA will provide case management services to include but not limited to the following: management of PCP referrals, consultation, advocacy, and collaboration with community providers and resources based on student and family needs.





**LITTLE ROCK
SCHOOL DISTRICT**

- IV. PCA will work collaboratively with school staff and when necessary attend SBIT, ESL, 504, Special Education and/or other meetings. Assist in assuring continuation of quality mental health services to students as they transition to their next grade level and/or their feeder schools or transfer to another school in the district.
- V. PCA will assess any/all students in crisis, provide crisis interventions, and stabilizations as needed until a mobile assessor arrives and/or appropriate referrals are made for the indicated level of care. Should acute hospitalization be required, PCA will follow customary industry standards and ethical practices. All families involving students that require acute hospitalization will be given a choice as to which hospital they prefer.
- VI. PCA will provide both therapy and case management services as needed and agreed upon by PCA and Little Rock School District. Services will be provided during normal hours of operation of the Little Rock School District, and other times as treatment for the student deems necessary. Specific days and times for each therapist/case manager will be mutually agreed upon and will be subject to change as needed. All agreed upon times must be placed in writing and any permanent changes to scheduled days and times, must be mutually agreed upon by both parties in writing. Both parties agree that there will be occasional instances of scheduling changes to accommodate normal occurrences (e.g. vacation leave, sick leave, continuing education, et cetera), which shall not require a written agreement but shall require verbal agreement and reasonable notice, of at least one week, with the exception of sick leave.
- VII. PCA will present a parent consent form when the need arises to transport a student. Students cannot be released to the mental health provider without permission of the parent and the building administrator. Providers should also present, upon request, signed consent to treat and authorization for release of information, to administration, front office staff, or guidance counselor.
- VIII. PCA will agree to sign and follow confidentiality agreements which shall include compliance with the privacy provisions of HIPPA and FERPA with Little Rock Schools.
- IX. PCA will provide statistics, demographic data, quality improvement data, survey results, et cetera to the Little Rock School District in the form of a monthly written report. A yearly written summary report will be sent to the Mental Health Services Coordinator to distribute to Superintendent, Senior Director of Student Services, Principals, and Counselors, at their request. In addition, there will be meetings as needed, at the discretion of the school (principal, counselor) and Mental Health Services





**LITTLE ROCK
SCHOOL DISTRICT**

- Coordinator, between PCA and school personnel. All communication, written or verbal, shall comply with all applicable state and federal laws regarding confidentiality.
- X. With appropriate parental consent and student consent when required (i.e. students aged 18 years or older), PCA will communicate with other providers of services in order to facilitate continuity of care for the students participating in the services provided by PCA and the Little Rock School District.
- XI. PCA acknowledges and understands that its mental health providers are mandated reporters as defined by the Arkansas Child Maltreatment Act and as such will report all suspected forms of child maltreatment. Failure to do so may constitute grounds for immediate termination of PCA School Based Mental Health Services Contract with Little Rock School District.
- XII. PCA will offer periodic in-service education for the Little Rock School District faculty, PTA, School Board, and/or student organizations. In-service guidelines will be as follows, meeting the principal and school staff during the initial professional development days at the beginning of school each fall, and 2 in-services per school year, organized by said agency and building principal and counselor. Agencies will be assigned to specific schools by Mental Health Services Coordinator to provide in-services. The Mental Health Services Coordinator must approve the in-service topics and they must be submitted to MHSC at least a week before in-service date for review. After the in-service, documentation of speaker/speakers and persons in attendance will be forwarded to MHSC.
- XIII. PCA and its employees shall meet the standards of the Little Rock School District, exhibiting suitability for the school setting to work as MHPs/MHPPs within the District. The District reserves the right to refuse to permit any MHP/MHPP to work in the District if District determines same is not in the best interest of District or its students or families.
- XIV. PCA employees shall identify themselves during their work at the Little Rock School District with Little Rock School District identification badges that include Contractor and employee name. These badges will be provided by the Little Rock School District.
- XV. PCA employees shall be required to sign-in and out on a designated form, developed by the Little Rock School District when entering a campus.



**LITTLE ROCK
SCHOOL DISTRICT**

CONTRACTUAL RESPONSIBILITIES OF LITTLE ROCK SCHOOL DISTRICT:

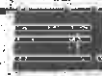
- I. Little Rock School District will provide reasonable access to the school facilities for the mental health providers in a space, allowing total confidentiality, assigned by the building principal. The mental health provider will follow applicable Little Rock School District policies regarding access and codes of conduct.
- II. Little Rock School District will make modifications to the program as necessary throughout the service contract period.
- III. The Little Rock School District and/or Mental Health Service Coordinator will research, develop, and implement specialized training targeting Arkansas school-based mental health service delivery issues and practices.

