

# Provider Agreement Number 15: Community Based Life Skills (CBLs) Program

State of Connecticut Department of Children and Families

505 Hudson Street  
Hartford, CT 06106

(herein after “the Department”)

enters into an agreement with

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(herein after “the Provider”)

for the provision of **Community Base Life Skills** under the terms as identified below.

## A. Administrative Terms

1. Effective Date: This agreement is effective from the date of execution through \_\_\_\_\_.
2. Termination of Agreement: The Department or Provider may terminate this agreement with written notice to the other party at any time.
3. Regulatory Requirements: The Provider agrees to abide by all relevant Department regulations and policies and state and federal laws and regulations including all reporting requirements as specified by C.G.S. §17a-101 through §17a-103 and C.G.S. §46b-120 related to children; C.G.S. §46a-11b related to persons with mental retardation; and C.G.S. §17b-407 related to elderly persons.
4. Ethics: The Provider agrees to ensure that each individual providing services under this agreement operates ethically in accordance with the Provider's ethics policy and state ethics laws and, as appropriate, in compliance with all relevant Codes of Ethics, Professional Standards or Best Practice Guidelines of the profession(s) represented. The provisions of the state ethics statutes and the Code of Ethics, Professional Standards or Best Practice Guidelines of the professions supersede anything to the contrary contained in the policies of the Provider or the Provider's procedures and practices.
5. Connecticut False Claims Act (“CT FCA”). All providers must follow the “CT FCA” – Connecticut General Statutes Chapter 55e- Section §4-274 through §4-289. The CT General Statute Section §4-275 False claims and other prohibited acts regarding state-administered health or human services program refers to individuals who present a false or fraudulent claim for payment or approval (e.g. double billing; billing for services not being provided; billing for excessive or unnecessary services, etc.). Any person who violates this provision shall be liable to the state. The Attorney General may investigate any violation of the CT General Statute Section §4-275.
6. Utilization: This agreement does not constitute, in any way, a guarantee of utilization of the provider's services.
7. Confidentiality: The Provider will safeguard the use, publication, and disclosure of information on all clients who receive service under this agreement in accordance with all applicable federal and state laws regarding confidentiality and HIPAA. The Provider will seek the guidance of the Department prior to any disclosure of personally identifiable information.

8. **Credentialing:** The Provider will maintain written documentation confirming that each individual providing services under this agreement has and maintains the requisite credentials. Any change in status regarding any credentialing requirements must be reported in writing, by the Provider to the Department's Credentialing Contracted Agent, within 10 (ten) days.
9. **Documentation:** The Provider agrees to complete and submit all reports and other required documentation to Central Office and/or Area Office staff within the timeframe agreed upon at the start of service.
10. **Payment for Services:** The Department agrees to pay the Provider based on services requested by the Department and delivered by the Provider. All requests for services must meet the following two conditions: a) be approved by Area Office management before services start, b) be submitted on the DCF Wrap Around Services Proposal form. No payment shall be made if the request for services does not meet these conditions. The payment mechanism shall be fee for service. Invoices shall be submitted on a monthly basis, on or before the 10th of the month following the month of service.

All requests for payment shall include:

- Unique Invoice number and the date submitted;
- The company name, address, phone number, DCF Provider Number and email contact;
- The family case name, DCF case ID number, the child name and child ID number;
- DCF Social Worker name, phone number and the Area Office;
- Individual providing the service, the service date, address start of service/address end of service, mileage, hours of service, rate of service and total cost per trip.

All services will be prorated in 15 minute increments for services that are less than a full hour. The rate cannot exceed the Department Discretionary Services Fee Schedule posted on the Advanced Behavioral Health (ABH) website, [www.abhct.com](http://www.abhct.com).

Billable time will include the following: time spent to interview youth, interview youth's caretaker(s), interview DCF Social Worker, time spent to complete the Learning Inventory of Skills Training (L.I.S.T.) assessment tool, time spent completing the individual Life Skills Implementation Plan, time spent with youth teaching identified skill development and time spent at DCF requested meetings. The hourly rate has been determined based on the cost of providing both the direct services and the related administrative responsibilities.

