



State of Delaware
Department of Services for Children, Youth and Their Families
Division of Prevention and Behavioral Health Services

NO. ADM 007	DPBHS TREATMENT PROVIDER NETWORK MEMBERSHIP POLICY		
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Signature:	 4/12/13	Date of Origin: 10/3/97	Page: 1 of 2
		Review Dates: 4/3/13	
		Revision Dates: 12/19/99, 7/1/03, 12/31/06, 11/5/07, 4/30/08, 4/23/09, 12/20/10, 3/6/2012, 2/2/2013	

Cross Reference	DSCYF Policy # 105 Rev. Date: 12/31/03
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PURPOSE

The purpose of this policy is to codify how the Division of Prevention and Behavioral Health Services (DPBHS) will comply with the Departmental (DSCYF) Policy #105 (Revision 12/31/03, Bids and Contracts) in developing and implementing the full continuum of DPBHS treatment services.

POLICY STATEMENT

It is the policy of the Division of Prevention and Behavioral Health Services to provide high quality mental health and substance abuse treatment through providers who have a commitment to clinical, fiscal and administrative accountability. With the exception of the State-operated programs, all services will, whenever possible, be provided through contracts. The DSCYF/DPBHS policies:

- Establish consistent standards, processes, formats, and language to be used in the process of identifying and contracting with service providers.
- Ensure equitable and reasonable competition.
- Comply with applicable federal and state laws and regulations, including the state accounting manual.

State-operated facilities will comply with the same contractual terms and requirements as private-sector contractors.

APPLICABILITY

This policy is applicable to the purchase of mental health and substance abuse treatment and related support services provided by DPBHS within the dollar amounts specified in Department Policy # 105 for competitive and non-competitive negotiation.

NETWORK MEMBERSHIP

DPBHS provides treatment services through a network of contracted and state run programs. DPBHS opens network membership in accordance with Department Bids and Contracts Policy #105. For all contracted services subject to bidding under this policy the frequency of bidding will be as follows:

- For cost-reimbursable programs, in which DPBHS has made a significant investment, e.g., start-up costs funds, and/or when program development requires a significant proportion of staff with specialized skills that required at start-up, the recruitment, orientation and training in order for the program to become fully functional, DPBHS may bid the program only once, with annual contract renewal being contingent on satisfactory performance. Established cost-reimbursable programs will be re-bid if DPBHS finds the contractor to be significantly out of compliance, if the provider is unable to continue to provide services or if there will be benefit to the DPBHS network to do so.
- For unit-cost contracts, DPBHS will re-bid services or otherwise open panels with notice using procedures that satisfy state bidding requirement and at least every five years.

OUT-OF-NETWORK PROVIDERS

Out-of-Network providers may be used only in the following situations:

1. The client is currently active with CSMT and because of a psychiatric emergency occurring in another state, must be hospitalized in that state.
2. The client is active with CSMT and has unique or unusual problems and/or circumstances which cannot be treated by the current providers listed within the network. Examples may include but not necessarily be limited to:
 - a. severe eating disorders
 - b. hearing impaired clients
 - c. clients and families who are not fluent in English
 - d. complex medical conditions seriously complicated by behavioral health disorders
3. The client has no insurance or has used up all of the mental health or substance abuse treatment benefits for the coverage year.