GENERAL PROVISIONS:

- I. This agreement shall be in full effect from the time of signing with services to commence at the beginning of the Little Rock School District 2017-2018 academic year and to terminate at the end of the Little Rock School District 2017-2018 academic year.
- II. The Little Rock School District may terminate this agreement with a 30 day written notice to PCA, if the District determines a breach of contract or if the District can no longer commit within its educational mission and resources. If PCA can no longer commit to this agreement, the agency may terminate this agreement with a 30 day written notice to the District. At any time and without written notice, the Little Rock School

District may terminate this agreement for cause, which shall include, but are not limited to, instances of:

- (i) an intentional act of fraud, embezzlement, theft or any other material violation of law that occurs during or in the course this agreement;
- (ii) intentional damage to Little Rock School District property;
- (iii) disclosure of students' confidential information to unauthorized recipients;
- (iv) intentional breach of Little Rock School District policies;





**LITTLE ROCK
SCHOOL DISTRICT**

(v) the willful and continued failure to substantially perform the duties under this agreement for company (other than as a result of incapacity due to physical or mental illness); or

(vi) willful conduct by you that is demonstrably and materially injurious to Little Rock School District, monetarily or otherwise.

- III. Any additional modifications to this contract must be mutually agreed upon and shall be made in writing.
- IV. After Little Rock School District monitoring of program and the involved parties agree upon success of the program, PCA will again be given the opportunity to provide services.
- V. Families will not be denied services because of their inability to pay; PCA will work with each family to determine eligibility for a payor source via Medicaid, private insurance, or agency's fee agreement and/or arrangement guidelines.
- VI. Medicaid, private insurance, and direct pay will be billed by PCA PCA consistently with third party payer, regulatory, and PCA fee agreement and payment policies.
- VII. PCA agrees to provide 70% direct services (assessment/evaluation, individual therapy, group therapy, family therapy, MHP/MHPP and collateral interventions, etc.) and 30% indirect services (in-service trainings, referrals to appropriate mental health/community service providers, parent education, student services team staffing, staff meetings, etc).
- VIII. PCA agrees to follow the referral process outlined by Little Rock School District. PCA will provide monthly updates to building principal, counselor, and Mental Health Services Coordinator.



**LITTLE ROCK
SCHOOL DISTRICT**

2017-2018 SIGNATURE PAGE

Professional Counseling Associates
(Agency Name)

Name and Title

Jennie Cotton, CEO

Name and Title

Date

2/15/18

Date

Little Rock School District

Andrew L. Fields
Superintendent/or Designee

Superintendent/or Designee

Date

Lisa D. Williams, MS, LPC
Mental Health Services Coordinator

Mental Health Services Coordinator

2/21/18

Date



LITTLE ROCK SCHOOL DISTRICT

ADDENDUM 1: Non-Compliance of Contract Guidelines

The following infractions will lead to disciplinary actions by the Mental Health Services Coordinator:

- 1. Failure to provide appropriate documentation on new employees or agency status in a timely manner; documentation for new employees 3 weeks from hire date and for agencies 1 week from the date of the status change.**
- 2. Failure to put in writing days/times that MHP/MHPP will be at their assigned schools; at the beginning of the school year the agency has 2 weeks from the day school starts to turn that in to the principal and counselor. Any other time throughout the school year, it must be done within 1 week.**
- 3. Taking a student off the Little Rock School District campus without written parental consent and verbal consent from building administrator or designee.**
- 4. Breaking the rules of confidentiality by sharing client information in teacher lounges, front offices, hallways, etc. Client information is to be protected at all times.**
- 5. Failure to turn in monthly reports on the last day of the month.**
- 6. Failure to complete in-service as outlined by contract (meeting principal/staff at beginning of school year, and 2 in-services during the school year).**
- 7. Failure to wear LRSD Badge with appropriate vendor name and credentials**
- 8. Failure to sign in at schools on appropriate LRSD sign-in form.**
- 9. Refusal to provide services to a child/family without just cause. (no payer source or eligibility for payer source is not acceptable)**
- 10. Engaging in any of the 6 instances under General Provisions Section II.**





**LITTLE ROCK
SCHOOL DISTRICT**

Disciplinary Actions:

1st infraction by an agency will result in a verbal warning. (Telephone/face (to face contact))

2nd infraction by an agency will result in a written warning. (Certified mail)

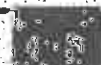
3rd infraction by an agency will automatically result in 3-month probation.

4th and 5th infractions by an agency will result in an additional month added to probationary period.