11. **Fee Schedule:** All services will be reimbursed according to the rates established by the Department. The Department's approved fee schedule is maintained at 505 Hudson Street, Hartford, CT and by the contracted agent. The approved fee schedule may be amended as the Department deems appropriate. The Provider will adhere to the rate and all stipulations in the Department's Discretionary Services Fee Schedule.
12. **Recoupment of Payments:** The Department reserves the right to recover any overpayments.
13. **Monitoring and Review:** The Provider agrees to allow access to the Department for purposes of monitoring and review. This access includes but is not limited to client records, fiscal records, staffing records, policy and procedural manuals, facilities, staff, and children in care of the Department. The Department will conduct quality reviews, which may include site-based quality review visits.
14. **Third Party Contracts:** The Provider is wholly responsible for ensuring that all provision of services performed under this agreement by third party Providers complies with all terms of this agreement.

The Department reserves the right to bar any individual and/or entity from providing direct client services.

15. **Physical Restraint:** Physical restraint of any child or youth served under this agreement is prohibited.
16. **Safety and Security:** The Provider shall have a plan with clear procedures, a consistent, coordinated approach for reporting and managing incidents that may impact the safety and well-being of the child and/or youth and other parties involved. The Provider will immediately notify the Careline of any emergency or urgent circumstance. The Provider and its employees shall follow mandated reporting requirements for suspected child abuse and neglect. If the provider has an employee that is identified in a CPS report as the perpetrator of abuse or neglect, the provider will cooperate with the Department throughout the investigation.
17. **Use of State Resources:** The Provider may not utilize any state resources to market the services and/or program it offers. The Provider shall not utilize the DCF logo and/or affiliation in any advertisement for the agency. Additionally, the Providers/Agencies shall not solicit business through state supported e-mails.
18. **Re-credentialing:** The Provider must reapply for continued participation status once every two years from the initial approval date. All required re-credentialing documents must be submitted to the Credentialing Contracted Agent before the day the current approval expires. The Contract Agent will send a Termination Notice if the Provider fails to comply with this regulation. The Provider is eligible to apply for re-credentialing after the 6th (six) month from the day the Termination Notice was sent. The Provider is not allowed to provide credentialed services during these 6 months or at any time when the Provider is not credentialed. The Credentialing Contracted Agent will collect up-to-date information on all required credentialing documents.
19. **Credentialing Process:** The full Credentialing process is governed by DCF Policy 31-12-12.3 which can be found under "Policy and Regulations" on the Department website: <http://www.ct.gov/dcf>.
20. **Continuation of Provider Services After Termination of Agreement:** Individuals or organizations or DCF may terminate a Provider Agreement, with written notice, according to the terms of the Agreement and DCF Policy 31-12-12.3. The notice of de-credentialing and termination of a Provider Agreement shall include a time frame determined by DCF for the transition of clients to other providers unless there are safety concerns that require an immediate transition. DCF reserves the right to change the time frame and effective date of termination, if circumstances warrant.

## **B. Service Definition**

**Community Based Life Skills:** are a set of skills learned by teaching or by direct experience. These skills are used to handle problems and questions commonly encountered in daily life from adolescence through adulthood. A community based services model focuses on the development and enhancement of the participant's knowledge of essential life skills to promote preparation for adulthood and self-sufficiency. Through program design and content, the model goal is to support and maintain a youth's connection with the community as the youth mature.

This service, through the use of the DCF approved Learning Inventory of Skills Training (L.I.S.T.) assessment tool and experiential learning approaches, provides youth with a set of skills necessary to assist in their transition from DCF care to self-sufficiency. This service includes an individual life skills assessment, followed by individualized and small group experiential learning opportunities.

This service is intended as a component of a comprehensive case plan. As such, the individual providing this service is expected to collaborate with other service providers toward the implementation of the child or youth's individual case plan.

In order to emphasize consistency and relationship building, it is expected that the same staff person will provide this service continually throughout the course of the service while both the staff person and the youth remain with the program. Any changes in staff must be discussed with and approved by the Department Area Office.

