

**Provider Agreement Number 8: Case Management Services,**

specific to youth in the Community Housing Assistance Program

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 **Case Management Services**, specific to youth in the Community Housing Assistance Program 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 requirements must be reported in writing to the Department within 30 days.
7. 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 be approved by the Bureau of Adolescent and Transitional Services. The payment mechanism shall be by fee for service and shall be made on a monthly basis, on the 10<sup>th</sup> of the month following the month of service and following receipt of the Board and Care Invoice (CYS-450) to Child Welfare Accounting. All requests for payment shall include the hourly and/or per diem rate, the client name and LINK ID number, the date each service was provided and hours of service provided on each date.

Additional Case Management: Additional Case Management services must be requested by the DCF Social Worker. Any such approval must be made using the DCF 2163A and requires review and approval of the CHAP Liaison. The provider agrees that without this approval, no payment shall be made for such service. The Provider will not deliver additional case management services outside of the start and end dates on the 2163A. Payment for Additional Case Management Services will not be made retroactively for services provided outside of the protocol noted above. Billing for such payments should be sent directly to the DCF area office social worker for payment processing. This billing information should also be included on the Board and Care Invoice (CYS 450) that is sent to Child Welfare Accounting each month.

8. 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.
9. Recoupment of Payments: The Department reserves the right to recover any overpayments.
10. 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.
11. Physical Restraint: Physical restraint of any child served under this agreement is prohibited.

**B. Service Definition**

**Case Management Services**, specific to youth in a Community Housing Assistance Program

The Community Housing Assistance Program is a community-based program that provides case management, supervision, educational/vocational support or career development support, and life skills development services, utilizing the DCF approved Life Skills Program - Ansell Casey Life Skills, to youth living in a community housing environment.

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

In order to emphasize consistency and relationship building, it is expected that the same staff person will continually provide this service during the course of care.

**C. Credentialing Criteria**

<b>CHAP Case Management Staff</b>
<p>1. Staff (CHAP Case Manager): Must be a minimum of 21 years of age and possess a Bachelors Degree in a Human Services field. A current resume and Statement of Experience is required. Individuals that do not have a Bachelors Degree in a Human Services field, but have at least 7 (seven) years of experience in the field of human services will be considered on a case by case basis, based on a review by DCF of the applicant's resume. Age will be verified by a valid Connecticut motor vehicle license which is required, along with a current certificate of motor vehicle insurance. The use of interns in this program is prohibited.</p>

2. Background Checks: The Provider will maintain written documentation confirming that a background check, included but not limited to, Child Protective Services, Department of Public Safety, Department of Motor Vehicles, and the National Sex Offender Registry has been completed on all staff. Any background check will be dated not longer than six months prior to the submission of the credentialing application.

3. Supervision (CHAP Program Manager): All providers shall have an identified Program Manager who must meet the requirements outlined in paragraph 1 above and also have at least one year of supervisory experience. The CHAP Program Manager shall be an employee of the Provider, not a subcontractor, intern or volunteer. Assigned CHAP Program Manager will be verified through collection of: Written documentation of employment status of supervisor, supervisor's current resume and Statement of Experience Form, copy of current motor vehicle license, copy of motor vehicle certificate of insurance.

4. Any staff person providing CHAP case management services must have and maintain a current DCF Life Skills Educator Certificate. Each provider is required to have a representative attend at least 80% of the monthly CHAP Provider Meetings.

## **D. Service Profile**

### **1. Services Provided**

The Case Manager will provide an array of services that will include, but not be limited to the following:

- a. Provide five (5) hours of dedicated service per week, per youth; two (2) hours shall consist of collateral contacts and at least three (3) hours will be face-to-face contact. The Provider will also establish an emergency response protocol for youth to have access to emergency and crisis assistance 24 hours per day, 7 days per week.
- b. Services include, at a minimum, identification, development and support of permanent family relationships and a network of community providers; assistance in developing a monthly budget, monitoring expenditures and compliance with any savings plan; ongoing in-person contact and supportive intervention; and crisis intervention.
- c. The Case Manager will provide services to a maximum of six (6) Participants at any one time.
- d. Each Case Manager will receive 0.5 hours of in person supervision by the CHAP Program Manager per week. Supervision costs are included in the case management rate and are not separately billable.
- e. Assessment and Evaluation will be completed for each client within 30 days of placement in the Ansell Casey domains of: life skills; employment skills; education; vocation; personal and community engagement; and physical and mental health. Life Skills shall be assessed through the utilization of the Ansell Casey life skills assessment tools.
- f. Provision of ongoing education and training to improve life skills, will be documented on the DCF Individual Life Skills Progress Report form for each youth.
- g. Monitor and provide feedback to the DCF Area Office Social Worker of the youth's participation in an approved Educational/Vocational and/or Career Development program. The Provider will provide support and advocacy regarding each youth's academic and vocational activities, as well as refer career tracked youth to employment skill development-training programs.
- h. Actively participate in the DCF Treatment Planning Conferences and Administrative Case Reviews for all youth. The Provider, in conjunction with the DCF worker and the youth, shall develop and