6th infraction by an agency will result in termination of current contract and will not be considered for new contract until the following school year.

An agency can return to good standing with the LRSD by remaining compliant for every month that they are on probation. For example, if the agency is on 3 months probation, if they are compliant for 3 consecutive months, probation ends.

Jenni Cotton, CEO 2/15/18
Agency Representative Signature and Title Date



**MEMORANDUM OF AGREEMENT
BETWEEN
JEFFERSON COMPREHENSIVE CARE SYSTEM, INC.
and
PROFESSIONAL COUNSELING ASSOCIATES**

I. PARTIES

This Memorandum of Agreement is made between **Jefferson Comprehensive Care System, Inc. (JCCSI) and Professional Counseling Associates (PCA).**

II. PURPOSE

The purpose of this MOA is to establish the basic relationship, role and responsibilities of **JCCSI and PCA** regarding services, financial and legal responsibilities for clients served.

III. DUTIES OF PARTIES

PCA:

- will provide onsite mental health assessments (e.g. mental health screenings) on clients enrolled in the Ryan White Program on a date agreeable by both parties.
- will mail all consult reports, in attention, to **JCCSI Medical Records, 1101 Tennessee, Pine Bluff, AR 71601.**
- agrees to see clients on third Wednesday of each month. The date and times can fluctuate based upon client demand and will be agreed upon by both parties, preferably two weeks in advance.
- agrees to provide services to **JCCSI** registered clients without regard to race, religion, color, sex, age, national origin, disability, or ability to pay for services.
- agrees to brief the **JCCSI** Nurse, Social Worker or designated staff of any immediate concerns patients may exhibit. Further, **PCA** agrees to make appropriate mental health referrals for therapy if the need exist and notify staff.
- agrees to solely responsible for billing and collecting all payments from appropriate third party payors.

JCCSI:

- will notify **PCA** of any client cancellations as soon as it becomes known to **JCCSI** staff.
- will identify client by program for appropriate billing purpose (Ryan White Part C or Part D Program).
- in the event **JCCSI** needs to cancel clinic, notification will be given to **PCA** as soon as possible.
- staff will submit payment information [client intake form] for billing purposes for clients with a 3rd party payment source.

IV. COMPENSATION AND REIMBURSEMENT

- JCCSI will pay PCA a professional fee of \$170.00 per two hour session for mental health assessment /treatment of clients in the Little Rock area. On average, one –three patients are scheduled for the two hour session. The amount is not to exceed \$3,000.00.
- PCA agrees to bill JCCSI monthly for reimbursement. Invoices should include patient name, date length of counseling session, and billable program (Part C or D program).
- Payment will be made to PCA within ten (10) working days after appropriate invoice has been submitted.

V. OBLIGATIONS TERMS OF AGREEMENT

The term of this Agreement is ongoing.

- Either party may terminate this Agreement by giving thirty (30) day written notice. Such notice of non-renewal or termination must be communicated to the non-renewing party in writing by certified mail, return receipt requested (attention to: Special Program Manager, Jefferson Comprehensive Care System, Inc. 1101 Tennessee St. Pine Bluff, AR 71601).
- PCA agrees to provide JCCSI with assurance that, during the term of this MOA , it and, as applicable, its individual healthcare practitioners furnishing the Services to JCCSI clients are and will remain: (1) duly licensed, certified and/or otherwise qualified to provide services hereunder, with appropriate training, education and experience in their particular field; (2) appropriately credentialed and privileged; and eligible to participate in federal health care programs including Medicaid and Medicare as deemed appropriate.
- PCA will provide JCCSI with a Licensed Certified Social Worker (**LCSW**) and/or a Licensed Master Social Worker (**LMSW**) to perform screenings/ assessment and will oversee that the duties and responsibilities are carried out according to professional standards.
- PCA will maintain confidentiality of all information regarding clients.
- PCA shall not: (1) not use or disclose client responsibilities hereunder; (2) use appropriate safeguards to prevent use or disclosure of patient information, other than as provided for under this Agreement; and (3) notify the other immediately in the event the Party becomes aware of any use or disclosure of patient information that violates the term and conditions of the Agreement or applicable federal and state laws regulations.
- PCA will comply with all applicable state and/or federal laws.

VI. BREACH OF CONTRACT

Failure by PCA and/or its representative agent to comply with any term or condition of this Agreement including failure to perform satisfactory and provide the required services as set forth by JCCSI, will be deemed a breach of this Agreement, JCCSI will have the right to terminate this Agreement without any further liability or obligations to PCA.

VII. WAIVER

No term or provision contained in this Agreement shall be waived, modified, or altered without written agreement by both parties.

