



## Anne Arundel County Mental Health Agency, Inc

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PO Box 6675, MS 3230  
1 Truman Parkway, Suite 101  
Annapolis, MD 21401  
Adrienne Mickler, CPA, MS  
Executive Director

Web Site: [www.aamentalhealth.org](http://www.aamentalhealth.org)  
Email: [MHAAC@aol.com](mailto:MHAAC@aol.com)  
Email: [aac-lbha-connect@aacounty.org](mailto:aac-lbha-connect@aacounty.org)  
Phone: 410-222-7858  
Fax: 410-222-7881

March 2, 2021

### MEMORANDUM OF AGREEMENT (MOA) BETWEEN

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AND

ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.

- I. **PURPOSE:** In response to an identified need for urgent care and stabilization for persons with co-occurring disorders (mental illness and substance use) ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC., hereafter referred to as the AACMHA, has made funds available to purchase specific services to assess, stabilize, and treat certain persons in crisis directly or indirectly due to behavioral health disorders who need immediate services to assist them in stabilization and engagement as a first step to recovery from mental illness and/or substance use. These services target persons with Serious & Persistent Mental Illness and/or substance use disorders who have recently been, or are at risk of, or a repeated user of, hospital emergency departments, psychiatric hospitals, or institutional placement such as detention centers. These services include clinical interventions such as comprehensive diagnostic assessment for disorders, medication evaluation, individual therapy, and medication monitoring. Several different services are covered by the broad term "Stabilization Services". Persons will be identified and authorized for specific services by AACMHA staff.

This agreement identifies Providers that are willing, but not bound to, provide identified services as agreed to via this MOA and outlined in the attached matrix. **Provider acknowledges our authorization is secondary to other insurances, we are the payer of last resort. Furthermore, the Provider acknowledges that they are licensed and/or accredited to perform the services they have circled below.** The two parties agree to the following:

- II. The Provider agrees to:  
A. Receive referrals from the AACMHA.

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#### Board of Directors

Lynn Krause; Chairman; Janet Owens, Board Emeritus;  
Amal Awad; George Arlotto; Pam Brown; Sara Burden; Maria Casasco; Michele Green; Michael Irwin; Michael Maher;  
Kathy Miller; Oscar Morgan; Livia Pazourek; Nilesh Kalyanaraman; Sheryl Sparer; Michele Staisloff; Ryan Voegtlin; Louis Zagarino  
Frank Sullivan, LCSW-C, Executive Director, Emeritus

B. Provide the following Mental Health Services: **(only circle items for which you are licensed and/or accredited and are willing to provide)**

1. Urgent Crisis Stabilization Plan Access Fee @ \$150
2. Urgent Psychiatric Evaluation with a psychiatrist @ \$164
3. Short term Clinical follow up for uninsured persons with a 50-minute visit @ \$89 by a licensed therapist or for \$65 for a pharmacological visit with a psychiatrist
4. Long term Clinical follow up for uninsured persons with a 50-minute visit @ \$50 by a licensed therapist or for \$65 for a pharmacological visit with a psychiatrist
5. Supervised overnight monitoring by one awake staff per three consumers @ \$110 per night
6. Transportation by cab or staff transport based upon miles one way
7. PRP orientation visit @ \$52 per day
8. Meals & Snacks:
  - a. Breakfast=\$10
  - b. Snack=\$5
  - c. Lunch=\$15
  - d. Dinner=\$20
9. Physical Exam @ \$196
10. Medications @ negotiated rate
11. Medical equipment/supplies, per item, three quotes
12. Partial Hospitalization (Mental Health) @ \$199 per day
13. Psychiatric Crisis Bed @ \$243 per day
14. Room rental @ \$90 per day maximum
15. Lab testing @ \$25-49 per test, depending on complexity
16. Medical Screening @ \$75
17. Supervised Overnight/Resolution Bed including meals/snacks during COVID-19 (effective date April 1, 2021):
  - a. Week 1 - \$150 per night
  - b. Week 2, 3 and 4 - \$125 per night
  - c. Week 5 and 6 - \$100 per night

C. Provide the following Substance Use Disorder Services: **(only circle items for which you are licensed and/or accredited and are willing to provide)**

1. Substance Use Assessment @ \$145
2. Supervised overnight monitoring by one awake staff per three consumers @ \$110 per night
3. Transportation by cab or staff transport based upon miles one way
4. Meals & Snacks:
  - a. Breakfast=\$10
  - b. Snack=\$5.
  - c. Lunch=\$15
  - d. Dinner=\$20

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5. Medications @ negotiated rate
6. Detoxification @ \$300 per episode
7. Medical equipment/supplies, per item, three quotes
8. Partial Hospitalization (Substance Use) @ \$132 per day
9. Room rental @ \$90 per day maximum
10. Toxicology testing @ \$12-49 per test, depending on complexity
11. Medical Screening @ \$75
12. Supervised Overnight/Resolution Bed including meals/snacks during COVID-19 (effective date April 1, 2021):
  - a. Week 1 - \$150 per night
  - b. Week 2, 3 and 4 - \$125 per night
  - c. Week 5 and 6 - \$100 per night
13. Intensive Outpatient Treatment @ \$150
14. Outpatient Treatment – Group @ \$45
15. Outpatient Treatment – Individual @ \$20 per 15 minutes

- D. Monitor and verify the provision and documentation of services described herein.
- E. Provide documentation of services, costs, and other documentation on the format approved by the AACMHA, and statistically track all persons and services provided under this MOA.
- F. Complete a monthly invoice on a format mutually agreed to.
- G. Report services via a weekly spreadsheet showing services provided, number and type of services used, appointments kept and not kept, totals year to date and per the week, and totals billed to date.
- H. Provider will not bill AACMHA for services provided that were not preauthorized by AACMHA.

**PROVIDER CONTACT INFORMATION:**

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Contact Name	Title		
Address	Email Address		
City	State	Zip Code	Phone Number

**III. The AACMHA agrees to:**

- A. Authorize and fund services provided as listed in II. B and/or C. All services must be individually requested and authorized prior to delivery. AACMHA will provide an authorization number for each service requested.
- B. Process requests for payments in 30 days of receipt of a complete and accepted invoice.

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- IV. The PROVIDER AND THE AACMHA mutually agree to:
- A. Resolve disputes at the lowest administrative level possible, utilizing established grievance, dispute, and denial protocols.
  - B. Meet at quarterly or as needed to examine and identify problems or achievements.
  - C. Expand service capacity by amendment to this agreement, as funding allows.
  - D. Invoicing no later than 60 days after authorization has been approved and services have been rendered. Payment after 60 days of the authorized service date(s) cannot be guaranteed.
  - E. Vendor agrees to bill appropriate insurance, if available. Matrix funding is assumed to be funding of last resort.
- V. This agreement shall take effect upon signature and shall remain in effect until revoked in writing, with 30 days' notice to the other party, unless life or health safety considerations occur. In that case the agreement may be cancelled without notice.

FOR THE PROVIDER:

FOR THE AACMHA:

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Adrienne Mickler, Executive Director

\_\_\_\_\_  
DATE

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DATE

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