

**Provider Agreement Number 16: Animal Assisted Interventions (AAI)**

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 **Animal Assisted Interventions (AAI)** 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 C.G.S. section §4-275 False claims and other prohibit 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.). Note: Definition C.G.S. §4-274(1) – An act is also done “knowingly” if the Individual: a) Acts is deliberate ignorance of the truth or falsity of information or; b) Acts in reckless disregard to the truth or falsity, regardless of whether the person intends to defraud. Any person who violates this provision shall be liable to the state. The Attorney General may investigate any violation of the C.G.S. Section §4-275 (a).

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 the Health Insurance Portability and Accountability Act (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 ten (10) days.
9. Records: 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. The Provider must maintain all records for a period of 3 years.
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 three conditions: a) be approved by Area Office management before services start, b) be submitted on the approved DCF authorization form, c.) the valid authorization form must include the current timeframe and available funds. No payment shall be made if the request for services does not meet these conditions. The payment mechanism shall be fee for service. Payment shall be made the month following the month of service and following receipt of the Credentialed Provider Documentation Form 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). The department has forty-five (45) days from the date invoice is received, verified and approved to process the payment.
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. 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 (as applicable): 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 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/or the Careline (1-800-842-2288) of any emergency or urgent circumstance. The Provider should not leave voicemail messages when reporting a concern. The Provider and its employees shall follow mandated reporting requirements for suspected child abuse and neglect.
17. Identification Badges will be supplied by Advanced Behavioral Health (ABH) to all **credentialed individuals and dogs/horses** who are providing services to children. Badges must be presented to the child/youth at the time of service. Badges will be updated every two years during the re-credentialing process. Any individual or agency who fails to submit a photo ID to ABH within the designated timeframe will have their credentialing status terminated.
18. 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.
19. 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 Contracted 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 6 (six) months from the day the Termination Notice was sent. The Provider is not allowed to provide any credentialed services for 6 months or at any time when the Provider is not credentialed. In addition, Staff must remain in compliance relating to all required materials (including but not limited to: background checks, motor vehicle license, motor vehicle insurance, first aid and CPR certification, mandated reporter training, staff photo) Should the provider fail to comply with these requirements for continued participation status, the staff is no longer allowed to provide services as an approved provider and will be terminated and remain ineligible to reapply for a period of six (6) months.
20. 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>.

21. 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.
22. Continuous Monitoring and Staff Termination: All required continuous monitoring documents requested by the Contracted Agent and pertaining to each staff person shall be submitted prior to the expiration date of each document. The Contracted Agent will send a termination notice for non-compliance referencing the staff person to the provider. The staff person will be removed from the roster of approved staff persons and is eligible to re-apply for credentialing six (6) months from the date of the Termination Notice. The staff person is ineligible to provide credentialed services for any entity during the 6 months or at any time when not credentialed.

## **B. Service Definition – Animal Assisted Interventions**

Animal-assisted interventions (AAI) are goal oriented and structured interventions that intentionally incorporate animals in health, education and human services for the purpose of therapeutic gains and improved health and wellness. Mounting research reveals that the physical presence, touch, comfort, and safety that animal exudes is beneficial to many in need: children, veterans, the elderly, and the developmentally disabled. An AAI team consists of an animal and the animal’s handler (often the owner) and the team is “registered” by an AAI organization that provides training and an evaluation of the team to determine readiness.

AAI for DCF children and youth is a non-clinical delivered service, specifically utilized to provide comfort and/or to reduce anxiety for DCF children and youth who have experienced trauma. In addition, within the scope of this service, the animal/handler team will provide structured age appropriate educational activities for children and youth that aims to strengthen bonds and advance the child’s awareness, respect, and empathy for animals. *(See service profile)*

The DCF AAI service will allow animal handler teams that comprise either a dog/human team or horse/human team. The AAI service will take place in the community or at the DCF office, as applicable. The AAI provider will not be transporting children.

## **C. Credentialing Criteria**

<b>Animal Assisted Interventions</b>
<b>1. Qualifications.</b> a) Each animal/handler team must be at least 25 years old registered with either Pet Partners or Intermountain Therapy Animals (ITA), two national organizations that requires animal/handler teams to be trained, evaluated, and re- registered every 2 years.

b) Each animal/handler team must have at least one year of field experience as an animal/handler team through Pet Partners or Intermountain Therapy Animals and performed a minimum of 12 AAI visits in the past 4 years, to include visits with children. *Exceptions to the experience may be made on a case by case basis for individuals with extensive experience working with children.*

c) Each applicant will be required to be interviewed as part of the qualification process.

**2. Ethics.**

The Provider will sign the Department's Confidentiality Statement and Ethics Agreement.

**3. Insurance.**

The Provider must provide and maintain liability insurance specific to registration as an animal/handler team. This is a General Liability policy with a minimum 1 million per occurrence and 2 million dollar aggregate coverage. Examples of these types of policies can be found here: <https://www.petcareaffiliates.com/pet-sitters-liability-insurance> and here: <https://www.xinsurance.com/risk-class/commercial-therapy-dog-insurance/>. It is not required that you use the insurance providers in the links above, just that the policy is specific to AAI work and has the liability coverage listed above.