This agreement sets forth the whole Agreement between the parties and all their rights and obligations. Further, this agreement supersedes any other agreement previously in place by the date shown below by both parties (Ryan White Program only).

THE PARTIES BELOW HAVE ENTERED INTO THIS AGREEMENT WITH AN EFFECTIVE DATE AS OF _____.



Jannie Cotton, MS, LPC
Chief Executive Officer
Professional Counseling Associates

4/16/18
Date



Sandra J. Brown, MPH, MSN, RN
Chief Executive Officer
Jefferson Comprehensive Care System, Inc.

4/12/18
Date



UAMS
COLLEGE OF NURSING
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

4301 W. Markham St., #529
Little Rock, AR 72205-7199

501-686-5374

www.nursing.uams.edu

March 11, 2019

Cheryl Steele, Executive Assistant
Professional Counseling Associates, Inc.
3601 Richards Road
North Little Rock, AR 72117

Dear Ms. Steele:

Enclosed is an original of a letter of agreement that would **renew** a contract between **Professional Counseling Associates, Inc.** and the **University of Arkansas for Medical Sciences (UAMS) College of Nursing**. The contract, which provides our students an opportunity for clinical experience at your facility, is in effect from **March 11, 2019 – July 31, 2022**.

Please have Ms. Hirsch review the agreement, sign, and return to me either by fax to **501-686-8695** or email at jmwelsh@uams.edu. The contract will be routed within our administration. Once complete, I will return via email to you for your files.

All of our faculty and undergraduate students are covered by a blanket liability insurance policy, and all graduate students are covered by a student liability insurance policy. A copy of our Certificate of Insurance is enclosed.

It is a UAMS policy that all students and employees have a yearly TB skin test and provide proof of a current Hepatitis B vaccine. Both are on record in the UAMS Student-Employee Health Center. The College of Nursing requires all students to complete an annual background check. The screening checks are conducted by an independent company.

Should you have any questions or need additional information, please contact me at **501-686-5452**.

Thank you for your willingness to permit our students to have a clinical experience at your facility.

Sincerely,

A handwritten signature in cursive script that reads "Janie M. Welsh".

Janie M. Welsh
Executive Assistant to the Associate Dean for Practice

Enclosures

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
COLLEGE OF NURSING**

**AGREEMENT FOR UTILIZATION OF FACILITIES
FOR CLINICAL INSTRUCTION IN NURSING**

Agreement made this eleventh day of March, 2019, by and between the Board of Trustees of the University of Arkansas acting for and on behalf of The University of Arkansas for Medical Sciences (UAMS), College of Nursing (College of Nursing) and Professional Counseling Associates, Inc., 3601 Richards Road, North Little Rock, AR 72117, to include all Arkansas clinic locations, which will serve as one of the clinical laboratories for the baccalaureate or graduate students during selected educational periods as indicated below.

It is understood that the basic premise of this association is mutual interest in quality nursing (education and services) based on mutual good will and agreement to share what each has to offer while pursuing its individual philosophy, objectives, and uniqueness. The two parties have accepted responsibility to participate in this experience.

IT IS FURTHER AGREED that if and when either of the parties desires to withdraw, such notice shall be given at least three (3) months in advance of the desired date of termination, to become effective when students shall have completed the full program covered by this Agreement. This may be waived if there is mutual consent to terminate the Agreement. This Agreement shall be effective for the period of March 11, 2019 – July 31, 2022 or until terminated by either party, by written notice to the other party. Hereafter, a renewal letter will be sent prior to the expiration date.

RESPONSIBILITIES:

1. The College of Nursing agrees that students shall be assigned to the setting for selected experiences in nursing as prescribed by the College of Nursing curriculum.
2. The College of Nursing shall be responsible for and shall directly control the educational program in the respective clinical areas by providing competent faculty.
3. The appropriate personnel in the clinical site shall be responsible for seeing that faculty members and students are familiarized with the necessary policies of the setting and both agree to abide by these policies and procedures. The personnel in the setting shall assist the faculty in planning an orientation in whatever is necessary to give them a thorough understanding of the clinical areas they are using for their students. A mutually acceptable date for faculty orientation shall be determined. This orientation should be planned prior to the students entering the clinical areas.
4. For each experience, the College of Nursing agrees to submit a list of the names of students and names of faculty directing the learning experience including the student/instructor ratio, which will not exceed 10 to 1. Student experience shall be planned in accord with the academic schedule and shall be submitted before the students' experiences in the clinical areas begin. Graduate student experiences will be preceptor directed.
5. The faculty members, in consultation with the appropriate responsible nurse, shall have the overall responsibility for the selection of the individuals and families with whom the students will provide

services. The selected experiences shall be in accord with students' needs in achieving the objectives of the curriculum.