**1. Services Provided:**

**Initial Assessment and Goal Development Process**

- a. The Provider shall complete a comprehensive life skills assessment of the youth referred to the CBLS within thirty (30) days of receiving the referral, which will allow the provider to establish a relationship with the youth, take into consideration the youth's learning style and provide opportunities for demonstrative learning activities. Based on this assessment the Provider, along with the youth, will develop an individual Life Skills Implementation Plan establishing skill building goals and objectives for each youth.
- b. The Initial assessment shall be based on the results of the following information:
  - a review of the Community Life Skills Referral form submitted by the DCF Area Office Social Worker (AOSW);
  - a personal interview that focuses on the youth's strengths, independent living skill levels, vocational needs and personal goals for independent living;
  - an assessment of the youth's life skills, using the DCF approved Learning Inventory of Skills Training (L.I.S.T.), completed by the Provider, in conjunction with the youth, and his primary caretaker to determine the youth's needs and demonstrated competencies in terms of the basic life skills area and domains including but not limited to the following: cultural competence awareness; money management; food management; hygiene and personal appearance; home management; housing; transportation; emergency and safety skills; health and wellness; educational planning; job seeking skills; job maintenance skills; knowledge of community resources including how to access services, especially behavioral health services; interpersonal skills; skills related to handling personal legal matters; coping skills; anger management; relationships; pregnancy prevention; parenting and child care; medication management and permanency.
- c. Using the aforementioned assessment results to analyze the youth's needs and competencies the Provider will develop, along with the youth, an individual Life Skills Implementation Plan with goals that are measurable and objective and will lead to increased knowledge and competency and, ultimately to self-reliance and self-sufficiency, interdependence and interconnectedness.
- d. The Provider will provide a copy of the Life Skills Implementation Plan to the Department's Area Office Social Worker along with the identified curriculum that will be utilized as part of the experiential education with the youth.

- e. The Provider will provide a copy of the Life Skills Implementation Plan to the youth's primary caretaker(s) concerning the life skills program and will partner with the caretaker(s) to model, teach, and reinforce life skills being covered by the program in the home environment. Primary caretakers include foster parents, relatives and/or significant others.
- f. The Provider will meet with each youth and utilize experiential teaching approaches to increase youth's skill development.
- g. The Program will provide transportation for all youth to all services provided under this service. This transportation may be by public transportation when approved by the Department and the provider integrates this as part of the educational process.
- h. Provide multiple social situations and venues for the youth to practice skills learned.
- i. Participate in treatment team meetings, the Department Case Planning Conferences and Administrative Case Review meetings.

## **2. Target Population**

The target population for this program are youth age fourteen (14) and over who are committed to the Department and are placed in a DCF licensed foster home; including relative, kin and special study foster homes (see Admission Parameters below). The Provider must be prepared to provide services to youth of different ages, learning styles and abilities. Non-DCF youth are not eligible for this program.

## **3. Admission Parameters**

To be admitted to the CBLS Program the youth must be:

- At least fourteen years of age and has not reached his or her 21<sup>st</sup> birthday
- Committed to the Department as a neglected, abused or uncared for child (included dually committed youth) Youth committed delinquent are also eligible for services if placed in DCF Foster Care.
- Any youth receiving a service that is responsible for providing L.I.S.T. assessments and teaching life skills are not eligible. Services include Work to Learn; Fostering Responsibility, Education and Employment (FREE); Therapeutic Foster Care; Therapeutic Group Home; Supportive Work, Education and Transition Program; Short Term Assessment and Respite Home; Short Term Family Integrated Treatment and Preparing Adolescents for Self-Sufficiency Group Home.

The Provider shall develop a Life Skills Implementation Plan with the youth to include:

- The roles and responsibilities of youth and program staff
- The identified L.I.S.T. goals to be the focus of experiential learning
- A statement regarding the time period along with the hours per week the youth will be involved in the program.

## **4. Access to Services**

The Provider may only accept referrals approved by the DCF Area Office Life Skill Liaison. The Provider must be prepared to provide services at times other than during normal business hours including evenings and/or weekends or any combination thereof. The Provider will contact the youth's AOSW to schedule an initial meeting for the purposes of conducting an Initial Assessment within five days of the date of receipt of the referral.

## 5. Duration of Service

The Department, through the Area Office Life Skill Liaison will approve the provision of Community Based Life Skills services.

Community Based Life Skills is provided to each youth up to 120 Hours over a twenty-six (26) week period.

The Area Office Life Skill Liaison can approve an extension of CBLS if the provider can demonstrate that the youth has unmet needs on his/her Life Skill Implementation Plan.

## 6. Data and Reporting

The Provider, upon completion of the initial L.I.S.T. assessment and subsequent 6 month re-assessments, will submit the authorized L.I.S.T. Data Reporting Master Form via email to [DCF.list@ct.gov](mailto:DCF.list@ct.gov). The 6<sup>th</sup> month re-assessment will be focused on the identified L.I.S.T. goals from the Life Skills Implementation plan. A full L.I.S.T. assessment must be completed annually for each youth.

Additionally, Provider will submit the following unduplicated, client-level data to the Department's assigned Program Development and Oversight Coordinator (PDOO) no later than the 10<sup>th</sup> of each quarter, (April 10<sup>th</sup>, July 10<sup>th</sup>, October 10<sup>th</sup> & January 10<sup>th</sup>), following the provision of services.

