

Provider Agreement Number 1: Assessment

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 **Assessment** 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 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. Utilization: This agreement does not constitute, in any way, a guarantee of utilization of the provider's services.
6. 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.
7. 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 thirty days.
8. 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.
9. 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 Area Office

management. The payment mechanism shall be fee for service. Payment shall be made the month following the month of service and following receipt of the written assessment summary report and billing invoice by Child Welfare Accounting or authorized payer. All requests for payment shall include the client name, LINK ID number, the name of the staff that provided the service, the actual date each service was provided and hours of service provided on each date, the hourly and/or per diem rate (which cannot exceed the Department Discretionary Services Fee Schedule).

10. 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 the Department deems appropriate. The Provider will adhere to the rate and all stipulations in the Department's Discretionary Services Fee Schedule.
11. Recoupment of Payments: The Department reserves the right to recover any overpayments.
12. 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.
13. Third Party Contracts: The Provider is wholly responsible for ensuring that all provision of services performed under this agreement by third party contractors complies with all terms of this agreement. The Department reserves the right to bar any individual and/or entity from providing direct client services.
14. Physical Restraint: Physical restraint of any child or youth served under this agreement is prohibited.
15. Safety and Security: The Provider shall have a plan with clear procedures that present a consistent, coordinated approach for managing and reporting emergencies and urgent circumstances that may arise while providing services to help ensure the safety and security of the child or youth and other parties involved. The Provider will immediately notify the Department Area Office assigned staff during business hours and the Hotline after hours of any emergency or urgent circumstance. The Provider and its employees shall follow mandated reporting requirements for suspected child abuse and neglect.
16. Use of State Resources: The Provider may not utilize any state resources to market the services and/or program it offers.
17. Re-credentialing: The Provider must reapply for continued participation status once every two years from the initial approval date. The Credentialing Contracted Agent will collect up-to-date information on all required credentialing documents.
18. 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>.

B. Service Definition

Assessment (Diagnostic/Functional)

A diagnostic/functional assessment is a process that involves the integration of information from multiple sources. Assessment is requested when there is a concern that a child or youth has a mental health and/or a substance abuse issue that may require treatment. The assessment includes an initial face-to-face screening; observation of the child or youth; and collateral information and interviews with family members, caregivers, treatment providers and others as deemed appropriate. The purpose of this assessment is to determine the child's or youth's strengths and limitations, functional capacity, needs and/or disabilities; to

develop a differential diagnosis; to identify natural supports; and to develop or review an individualized service plan. Completion of a written assessment summary report by a trained, licensed individual is required. This service is provided typically for up to twelve (12) hours consistent with the identified objectives, type, and intensity of assessment required.

C. Credentialing Criteria

Assessment
<p>1. Qualifications.</p> <p>Individual must be 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.</p> <p>Interns: Individuals completing internship and actively working toward Connecticut licensure may complete assessments. (See requirements for supervision.)</p> <p>Specialty Areas: All specialty areas must be clearly delineated and supported by written documentation with current curriculum vitae indicating applicable certifications, experience, training, and education.</p>
<p>In order to be considered for credentialing, the curriculum vitae must indicate that the individual has the following experience and training:</p> <p>2. General Experience.</p> <p>A minimum of three (3) years post graduate experience in children and adolescent behavioral health relevant to the service to be provided. This direct work with children or youth and their families or caregivers must be within five years of submitting this credentialing application.</p> <p>Special Experience: A minimum of two years experience conducting diagnostic, functional, and/or intake assessments.</p> <p>Substitution Allowed: If the General Experience is not within five years of this credentialing application, continuing work in the field of child and adolescent behavioral health that includes ongoing supervision of staff delivering behavioral health services, program development, program management, consultation, and/or advocacy, within the last five years, may be substituted.</p>
<p>3. Ethics.</p> <p>The Provider will sign the Department's Confidentiality Statement and Ethics Agreement.</p>
<p>4. Insurance.</p> <p>Current certificate of professional liability insurance with coverage limits of \$1 million per occurrence and \$3 million aggregate.</p>
<p>5. Form.</p> <p>IRS W-9.</p>
<p>6. Supervision.</p> <p>All interns completing assessments must be directly supervised by an individual who meets all requirements identified in Numbers 1 and 2 of this section. The Provider shall maintain written documentation of the</p>

supervisor's current curriculum vitae, a copy of a current license and a copy of the professional liability insurance declarations page.

Each intern will receive, at minimum, weekly individual face-to-face supervision but not less than any licensure supervision requirement, taking into consideration the intensity of the needs of the clients involved. Additionally, the Provider is expected to have and ensure that all staff completing assessments receive supervision in accordance with professional licensing requirements, professional standards or best practice guidelines for their profession. All written documentation including supervisory notes, performance feedback and recommendations for all staff and interns will be reviewed during on-site quality reviews.