6. Students shall be under the direct guidance and supervision of the faculty members unless in specific instances other provisions are made and will be responsible to faculty for the quality and the quantity of care provided and assigned clients. Faculty will be administratively responsible through appropriate channels for the care students provide.
7. The College of Nursing agrees to require professional liability malpractice insurance coverage, with minimum limits of \$1m/\$3m, for its students and faculty members assigned to the agency. (If requested, certificates of insurance or a letter stating effective coverage and limits of liability will be furnished.) It is understood that the students assigned to the agency are not its employees and are not entitled to any benefits of employees, such as those covered by the Workman's Compensation Act.
8. The College of Nursing requires all students to complete an annual background check. The screening checks are conducted by an independent company and include the following: 7 year flat rate county criminal search (unlimited counties of residence), Nationwide Federal Criminal Search, Nationwide Healthcare Fraud & Abuse Scan (OIG, GSA, OFAC, SDN, Medicaid/Medicare Exclusion Lists, EPLS, etc.), Consent Based Social Security Verification, Social Security Alert, Resident History Trace, & 10 panel drug test.
9. It is a UAMS policy that all students and employees have a yearly TB skin test and provide proof of a current Hepatitis B vaccine. Both are on record in the UAMS Student-Employee Health Center.
10. Professional Counseling Associates agrees to keep the faculty updated regarding changes in policy and procedure that relate to the areas used by students.
11. Both parties mutually agree that there will be no exchange of money for student services given or for the availability of the clinical facilities.
12. Representatives of the College of Nursing and Professional Counseling Associates will meet at least yearly for purposes of reviewing curriculum, evaluating student experiences and planning further clinical experience.
13. Professional Counseling Associates agrees to provide conference room space for pre- and post-clinical laboratory conferences and the use of available instructional materials and library facilities.

HIPAA COMPLIANCE:

1. It is the intent of the parties to protect the confidentiality of patient information and to comply with the applicable requirements of the HIPAA regulations in connection with this Agreement.
2. During the time that the College of Nursing's students are at the facility of Professional Counseling Associates participating in the clinical program and training anticipated by this Agreement, these students may use and disclose Protected Health Information of Facility for training purposes only as

permitted by HIPAA. In addition, students will participate in any training required Professional Counseling Associates regarding compliance with their privacy policies and procedures.

3. The University of Arkansas for Medical Sciences is a "covered entity" governed by the HIPAA regulations, and the University of Arkansas for Medical Sciences will provide these students with its own training as required by HIPAA regulations.

4. During student rotations at this facility, the facility will allow access to educational program accreditors, such as the Council on Accreditation of Nurse Anesthesia Educational and the Commission on Collegiate Nursing Education, as necessary to perform accreditation functions. This may include contact with Protected Health Information (PHI).

CIVIL RIGHTS LANGUAGE:

There shall be no discrimination on the basis of race, color, national origin, religion, national creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, or physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation in either the selection of students for participation in the program, or as to any aspect of the clinical learning experience, provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the program.

SOVEREIGN IMMUNITY AND CLAIMS LANGUAGE:

Nothing in this agreement shall waive the sovereign immunity of the State of Arkansas, the University, its Board of Trustees, officers, employees, and staff.

1. Neither party shall be liable for any lost profits. With respect to loss, expense, damage, liability, claims or demands, either at law or in equity, for actual or alleged damages resulting from this agreement by University's employees, agents, or subcontractors, University agrees with Facility that:
 - a) It will cooperate with Facility in the defense of any action of claims brought against Facility seeking the foregoing damages or relief.
 - b) It will in good faith cooperate with Facility should Facility present any claims of the foregoing nature against University to the Claims Commission of the State of Arkansas;
 - c) It will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the said Claims Commission and will make reasonable efforts to expedite said hearing provided, however, University reserves its right to assert in good faith all claims and defenses available to it in any proceeding in said Claims Commission or other appropriate judicial forum. The obligations of this paragraph shall survive the expiration or termination of the agreement.