**4. Form.**

IRS W-9.

**5. Supervision.**

The Provider must receive 30 minutes of supervision per month per case (can be two 15 minute check-ins). Individuals providing supervision must be, at a minimum, a master's prepared mental health provider with experience in child/adolescent behavioral health **AND** have three years of field experience as an AAI animal/handler team within the last five years. Written documentation of supervisory credentials are required to include: current resume, AAI registration, and a copy of supervisor's masters level degree, and a reference letter.

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 chosen Supervisor. 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.

**6. 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 Careline; criminal background checks must be completed by the State of Connecticut Department of Emergency Services and Public Protection (DESPP). The Provider must submit official results of all background checks

to the contracted credentialing agent of the department as part of the credentialing application.

**7. Training/Staff Development.**

All staff persons providing AAI services must have training in:

- First Aid and CPR and maintain valid First Aid and CPR certificates issued by a nationally recognized accredited organization.
- Complete the Connecticut Mandated Reporter Training for Community Providers course online at: <http://www.proprofs.com/training/course/?title=connecticut-mandated-reporter-training-community-providers>.
- Trauma and Resiliency in Young Children and Trauma Toolkit. (DCF Specific Training)

The training needs of Providers will be assessed routinely to enhance their work with children and youth. Training will be verified through 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 must attend or have representation at a minimum of one Credentialed Provider Meeting annually.

**8. Staff/Client Ratio.**

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

**9. Quality Assurance/Improvement. (as applicable to organizations)**

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

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 - Services Provided**

### **1. Child removal from home/foster home or risk of removal from foster home:**

- 10-visit service by an animal/handler team
- Children/youth who have experienced removal from home or a foster home placement disruption.
- Children/youth who are struggling in a foster home related to a trauma and are having difficulty engaging with services currently in place.
- The animal/handler team will provide structured age appropriate educational activities for children and youth that aims to strengthen child/animal bonds and advance the child's awareness, respect, and empathy for animals. For instance, animal care education will be delivered such as: grooming, nutrition, exercise, body language, veterinary and dental care, etc. These activities will be delivered throughout the 10 week service and will follow a structured curriculum.
- Service extensions are allowed up to 4 additional weeks, depending on child functioning.

### **2. Event based support**

- Service will consist of support and comfort to the child/youth before, during, and after the event.
- 3 visit service (once before the event, event day, once after the event)
- Children/youth who are testifying in court as a victim/witness in criminal prosecutions.
- Children/youth who need support during a forensic interview process.
- Service extensions are allowed dependent on the length of the event (court or interview process)

## **2. Target Population**

The target population for this program are children/youth who are currently active with the Department, ages 3-18. The Provider will provide services to children and youth of different ages, learning styles, and abilities. Non-DCF youth are not eligible for this program.

## **3. Access to Services**

The Provider will accept referrals from authorized Department staff only utilizing a standardized referral format provided by the Department. The Provider must be prepared to provide AAI services at times other than during normal business hours.

## **4. Duration of Service**

**a. Event based:** (3 visits) is short term for child/youth in preparation for forensic interview and or court testimony. Will include one introductory session and a closing visit at the conclusion of occurrence.

**b. *Child removal from home/foster home:*** (10 visits) is provided when a child/youth is removed from home or disrupting in a foster care placement. Will include one introductory session and a closing visit.

- Referral will be made at the time of the DCF Considered Removal meeting or at time of disruption in order to prepare AAI team;
- 1<sup>st</sup> introduction with child/youth is at the time of removal;
- Initially approved for (10) ten 1 hour sessions;
- 2 sessions per week will occur in weeks 1 to 4 and 1 session per week, in weeks 5 and 6;
- DCF can approve up to 4 additional sessions depending on child functioning;
- Child/youth may be transitioned to a Husky reimbursed or a Credentialed afterschool program or a clinical service that incorporates animals (as needed), to maintain connections with animals.

**c. *Preserve foster home placement:*** (10 visits) - provided when a child/youth is struggling in a foster home related to trauma experienced and not engaging with services in place. Will include one introductory session and a closing visit.

- Initially approved for ten (10) 1 hour sessions;
- 2 sessions per week will occur in weeks 1 to 4 and 1 session per week, in weeks 5 and 6;
- DCF can approve up to 4 additional sessions depending on child functioning;
- Child/youth may be transitioned to a Husky reimbursed or Credentialed afterschool program or a clinical service that incorporates animals (as needed), to maintain connections with animals.

## **5. Submission of Visit Reports:**

The Provider will submit a DCF approved documentation form per visit with child/youth. The Provider will submit one invoice per month by the 10<sup>th</sup> of the month following the month of service.

## **6. Evaluation:**

The Provider will assist DCF in collecting information (via the approved documentation form) for the purposes of effectively evaluating the AAI service.

**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.

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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