- Youth's name, Race and ethnicity and gender
- Date of the Department's AOSW referral to the Provider
- Date the L.I.S.T. Assessment was completed
- Identification of L.I.S.T. Domains being worked on
- Date CBLS staff began and all subsequent dates and times of involvement with each youth
- A list that distinguishes between the number of individual sessions and the number of group session each child or youth attended
- Progress on L.I.S.T. domains worked with numerical score
- Date CBLS services ends
- Name of individual(s) providing the Service
- Written discharge summary/report at the end of the service, whether planned or precipitous, within thirty days of the discharge date

### A. Outcome Measures:

- a. Percentage of L.I.S.T. assessments completed within thirty days.
- b. Percentage of youth served who demonstrated improvement on 3 goals from the Learning Inventory of Skills Training (L.I.S.T.) measure of functioning between admission and discharge.
- c. Percentage of youth served that were successfully linked to community based services and/or pro-social supports.

- d. Percentage of youth who indicated an overall satisfaction rating at discharge based on Satisfaction Survey.
- e. Percentage of referents who indicated an overall satisfaction rating at discharge based on Satisfaction Survey.

### C. Credentialing Criteria

<b>Community Based Life Skills Program</b>
<p><b>1. Qualifications.</b></p> <p><u>Special Requirements for all Staff:</u> Proof of age and education. A valid Connecticut motor vehicle license, current motor vehicle certificate of insurance, First Aid and CPR certificates issued by a nationally recognized accredited organization are required.</p> <p><u>Community Based Life Skills Educator:</u></p> <p>The applicant must be at least 21 years of age and have a Bachelor's Degree in a Human Services field (e.g. social work, sociology, counseling, child welfare, psychology, marriage and family therapy, education, social services, criminal justice, child care management, child development, family studies or other human services degree). As indicated on current resume, the applicant must also have successfully completed the DCF Provider Learning Inventory of Skills Training (L.I.S.T.), and have at least six months of experience performing L.I.S.T. assessments or facilitating life skills plans with adolescents.</p> <p><u>Supervisor:</u> Must meet all requirements outlined in Number 6 "Supervision"</p> <p><u>Interns:</u> The use of interns and volunteers in this position is strictly prohibited, but they can be used to perform other duties under the supervision of the Provider.</p>
<p><b>2. General Experience.</b></p> <p>Individuals without the preferred Bachelor's Degree in a Human Services field, but who have at least seven (7) years of experience in the field of Human Services will be considered on a case-by-case basis. The Department will review the applicant's experience, education and training, other qualifications and the current resume.</p>
<p><b>3. Ethics.</b></p> <p>The Provider will sign the Department's Confidentiality Statement and Ethics Agreement.</p>
<p><b>4. Insurance.</b></p> <p>Current motor vehicle insurance is required.</p>
<p><b>5. Form.</b></p> <p>IRS W-9.</p>
<p><b>6. Supervision.</b></p> <p>Individuals providing supervision must be, at a minimum, a master's prepared clinician with experience in child and adolescent behavioral health. Written documentation of supervisory arrangements, supervisor's</p>

current resume, and a copy of supervisor's masters level degree is required.

Individuals who do not meet the above criteria, but who have at least seven (7) years of experience in the field of Human Services will be considered on a case-by-case basis. The Department will review the applicant's experience, education and training, other qualifications and the current resume.

The provider must maintain written documentation of current resume for assigned Supervisor.

All staff providing this service will receive, at a minimum, 0.25 hours per month of individual face-to-face supervision per youth on their caseload. If there is more than one Life Skills Educator, approximately 50% of the supervision time will be in group supervision.

The Provider shall maintain and ensure that the assigned supervisor maintains a reasonable supervisor-to-staff ratio consistent with the needs and issues of the staff and the clients that they are serving and that does not exceed the number of staff and clients beyond the assigned supervisor's ability to supervise, oversee and manage effectively.

Written documentation of supervisory notes including performance feedback and recommendations will be reviewed during on-site quality reviews.

Supervision costs are billable when the Provider's Credentialed Supervisor, provides the supervision. Reimbursement is for supervisor time only – there is no reimbursement for the supervisor and staff member at the same time. The hourly rate may not exceed the Department Discretionary Services Fee Schedule.