**APPROVED AND ACCEPTED FOR THE
University of Arkansas for Medical Sciences,
College of Nursing**

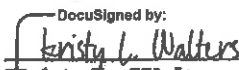
DATED: 3-12-19



**Donna J. Middaugh, PhD, RN
Associate Dean for Academic Programs
College of Nursing**


**APPROVED AND ACCEPTED FOR
Board of Trustees of the University of Arkansas
acting for and on behalf of the University of
Arkansas for Medical Sciences**

DATED: 3/14/2019

DocuSigned by:

**Kristy L. Walters
Associate Vice Chancellor for Finance
and Treasurer**

**APPROVED AND ACCEPTED FOR
Professional Counseling Associates, Inc.**

DATED: 3/12/19



**Sarah Hirsch, LPC
CEO**



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**

**Certificate of Insurance
OCCURRENCE POLICY FORM**



Print Date: 8/21/2018

Producer **Branch** **Prefix** **Policy Number** **Policy Period**
018098 970 HPG 0127276072 from 09/01/18 to 09/01/19 at 12:01 AM Standard Time

Named Insured and Address:
University of Arkansas
Slot 529
4301 W Markham St
Little Rock, AR 72205-7101

Program Administered by:
Nurses Service Organization
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034
1-800-986-4627
www.nso.com

Medical Specialty: **Code:**
School Blanket - Healthcare Provider Students 80998

Insurance is provided by:
American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$2,000,000 each claim \$ 5,000,000 aggregate
Your professional liability limits shown above include the following:
 * Personal Injury Liability

Coverage Extensions					
Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate	
Defendant Expense Benefit			\$ 10,000	aggregate	
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate	
Assault	\$ 1,000	per incident	\$ 25,000	aggregate	
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate	
First Aid	\$ 500	per incident	\$ 25,000	aggregate	
Damage to Property of Others	\$ 250	per incident	\$ 10,000	aggregate	

Total: \$ 6,799.00

Base Premium \$6,799.00

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

G-144918-A CNA79561 G-144931-A03 GSL-5587

Medical Specialty is amended to include Consulting Services (GSL-5587)


Chairman of the Board


Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.
Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability insurance policy.

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-144918-A	School Blanket Occurrence Form
CNA79561	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-144931-A03	Cancellation & Non-Renewal Endorsement
GSL-5587	Consulting Services Liability Endorsement

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B (03/2010)
Master Policy#: 188711433

Named Insured: University of Arkansas
Policy#: 0127276072

CLINICAL PLACEMENT AGREEMENT

PSYCHOLOGY AND COUNSELING UNIVERSITY OF CENTRAL ARKANSAS

This Agreement made and entered into as of this 22ND day of February 2019 [MONTH, YEAR] ("Commencement Date") by and between University of Central Arkansas, College of Health and Behavioral Sciences, Department of Psychology and Counseling and PROFESSIONAL COUNSELING ASSOCIATES [NAME OF PLACEMENT SITE], hereinafter to be known as the Agency.

The term of this Agreement shall be for a period of one year effective as of the Commencement Date. This Agreement shall automatically renew for additional one year terms on the anniversary of the Commencement Date, unless sooner terminated by either party in accordance with this Agreement. Either party may terminate this Agreement in writing with or without cause by providing thirty (30) days' advance written notice to the other party. Any such termination shall not affect students currently participating in a scheduled clinical rotation at the agency until such time as those students have completed their assigned rotation.

University of Central Arkansas College of Health and Behavioral Sciences' Department of Psychology and Counseling and the Practicum Site acknowledge a public obligation to contribute to allied health for the benefit of the school's students and for the residents of Arkansas.

Both parties have a mutual interest in quality health care education and have accepted certain responsibilities to participate in this Agreement.

I. DUTIES AND RESPONSIBILITIES

At the start of the clinical placement, the student and the agency supervisor should cooperate in determining the most appropriate experiences for the student, including but not limited to assignment of duties and arrangement of supervision. The majority of duties for the student should be similar to those that he/she will perform upon licensure, including but not limited to individual and group psychotherapy; psychological, educational and intellectual assessment; intake interviews; diagnosing; treatment planning; and staffing.

A. Students. Students are responsible for discharging assigned duties in a professional manner and for responding to supervision appropriately. Students should follow all ethical and legal codes of the profession and should follow all rules and regulations of the practicum site regarding professional conduct. Students are expected to comply with all policies and procedures of the agency and are expected to maintain confidentiality of all records and patient information.

Clients will be informed of the status of the student as a "Psychology Practicum Student", "Counseling Practicum Student", "Intern", or "Psychology Trainee" depending upon the type of placement. A treatment consent form will be signed by all clients of the student.

B. Agency. The Agency will provide a licensed, qualified, on-site (pre-approved) supervisor who must be on site a majority of the time. The supervisor must be competent in and have a scope of practice that includes duties similar to those assigned to the student. A minimum of one hour, individual, face-to-face on-site supervision is required per week. The student must be able to contact the supervisor when needed, particularly when “in session” with clients. The supervisor must be a licensed mental health practitioner (e.g., licensed psychologist, professional counselor, psychological examiner, school psychology specialist, or social worker), and the agency will work with the university supervisor to determine the most appropriate primary supervisor for the student.

