

Developed 2/6/2024

Modified 9/3/2024

CARE Network Provider Agreement

Acronyms and language used in this document:

- CN CARE Network
- PC Program Coordinator
- SFY State Fiscal Year (this runs from July 1st through June 30th)

OVERVIEW

This document contains expectations of CN providers, as well as support available from the CN program staff and Kempe Center business office.

PROFESSIONAL ROLES AND RESPONSIBILITIES

Providers shall adhere to CARE Network practice standards, and remain up to date on practice standards and resources as found on the CARE Network website. This includes this document (CARE Network Provider Agreement) as updates occur periodically. Changes to the Provider Agreement will be published in the monthly newsletter as they occur, and providers shall read the newsletters to stay informed about such changes.

<https://www.kempecarenetwork.org/>

Medical Care Standards/Resources:

<https://www.kempecarenetwork.org/copy-of-provider-resources>

Behavioral Health Care Standards/Resources:

<https://www.kempecarenetwork.org/copy-of-care-network-evaluations>

CARE Network Provider Agreement: <https://www.kempecarenetwork.org/copy-of-medical-providers-1> &

<https://www.kempecarenetwork.org/copy-of-behavioral-health-providers-1>

Training and Participation Requirements

- Returning providers will attend the annual training each year.
- Providers will attend no less than 50% of the ECHO series training courses each SFY. ECHO sessions include didactic presentations and opportunities for peer learning through case discussions.
- If unable to attend the annual training or minimum number of ECHO trainings, the CN will provide makeup materials that must be completed by the provider by a prescribed date. Continuing education credits are not available through make up materials.
- Providers who receive referrals and submit cases for reimbursement to the CARE Network are expected to submit at least one evaluation per year for presentation at an ECHO session. If your evaluation is selected for presentation, the PC will contact you with information about how to present and a date for the presentation.

Licenses

- The provider will keep active the professional license used to sign up for joining the CN.
- Any lapses in license or loss of license must be reported to the CN within one business day of such occurrence to the PC.
- Reimbursement of evaluations will only be made for evaluations that occurred during the time a provider had a CARE Network approved and active license.

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BUSINESS

Halting Evaluation Entries

- The program staff will monitor expenditures against the program's budget to ensure the program remains within budget. In the event the program is running out of funds and a determination has been made to cease accepting evaluations, an email notification will be sent to providers indicating this. The email may indicate a date when evaluations will no longer be accepted for reimbursement or may terminate evaluation entry for reimbursement on the date of the email. See as "Submission for Reimbursement" below.

Submission for Reimbursement:

- To be eligible for reimbursement, evaluations must:
 - Children must reside in Colorado and,
 - Be five or under for concerns of abuse or neglect and twelve or under for sexual abuse concerns.

Additionally, the following must be adhered to concerning timely entry of evaluations. While it is good practice to enter evaluations timely, it also assists the program on projecting expenditures to ensure the program remains within budget.

- From July 1st through April 30th, all evaluations must to be entered in REDCap within one month of the evaluation occurring.
 - Beginning in May, evaluations will need to be entered within two weeks of the evaluation.
 - Beginning June evaluations need to be entered within one week of the evaluation, but with all evaluations being entered into REDCap by two business days before the end of June. This will help us have more complete information for the program's year-end report which is due on Jun 30th. If you do a case after that you can still enter it by June 30th (unless we have notified providers of the need to stop entering evaluations by a prior date due to budget issues).
- For each evaluation entered into REDCap an invoice will be generated on your behalf and reimbursement will be made.
 - Evaluation submissions should reflect best practice standards referenced above and as found on the CARE Network's website.

Yearly Business Office Updates

- The provider will provide, as requested, information to the Kempe Center's business office within two weeks of request. This will include entering personal and business contact and billing information into an online database through a link provided by the network. Once information has been entered into the online database, in subsequent years the provider will be prompted to utilize the link to report that: 1) their information has not changed, or 2) to make any needed updates to the information. Note each year this information is needed by the business office to ensure each provider is set up in the billing system in order to make timely reimbursements to providers for eligible evaluations.

Change to Where Payments Are Made (such as changing clinics)

- Providers making changes to where reimbursement should be sent shall notify the PC within one week of such change and utilize the link to the contact information database to make necessary updates. The

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link will be published each month in the network’s newsletter. Note paperwork will be required to be completed if there is a new business that will be receiving payments, and gathering the updated information is part of that process. In this event, the PC will reach out to you with next steps.

- The PC will work with the provider to ensure evaluations made with the *previous* business are entered and paid for, and then will ensure the systems are updated with the new email address and/or payment address information changes. Note emails are used to link the evaluations entered by a provider to the billing system that generates payment.

Change of Personal Contact Information

- For providers changing emails related to a business change, see above.
- If moving, changing phone numbers or email addresses, use the link to the contact information database that is provided each month in the newsletter to make the updates. This will allow the network to keep in touch with you, for example, in the event you change jobs without making the updates noted previously.

PROMOTING THE NETWORK

It is important that network providers reach out to, at a minimum, the typical referral sources and develop relationships with them. The majority of referrals come from public child welfare and law enforcement, though they can come from your own practice and other sources, as long as there is the authority to perform the evaluation. The primary referral sources are made up of busy professionals and regular correspondence by providers will help them remember the network’s services.

- The provider will have access to “personalized” promotional materials for the purposes of distributing to important community partners such as local public child welfare and law enforcement. Providers can obtain copies of these materials by contacting the PC.
- Providers able to service additional counties will send those materials to the agencies in those counties.
- The provider will be available to participate in meetings arranged between the CN and local referral sources. The PC will ensure the provider is available for dates and times selected for these meetings. The purpose of these meetings is for the providers to introduce themselves and for referral sources to learn about the CN.

Provider Name

Provider Signature

Date