

Provider Agreement Number 2: Behavior Management Services

The 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 **Behavior Management Services** 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 statutes including all reporting requirements as specified by C.G.S.17a-101 through 103, 19a-216, 46b-120 related to children; C.G.S. 46a-11b relative to persons with mental retardation and C.G.S 17b-407 related to elderly persons.
4. Utilization: This agreement does not in any way constitute a guarantee of utilization.
5. Confidentiality: The Provider will safeguard the use, publication and disclosure of information on all clients who receive service under this agreement with all applicable federal and state laws regarding confidentiality.
6. Credentialing: The Provider will maintain written documentation confirming that each individual providing service under this agreement has and maintains the requisite credentials. Any change in status regarding any credentialing requirement must be reported in writing to the Department.
7. Documentation: The Provider agrees to complete and submit all reports and other required documentation to Area Office staff with in the time frame agreed upon at the start of service.
8. 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 payment shall include the hourly and/or per diem rate, the date each service was provided and hours of service provided on each date. Only time spent delivering the service is reimbursable. For example, time spent driving is not reimbursable unless transporting the child or youth receiving the service.

9. 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. The approved fee schedule may be amended as required.
10. Recoupment of Payments: The Department reserves the right to recover any overpayments.
11. Monitoring and Review: The provider agrees to allow access to the Department for purposes of monitoring and review. This includes access to records, facilities, staff, and children in care of DCF
12. Third Party Contracts: The Provider is wholly responsible for ensuring that all provision of service performed under this agreement is in compliance with all terms of this agreement. The Department reserves the right to bar any individual and/or entity from providing direct client services.
13. Physical Restraint: Physical restraint of any child or youth served under this contract is prohibited.

B. Service Definition

Behavior Management Services

A Behavior Management Service includes the design and support of a therapeutic plan that will assist parents, caretakers, teachers and/or other service providers responsible for the care, teaching or supervision of a child or youth to decrease self-injurious, dangerous, or disruptive behaviors and to increase adaptive behaviors. This service includes the observation of the child or youth at home, at a caretakers home and/or in natural community settings; the preparation of a written therapeutic plan designed to guide and improve a teacher or caretaker's ability to successfully manage the child's or youth's behavior and to teach and reinforce the development of social skills, adaptive skills, life skills and self management strategies.

C. Credentialing Criteria

Behavior Management Services
1. Credentials. Service provider must be a must be a Board Certified Behavior Analyst or a Connecticut licensed behavioral health practitioner in good standing; Licensed Professional Counselor; Licensed Clinical Social Worker (CGS, Chapter 383b); Licensed Marriage and Family Therapist (CGS, Chapter 383 a); Licensed Alcohol and Drug Counselor (CGS, Chapter 376b); Licensed Psychologist (CGS, Chapter 383a); Licensed and Board Certified/Board Eligible (BC/BE) Psychiatrist.
2. Experience. A curriculum vitae that demonstrates three (3) years post graduate experience with children and adolescents relevant to the service to be provided.
3. Insurance. Certificate of malpractice insurance.
4. IRS Form W9
5. Background Checks: The Provider will maintain written documentation confirming that a background check, included but not limited to Child Protective Services and Dept. of Public Safety has been completed on all staff providing direct service as well as all key personnel. Any background check will be dated not longer than six months prior to initiating service.

D. Service Profile

1. Services Provided

Behavior Management Services are delivered in any natural site for the child or youth including their home, school, foster or adoptive home or other community based setting. Specific services include:

- Observation of the child or youth
- Interview of parents, caretakers, teachers and significant others in order to develop a picture of the child's or youth's adaptive skills, life skills and behavior management strengths and limitations.
- The development of a written individualized behavior management plan for each child or youth.
- Assisting with the implementation of the behavior management plan through teaching and role modeling.
- Follow-up observation to the implementation of the behavior management plan including assistance and coaching with behavioral interventions and skills development.

2. Target Population

Children and youth ages 2 to 17 currently active with the Department; children and youth who have been identified with a level III Serious Emotional Disturbance (SED) and are actively receiving care coordination services and children and youth who have been identified as an Emily J targeted class member are eligible for this service. The child or youth may be residing with their biological, relative or caretaker family or in a foster or adoptive home.

3. Access to Services

The Provider will accept referrals from authorized DCF staff; authorized Care Coordinators, Care Coordinator Supervisors or authorized EMILY J probation officers and probation officer supervisors only utilizing a standardized referral format provided by the Department.

The Individual or Organization will contact the referred family/caretaker and will schedule an initial meeting for the purposes of developing an individualized service plan within 72 hours of receiving an approved referral.

Individuals or Organizations certified to provide Behavior Management Services must be prepared to provide services at times other than during normal business hours.

4. Duration of Service

Behavior Management Services are time limited and tied to an identified outcome such as the completion and implementation of a behavioral management plan.

The Department, through the Area Office Gatekeeper, will approve the provision of Behavioral Management Services for up to 40 hours or 60 days whichever comes first.

5. Data and Reporting

The Provider will submit unduplicated, client level data to the Department no later than the 10th of each month, or at another interval as dictated by the Department. The following information will be provided for each child or youth receiving Behavior Management Services:

- Child or youth's name
- Date of referral
- Date of initial meeting with the family/caretaker
- Dates, including hours when services were delivered
- The completed Behavior Management plan.
- Capacity of the relevant caretaker to implement the behavioral management plan

6. Acceptance of Agreement

Name of Provider

Authorized Signature

Print Name and Title

Date

DEPARTMENT OF CHILDREN AND FAMILIES

Authorized Agency Official Signature

Print Name and Title

Date