For students in the Mental Health Counseling and Counseling Psychology programs, the agency will also allow students to audio/video tape sessions if given written consent by the client and allow students to bring these recordings to UCA for supervision by UCA Psychology and Counseling Faculty. It is understood by all parties that written consent to tape will be obtained from clients prior to taping and that session tapes may be reviewed in confidence with the site supervisor, university supervisor, and possibly with other graduate students in the context of group supervision. Tapes will be erased or destroyed no later than the end of the semester. In some cases, transcripts may be made of segments of the sessions for training purposes. In no case will the client be identifiable from these transcripts.

C. University. The university will be actively involved in overseeing the student's experiences and will also participate in weekly supervision of students. The university will maintain contact with the student and the site to ensure that duties and responsibilities are followed. As such, the university and its designated representative will be involved in any problems that may arise between students and the agency. The university shall be notified immediately when a problem occurs, and the university shall be involved in any subsequent decisions that affect the student.

II. TIME

The time requirements for clinical placements vary depending upon student program and year in the program.

- Counseling Practicum (100 hours per semester, 40 hours direct client service)
- School Psychology Practicum (100 – 150 hours per semester)
- Counseling Psychology Practicum (150 hours per semester, 50 hours direct client service)
- Counseling Internship (600 hours per semester, 240 hours direct client service)
- School Psychology Internship (1200 hours per year for MS; 2000 per year for PhD)

Note: Students may participate in a secondary placement concurrently with the primary placement in order to gain additional hours and/or experiences with different clinical populations. One hour per week of individual, face-to-face supervision with an approved onsite supervisor is also required for secondary placements. If a student engages in a secondary placement, all obligations, including the number of hours required, must still be fulfilled at the primary site.

The majority of time will be spent in the provision of individual psychotherapy, group psychotherapy, intake interviews, psychosocial assessment, psychoeducational assessment, psychological assessment, and contacts with collaterals. The remaining hours should be spent in supervision, preparation for clients, client related paperwork, reviewing sessions, team or staff meetings, outreach, continuing education, and supervision.

III. LIABILITY INSURANCE

Students enrolled in graduate programs in the Department of Psychology and Counseling at the University of Central Arkansas have professional liability insurance coverage of \$2,000,000 per each incident and \$5,000,000 in aggregate.

IV. EVALUATION

At mid-term and at the end of the practicum, the agency supervisor will be asked to complete an evaluation form provided by the University Supervisor. The agency supervisor should review the completed evaluation with the student and provide copies to the student and to the University Supervisor. The student will likewise complete an agency evaluation form at the end of each semester.

V. UCA CONTRACT RIDER

Attached to this Agreement and made a part hereof as if set out word for word is the UCA Contract Rider pursuant to Policy No. 416 of the UCA Board of Trustees.

VI. COPIES OF THIS AGREEMENT

One copy of this agreement will be provided for the University, and one copy will be provided for the Agency. Additional copies may be requested as needed.

VII. SIGNATURES

Dr. Art Gillaspy, Professor and Chairperson
Department of Psychology and Counseling

Date

Dr. Jimmy Ishee, Dean
College of Health and Behavioral Sciences

Date

Dr. Patricia S. Poulter, Provost
University of Central Arkansas

Date

LISA D. HUNT, M.Ed, LPC, LYT-200
Agency Representative (print)


Agency Representative (signature)

2.22.2019
Date

CLINICAL DIRECTOR
Agency Representative's Title

RIDER

Any contract or agreement to which the University of Central Arkansas ("UCA") is a party shall be deemed to have the following provisions incorporated by reference:

(1) "Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall not be responsible or liable for any type of special or consequential damage to the other party, specifically including, but not limited to, lost profits or commissions, loss of goodwill, or any other damages of such nature."

(2) "Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall never indemnify or hold another party harmless from any damages, liability, claims, demands, causes of action or expenses. However, with respect to any loss, expense, damage, liability, claim or cause of action, either at law or in equity, for actual or alleged injuries to persons or property, arising out of any negligent act or omission by UCA, or its employees or agents, in the performance of this agreement, UCA agrees that:

(a) it will cooperate with the other party to this agreement in the defense of any action or claim brought against the other party seeking damages or relief;

(b) it will, in good faith, cooperate with the other party to this agreement should such other party present any claims or causes of action of the foregoing nature against UCA to the Arkansas State Claims Commission;

(c) it will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the Arkansas State Claims Commission, and will make reasonable efforts to expedite any hearing thereon.

