

Medicaid Provider Agreement
(42 CFR 431.107 Agreement)

The parties to this agreement are Clinton-Eaton-Ingham Community Mental Health Authority, herein referred to as the "Host Agency" and _____, herein referred to as the "Provider", and also known as the employee of _____.

The purpose of this Agreement is to define the roles and responsibilities of the above named parties. Any party can initiate a termination or modification by providing written notice to the other party of the desire to terminate or modify this Agreement.

This Agreement shall begin on _____ and remain in effect until it is terminated or modified.

Upon receipt of this Agreement, the Host Agency agrees to certify the Provider as available to serve individuals who are duly authorized by Host Agency, or one of its' subcontractors, to receive Specialty Mental Health Services/Supports financed through Michigan's Medicaid Specialty Pre-Paid Mental Health Plan in accordance with the individual's person-centered plan of care.

The Provider agrees to the following:

1. To keep any records necessary to disclose the extent of services the Provider furnishes to the recipient of services.
2. To furnish, upon request, any information regarding payments claimed or received by the Provider for furnishing services in support of the person-centered plan of care to the Host Agency, the State Medicaid Agency, the U.S. Department of Health and Human Services, or the State Medicaid fraud control unit.
3. To comply with Federal disclosure requirements (as specified in 42 CFR 455, subpart B), as applicable.
4. To comply with Federal advance directives requirements (as specified in 42 CFR 489, subpart I and 42 CFR 417.436d), as applicable.

Both parties expressly acknowledge that the sole purpose of this Agreement is to assure compliance with Federal Law {42 USC 1902 (a) 27}. Further both parties recognize and reaffirm that the Host Agency is not the employer of the Provider, and the Self-Determination Participant/consumer is the sole employer of the Provider.

This Agreement sets forth the entire understanding between the parties with respect to the subject matters, and supersedes any and all other Agreements, written or oral, between the parties. Any termination of the Agreement shall not relieve either party of the obligations incurred prior to the effective date of such termination.

The parties agree to the terms and conditions of this Agreement as specified above and so signify by affixing their signatures below.

CEICMHA Director or SD Coordinator

Date _____

Provider

Date _____