implement a CHAP Contract and Action/Discharge Plan for each youth; these shall be reviewed and updated quarterly or sooner if necessary.

- i. Provide each youth education in the area of health care and personal health advocacy, as well as support the behavioral health needs of each youth by assisting with referrals to local community based behavioral health services and provide feedback to the DCF worker.
- j. In conjunction with youth who do not have a residence at the time of referral, locate and secure an apartment appropriate to the needs of the youth, with prior approval from Bureau of Adolescent and Transitional Services for up to 10 (ten) additional hours.
- k. In conjunction with all youth served and their respective DCF social worker, identify the youth's household furnishing needs. Items identified as "needed", with the exception of a mattress, shall be secured through resale shops, donations etc. Such items will be in "good condition" as determined by the youth, Provider and DCF Social Worker. The Provider's staff is responsible for the task of locating and supporting the youth in securing such items. Youth will receive a one-time DCF CHAP Start Up voucher to assist with household items that are not secured through aforementioned methods.

## **2. Target Population**

The target population to be served under this agreement are youth who are committed to DCF as abused, neglected, and/or uncared for at the time of placement into the program or who were committed as abused, neglected, and/or uncared for at the time of their eighteenth (18th) birthday and who have signed a DCF-779 Notice of Age of Majority form indicating that they desire to continue to receive services from DCF beyond their eighteenth (18th) birthday. Additionally, youth must have completed a DCF approved Life Skills Education program and have attained their high school diploma or Graduate Equivalency Diploma (GED).

## **3. Admission Parameters**

All youth admitted to CHAP are required to enter into a DCF CHAP Contract per DCF Policy 42-5-3.

## **4. Access to Services**

The Provider may only accept referrals approved by the DCF CHAP Liaison. The Provider will contact the Area Office Social Worker and will schedule an initial meeting for the purposes of developing a CHAP Action/Discharge Plan within two (2) weeks of the referral date.

## **5. Duration of Service**

The duration of CHAP Case Management services is twelve (12) months. A formal Case Review, including the current need for placement, will be conducted quarterly using the DCF Action/Discharge Planning Form and shall involve the Youth, DCF Social Worker, and CHAP Case Manager. An annual review will also be conducted and documented on the DCF CHAP Action/ Discharge Plan Form.

The length of stay may be extended for up to two (2) ninety (90) day periods, following the twelve (12) month term, for a maximum total of 18 months of CHAP Case Management services. Any Action/Discharge Plan meeting for a youth who is not achieving the identified individual outcomes, and is

identified as requiring an extension of CHAP Services beyond 12 months, will include the Youth, CHAP Case Manager, the DCF Social Worker, DCF Social Work Supervisor, the DCF Program Supervisor or their designee, and the DCF Central Office CHAP Liaison. The Provider will participate in all meetings for each youth for matters pertaining to referrals, placement, and discharge.

## **6. Data and Reporting**

The Provider will submit unduplicated, client level data to the Department no later than the 10<sup>th</sup> of each month, following the provision of services. The following information will be included:

- a. Monthly Program Logs, submitted to the DCF CHAP liaison at Central Office.
- b. Monthly Case Managers Progress Reports, submitted to the DCF Area Office Social Worker.
- c. Quarterly Individual Progress Reports, submitted to the DCF CHAP liaison at Central Office and the DCF Area Office Social Worker.

## **7. Acceptance of Agreement**

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**Name of Provider**

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**Authorized Signature**

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**Print Name and Title**

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**Date**

**Department of Children and Families**

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**Authorized Agency Official Signature**

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**Print Name and Title**

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**Date**