UCA reserves the right, however, to assert in good faith any and all defenses available to it in any proceedings before the Arkansas State Claims Commission or any other forum.

Nothing herein shall be interpreted or construed to waive the sovereign immunity of UCA."

(3) "The University of Central Arkansas does not have any form of general liability insurance. It does have liability insurance coverage on vehicles, as well as certain professional liability coverage for clinical programs (and students assigned through those programs). Please contact the university department with responsibility for the program involved or the Office of General Counsel, if you have questions concerning insurance coverage."

Lisa Hunt

From: Shannon Riedmueller <shannonr@uca.edu>
Sent: Tuesday, February 26, 2019 11:35 AM
To: Lisa Hunt
Subject: Re: Signed Documents

Lisa,
Thank you for meeting with me last week and sending the placement agreement. I will work on getting signatures on our end and will plan to update our site list to include Professional Counseling Associates. Thank you!
Shannon

Shannon Riedmueller
Clinical Instructor
Department of Psychology and Counseling
Mashburn 216
501-450-3223
Shannonr@uca.edu

AVID: UCA dedicates itself to Academic Vitality, Integrity, and Diversity

On Mon, Feb 25, 2019 at 1:54 PM Lisa Hunt <lisa.hunt@pca-ar.org> wrote:

Hi Shannon -- I have attached completed, signed documents for your review and records. Thank you! - Lisa

Lisa D. Hunt, M.Ed., LPC, RYT200

Clinical Director

Professional Counseling Associates

3601 Richards Road, NLR, AR 72117

P: 501-221-1843 / F: 501-221-8686

lisa.hunt@pca-ar.org

www.pca-ar.org

The mission of PCA is to provide pathways to wholeness, healing and hope through caring and effective mental health services.

PCA CONFIDENTIALITY NOTICE: This e-mail, including attachments is intended only for the use of the individual or entity to which it is addressed and may contain information that is protected health information under applicable federal and state law. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this communication in error, please do not distribute it. Remove it from your system without copying it and please notify the sender by e-mail at the address shown. Thank you.

Practicum/Internship Training Site
Application/Renewal
Department of Psychology and Counseling
University of Central Arkansas

Name of Agency: PROFESSIONAL COUNSELING ASSOCIATES

Address: 3601 RICHARDS RD, NORTH LITTLE ROCK AR 72117

Telephone Number: 501-221-1843

Supervisors (type of professional license): LISA HUNT, M.Ed, LPC

Supervisor Contact Information: Phone#: 501-221-1843

Email: LISA.HUNT@PCA-AR.ORG

Please describe your agency/facility (Community Mental Health Center, non-profit, residential facility, inpatient hospital, etc) and the composition of your clinical staff (number and type of clinicians).

OUTPATIENT COMMUNITY MENTAL HEALTH CENTER

PSYCHOLOGISTS, LICENSED COUNSELORS, LICENSED SOCIAL WORKS

PSYCHIATRIST & PHYSICIAN

PARAPROFESSIONALS

Describe the types of clients served and the types of services provided by your agency/facility.

ADULTS w/ SERIOUS MENTAL ILLNESS

CHILDREN w/ SERIOUS EMOTIONAL DISTURBANCE

SOURCE AREA = NORTH PULASKI, LINDSEY, PRAIRIE COUNTIES

IND THERAPY, GRP THERAPY, RELAPSE PREVENTION SERVICE, PARA INTERVENTIONS, FAMILY THERAPY, CRISIS SERVICES

Please describe the types of supervised clinical experiences available to potential Practicum Students/Interns (including, individual/group treatment, personality assessment, psycho-educational assessment, intake assessment, marriage and family therapy, etc).

INTAKE ASSESSMENT

TREATMENT PLANNING

IND + GRP THERAPY

PSYCHOEDUCATION

CRISIS ASSESSMENT

M.H. COURT OBSERVATION

Please describe how training is integrated into your agency (e.g., role of students/interns, availability of supervision, didactic training opportunities, etc).

EACH LOCATION HAS WEEKLY STAFFING MEETINGS
SCHEDULED SUPERVISION
ORIENTATION, SIMILAR TO NEW HIRE
PERIODIC CLINICIAN MEETINGS / ACCESS TO ONLINE
TRAINING MODULES / CEVS

What are the names and credentials of the clinicians who would provide clinical supervision for students/interns?

LISA D. HUNT, Ph.D., LPC, RYT - 200
MASTER OF EDUCATION IN COUNSELING PSYCHOLOGY
LICENSED PROFESSIONAL COUNSELOR
REGISTERED YOGA TEACHER 200 HR

→ OTHER STAFF AS AVAILABLE

Please provide any other relevant information about your agency.