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. Any background checks will be dated not longer than six months prior to the date of this application. The Department's Child Abuse and Neglect Registry background checks must be completed by authorized personnel at the Department's Hotline; criminal background checks must be completed by the State of Connecticut Department of Public Safety. The Provider must submit official results of all background checks to the contracted credentialing agent of the department as part of the credentialing application.

8. Training/Staff Development.

The Provider is required to participate and/or have orientation and in-service training for all staff providing services to children or youth that includes but is not limited to the following: confidentiality, HIPAA and mandated reporting. The Provider shall utilize only the trainers certified by the Department to conduct mandated reporter training.

Providers must provide documentation that the mandatory staff trainings have occurred for all employees. Additionally, Providers shall maintain documentation of training assessments and plans, training curricula, attendance sheets and evaluation forms. This documentation will be reviewed during on-site quality reviews.

The Provider is expected to adhere to and ensure that all staff adheres to continuing education and training in accordance with professional licensing requirements, professional standards or best practice guidelines of their profession. Additionally, staff shall maintain a knowledge base and skill set consistent with issues and techniques central to working in the area of children and adolescent behavioral health.

The Provider is strongly encouraged to attend and/or have representation at the quarterly Credentialed Provider Meetings.

9. Staff/Client Ratio.

The Provider shall maintain and/or shall ensure that staff maintain an appropriate staff-to-client ratio that is consistent with the needs and issues of the children or youth and shall not exceed the number of children or youth beyond staff's ability to supervise, oversee and manage effectively. It is expected that the number of children or youth will vary according to the intensity of need of the children or youth and their family involved.

Under all circumstances, the Provider will ensure that staff maintains proper supervision, oversight and management to assure children's or youth's safety and well-being.

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.

If payments to the Provider exceed \$300,000.00 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 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.

D. Service Profile

1. Services Provided

Assessment procedures utilized will generally fall into the following categories:

- Interviews
- Observations
- Collateral Contacts and Interviews
- Self-Report Scales
- Rating Scales
- Standardized Tests
- Review of Relevant Records

2. Target Population

Eligible for this service are children and youth 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 at risk for detention. The child or youth may be residing in a biological, relative, foster, adoptive or other substitute caregiver home. The child or youth may also be residing in a Department-supervised independent living or transitional living arrangement.

3. Access to Services

The Provider will accept referrals from authorized Department staff; authorized Care Coordinators and Care Coordinators Supervisors, and authorized probation officers and probation officer supervisors. All referrals will be made utilizing a standardized referral format provided by the Department. The Provider must be prepared to provide services to a variety of children or youth.

The Provider will contact the referrer and will schedule an initial meeting with the child or youth within five business days of receiving an approved referral. The Provider must be prepared to conduct assessments at times other than during normal business hours.

4. Duration of Service

Assessment services are time-limited. Depending on the purpose and questions for the evaluator, the assessment will generally be limited to a maximum of twelve hours, including two to six hours of face-to-face contact. Any additional hours must be pre-approved by the Area Office. Completion of the assessment and submission of a written report to the referrer within 30 days following receipt of the referral is required.

Additional Assessment Hours: The Department social worker or authorized designee may request additional assessment hours using the Payment Authorization. This request requires review and approval of an Area Office Program Director or higher. The Provider agrees that without this approval, payment will not be authorized. The Provider will not deliver additional assessment hours outside of the start and end dates on the Payment Authorization. Payment for additional assessment hours will not be made retroactively for services provided outside of the protocol noted above. Billing for approved additional hours shall be sent directly to the Department Area Office social worker or designee for payment processing. This billing information shall also be included on the billing invoice sent to Child Welfare Accounting or other authorized payer.

5. Data and Reporting

The Provider will submit unduplicated, client level data to the Department each month, or at another interval as dictated by the Department. The following information will be provided for each child or youth receiving Assessment Services:

- Child or youth's name
- Date of referral
- Date of initial meeting with the child or youth and/or family/caregiver
- Dates, including hours when services were delivered
- Date when services end
- Name of individual conducting the assessment

The Provider will submit a written Assessment Summary Report within 30 days following receipt of the referral that will include the following components:

- A statement of the primary referral question(s)
- A brief summary of relevant background information including sources of that information
- A list of procedures utilized (see Number 1 above)
- A statement noting any limitations of the Assessment
- A summary of the results of all procedures relative to the referral question(s) including answers to the referral question(s)
- A discussion of the meaning of the results in the context of any prior assessments reviewed
- Recommendations relevant to the referral question(s) including instructions, behavior management strategies, and/or special services; and treatment recommendations and/or recommendations for service coordination or intervention to address identified needs and issues

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 reporting. The Provider understands that failure to abide by any term, provision, or condition set forth may result in the Department taking corrective action, including termination of this agreement.

Name of Provider

Department of Children and Families

Authorized Signature

Authorized Agency Official Signature

Print Name and Title

Print Name and Title

Date

Date