

Provider Agreement Number 4: Supervised Visitation

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 **Supervised Visitation** 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.
14. Site Safety and Security: The Provider has a plan for managing circumstances that may arise during visitation services to help ensure the safety and security of all parties.

B. Service Definition

Supervised Visitation

Supervised Visitation is primarily a site-based service provided in order to facilitate contact between children or youth in out of home care and their biological parents, relatives or significant others, to monitor this contact and to report on the contact to DCF social workers. All sites must be approved by the local DCF Area Office. Supervised visitation can also be provided in alternative, more normalized community settings as part of a reunification plan and as approved by the DCF Area Office.

C. Credentialing Criteria

Supervised Visitation
1. Site. Must maintain a child and family friendly site consistent with engaging all recipients of this service. Age-appropriate toys, reading materials and activities will be available in all areas where children and families interact including waiting areas.
2. Staff. Must have a Bachelors Degree and possess a level of experience consistent with the age and needs of the children or youth involved in the visitation. This will be demonstrated by a current resume. A valid Connecticut motor vehicle license and motor vehicle certificate of insurance is required.
3. Supervision. Service provider must be a licensed behavioral health practitioner: 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.
4. Background Checks: The Provider will maintain written documentation confirming that background checks, including but not limited to Child Protective Services and Dept. of Public safety, have 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.

5. Any staff person providing supervised visitation must have and maintain a valid First Aid and CPR certificate.

D. Service Profile

1. Services Provided

The Organization will provide the following services:

- The development and communication of clear guidelines for visitation that will be communicated to biological families, foster families and children or youth including expectations for attendance, behavior, language, allowable participants and other factors that will support a successful visitation outcome.
- Transportation to supervised visitation for children or youth in foster care.
- Interactional feedback to biological parents or other significant participants following each visitation session that identifies strengths and recommendations for improvement.
- The coordination, on a monthly basis, of case review meetings between the contractor and DCF staff on all cases receiving services.
- The completion of a written summary following each visit that includes observations of the parent, parent-child interaction and any safety considerations. The summary should also summarize the feedback provided to the parent. The summary will be emailed to the DCF social worker within two business days of the visit.

2. Target Population

Children and youth ages 4 to 17 currently under commitment or in the custody of the Department and residing in a foster or relative caretaker home are eligible for this service.

3. Access to Services

The Provider will accept referrals from authorized DCF staff only utilizing a standardized referral format provided by the Department. The Provider will contact the referred family/caretaker and will schedule an initial meeting for the purposes of developing an individualized visitation plan within 72 hours of receiving an approved referral.

4. Duration of Service

Supervised Visitation services can be provided anywhere from a one hour block of time to several hours at a time in order to accommodate a special event.

The Department, through the Area Office Gatekeeper, will approve the provision of Supervised Visitation services for up to 25 hours per child or youth (*2.5 hrs. per visitation including transportation x 4.5 weeks per month x 2 months = 22.5 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 family receiving Supervised Visitation services:

- Child or youth's name
- Date of DCF Area Office Gatekeeper referral to the Provider.
- Date supervised visitation begins and all subsequent visitation dates and times.

- Name of individual providing the supervised visitation

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