## **7. Background Checks.**

The Provider will maintain written documentation confirming that background checks, including the Department's Child Abuse and Neglect Registry, criminal history, and sex offender registry have been completed for all staff providing direct service as well as all key personnel. [Note: sex offender registry checks will be completed by the Credentialing Contracted Agent.] Background checks for employees must have been completed within 6 (six) months at the signing of the application. The Department's child protective services background checks must be completed by authorized personnel of the Department's Careline, criminal background checks must be completed by the State of Connecticut Department of Emergency Services and Public Protection and sex offender checks must be completed using the Dru Sjodin National Sex Offender Public Website (NSOPW). The Provider shall submit official results of all background checks as part of its credentialing application.

## **8. Training/Staff Development.**

All staff persons providing Community-Based Life Skills services must have training and experience utilizing the Department's approved Life Skills program Learning Inventory of Skills Training (L.I.S.T.), and must participate in any follow-up training. All staff persons providing the service must maintain valid First Aid and CPR certificates issued by a nationally recognized accredited organization and Mandated Reporting. The Provider shall only utilize trainers certified by the Department to conduct mandated reporter training to community providers or complete the Connecticut Mandated Reporter Training for Community Providers course on line at : <http://www.proprofs.com/training/course/?title=connecticut-mandated-reporter-training-community-providers>

The Provider is required to participate in and have orientation and in-service training for all staff providing services to youth that includes but is not limited to the following: program philosophy, policies, practices and procedures; HIPAA and confidentiality.



The training needs of all staff will be assessed routinely. Staff will receive training appropriate to their positions and responsibilities to enhance their work and relationships with youth thereby promoting positive youth development. Training topics may include post-secondary education issues, addictions, cultural sensitivity/diversity, trauma, money management, teen parenting, child and adolescent development, career exploration assessments, job coaching and employment resources.

Training will be verified by the review of written documentation of trainings, including but not limited to, training assessments and plans, training curricula, attendance sheets and evaluation forms, during on-site-based quality reviews.

The Provider is encouraged to attend or have representation at the Quarterly Provider Meetings.

### **9. Staff/Client Ratio.**

One-to-one (1:1) time with youth is a component of this service. In all circumstances, the Provider shall ensure that the staff maintains proper supervision, oversight and management to assure the youth's safety and well-being.

The Provider is encouraged to utilize small group experiential learning activities, learning application and practice opportunities for youth that have similar life skill goals to provide socialization opportunities/ learning for youth.

The Provider shall maintain and ensure that a Community Based Life Skill Educator maintains a reasonable caseload of children or youth at any one time that is consistent with the needs and issues of the children and youth served and that the total number does not exceed staff's ability to provide effective service. It is expected that caseload size will vary according to the intensity of need of the children and youth involved. This provision also applies to small group experiential learning activities.

### **10. Quality Assurance/Improvement.**

The Provider will have a quality assurance/improvement system to monitor and enhance its business practices, organizational structure, oversight and supervision, staff and system performance, and service delivery and provision.

The Provider must implement recognized effective business practices, and follow relevant federal and state regulations to provide professional services and interventions.

If payments to the Provider exceed \$300,000 in any calendar or fiscal year, the Provider shall provide for an annual financial audit acceptable to the Department for any expenditure of state-awarded funds made by the Provider. Such audit shall include management letters and audit recommendations. The Provider shall comply with federal and state single audit standards as applicable. This provision does not apply to individuals.

The Provider shall administer tools and measurements to assess current and guide future outcomes and performance, including but not limited to, the Client Satisfaction Survey every six-months to all participants in the program. Administration of tools and measurements and incorporation of data to improve outcomes and performance will be verified during on-site-based quality reviews.

The Department may complete a review of the program and/or services utilizing a variety of sources to obtain a broad, comprehensive, and objective perspective of the Provider's fidelity to requirements, operation, and effectiveness. This review will assist the Provider in determining areas of strength, areas that may need support and modification, to enhance outcomes for children and youth. Program Improvement Plans or conditions designed to improve performance may be developed based on the results of the review.

The Provider must maintain documentation of the implementation of the Program Improvement Plan or fulfillment of the conditions designed to improve performance. The Department will review the improvement plan and any relevant documentation during on-site quality reviews.

**E. Acceptance of Agreement**

The Provider accepts and will comply with all the terms, provisions, and conditions set forth in this agreement, including but not limited to the services provided, duration of service, and data and reporting. The Provider understands that not abiding with any term, provision, or condition set forth may result in the Department taking corrective action including termination of agreement.

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Name of Provider

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Department of Children and Families

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Authorized Signature

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Authorized Agency Official Signature

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Print Name and Title

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Print Name and Title

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Date

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Date