

Participation Agreement



Agency Provider Name:

Email Address:

1. Purpose of the Treat First Clinical Model:

The New Mexico “Treat First” model of care is an innovative approach to behavioral health clinical practice improvement. The organizing principle is to ensure a timely and effective response to a person’s needs as a first priority. It is structured as a way to achieve immediate formation of a therapeutic relationship while gathering needed historical, assessment and treatment planning information over the course of a small number of therapeutic encounters. One of the primary goals has been to decrease the number of members that are “no shows” for the next scheduled appointment because their need was not met upon initial intake.

2. Population to be served:

- All new admissions = 1st visit of care or “new episode of care”, not

seen in last (90) days.

- All age groups are appropriate for Treat First.

3. Location of Sites: Add additional sites as needed.

Provider Agency Name	Location

4.Expectations for Participation:

State:

- Upon receipt of a **signed Participation Agreement and a signed Attestation Form** from a provider agency, BHSD, HSD, will provide a **Certificate of Acknowledgement** naming the organization as a **Treat First Agency**.
- BHSD has built and will provide, through its Vendor (aka Falling Colors Technologies), a web-based data collection mechanism for ongoing reporting.
- Prepare materials for and conduct a Briefing/Orientation to all the agency Lead Contacts prior to their implementation of the model.
- Meet with new agencies, along with Falling Colors Technologies, to walk through the data collection methods.
- Conduct ongoing Treat First Learning Community gatherings which would enable the sites to share their discoveries and the state to capture the elements that worked the best across the participating provider agencies
- Prepare a final report to state leadership as to the progress of the Treat First Model

Participating Sites:

- The provider agency will **sign this Participant Agreement** and submit through the website or email it to Treat.First@state.nm.us.
- The provider agency will complete and **sign an Attestation Form** and submit through the website or email it to Treat.First@state.nm.us .
- Upon receipt of your **signed Certificate of Acknowledgement** from the state office, the provider agency will forward a copy of that certificate to:
 - the Medical Assistance Division's designated staff: Debra.Basey@state.nm.us and to Tonya.Pamatian@state.nm.us
 - the Falling Colors staff at support@bhsdstar.org
- Assign an agency Lead Contact for your Treat First program to work with the state.
- Agree to implement the Treat First Model with all new admissions unless otherwise deemed inappropriate.
- Participate in the initial Site Orientation and data collection trainings.
- Submit the **Data Collection Training Request form** to support@bhsdstar.org
- Collect & submit on the Falling Colors Technologies website the predetermined data sets on all new admissions during the first 4 visits of their care.
- Participate in scheduled conference calls or face-to-face meetings to share learnings and give feedback on how to upgrade the Treat First model.
- Participate in ongoing trainings on the Treat First model, as needed.
- On an annual basis, the agency will prepare a brief operational description of what worked best locally and which people were best served by the model.

MCO's:

- Honor the waived requirements and the procedures as clarified and defined in the Treat First Model for specialized behavioral health services as used in:

[Medicaid Behavioral Health Policy and Billing Manual](#)

and

[Medicaid Behavioral Health Supplement](#)

- Work to resolve any billing issues that arise from these agreements as quickly as possible.

Signed in good faith by:

_____ Participating Agency, Lead Contact

_____ Medicaid BH Manager

_____ CEO, BH Collaborative or designee

New Mexico Human Services Department

If you are downloading this form and intend to email it (instead of submitting it directly on the treatfirst.org website) send the signed and completed Participation Agreement and Attestation forms to Treat.First@state.nm.us