



DEPARTMENT OF CHILDREN AND FAMILIES

Credentialing



FREQUENTLY ASKED QUESTIONS

TOPIC	QUESTION	ANSWER
SUPERVISION	What are the supervision guidelines for use by Therapeutic Support Staff and Support Staff providers?	<p>The following guidelines have been provided for use by TSS and/or SS providers:</p> <ul style="list-style-type: none"> ➤ Supervision is billable in 15 minutes increments; ➤ Supervision requirements include a minimum of 15 minutes per staff person, per case, per month for both TSS and SS cases; ➤ Supervision is required to be face-to-face and individual. Group supervision is not acceptable for TSS and/or SS cases; ➤ Supervision is billable at the established rate for TSS or SS as determined by whichever service is being provided to the child or youth; ➤ Supervision time is part of the total time authorized per client. For example: If approved for 15 hrs. for a child/youth per month and 0.25 hr of supervision is conducted for that case for the month, then the invoice should be for 14.75 hrs of direct care service and 0.25 hour of supervision. Providers should plan accordingly for the supervision allocation; If the case requires a higher level of supervision than what is required (15 minutes/child/month) the agency/organization will need to negotiate with the DCF Area Office to add extra time allocated for supervision so that supervision time does not reduce the amount of time dedicated to direct service. ➤ DCF does not support billing for both the staff person and the supervisor to participate in the same meeting (i.e., a treatment planning meeting); ➤ Supervision billing should be clearly delineated in the invoice and should be captured on the invoice; ➤ The person providing the supervision should be named on the invoice; ➤ You may only bill for supervision when that supervision is provided by your agency's credentialed supervisor, a masters prepared mental health professional.
	For the Supervised Visitation service, which requires supervision by a licensed behavioral health practitioner, can supervision occur by a clinical consultant to the organization? What is the minimal expectation for frequency of supervision? Can supervision occur in a group?	Yes, supervision can occur by a clinical consultant to the organization. Supervision of staff must occur at a minimum of .25 per child or youth per month. This must be face to face with a licensed behavioral health practitioner in good standing. A clinical consultant to the organization can provide the supervision and the supervision may occur in a group.
BILLING/AUTHORIZATION	For Therapeutic Support Staff and Support Staff services, when the duration of initial services is reached, does the service stop or is there some negotiation that occurs and what is the process?	When the duration of service has been reached, the DCF Area Office can re-evaluate the need to continue services. Discharge planning should begin a minimum of one (1) month prior to the end of services. At that time, a discussion to extend services or step down services should be made with the DCF area office staff.

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	If I am delivering a credentialed service and called upon to testify in a court hearing, meet with my supervisor, meet with the social worker or participate in a PPT, is this time billable? If it is billable does this time count towards the number of maximum service hours?	Any time spent in court, with a supervisor, meeting with DCF and/or participating in a PPT meeting would be billable as prescribed in the fee schedule. All of the billed time counts towards the maximum authorization, however, there is a protocol that may be followed to extend the duration or increase the number of hours of the authorization.
	If I am delivering Supervised Visitation, Therapeutic Support Staff or Support Staff services and the meeting is conducted at a state park, or anywhere that requires an entrance fee can I bill the Department for the entrance fee or is it included in the rate? Does the Department reimburse for expenses incurred by the provider?	This type of expenditure is excluded from the rate. The area office will continue to evaluate expenditures that might be incurred to facilitate services, and if the social worker believes that the expenditure is consistent with the goals of the treatment plan, and approves these expenditures in advance, the provider would be reimbursed utilizing flexible funds. As stated above the Department does not reimburse expenses incurred while serving the child or youth unless approved in advance by the social worker.
	Can other services continue to be purchased by DCF Area Offices with Flexible Funds?	Yes, DCF Area Offices may continue to choose to purchase services other than Assessment, Behavior Management, Supervised Visitation, Temporary Care, Support Staff, and Therapeutic Support Staff using flexible funds. However, please note that any program that incorporates one or more of the above services, as a significant component of that program must unbundle the billing for the program to allow for separate billing and payment of the credentialed portion of the program.
REFERRALS	Access to services states that DCF staff only can make referrals, so what does this mean for referrals from Care Coordinators or Emily J children?	The provider agreement is not intended to alter the referral process for non-DCF involved children.
	Is a comprehensive case plan developed before accessing services and is that part of the referral packet that is sent by the worker?	The Department will have a treatment plan that addresses the child's needs and this plan will be shared with the staff prior to the initiation of services.
COLLABORATION	Can Therapeutic Support Staff/Support Staff still go into the school for collaboration with staff, attend meetings or meet with the mentees?	In general, the Department does not encourage the interruption of a child's school day. Any involvement of Therapeutic Support Staff/Support Staff services with the child during school to support the child's academics needs can only happen with the full cooperation of the DCF Social Worker and school staff.
	What is the role of the credentialed provider in relation to other providers involved with child and family?	It is a supportive role where the credentialed provider works in collaboration with the other providers for the purpose of meeting treatment plan goals and enhancing the well-being of the child. For example, Therapeutic Support Staff and Support Staff may work in collaboration with other providers to improve child's behaviors, academic performance, and interactions with peers or adults.

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ELIGIBILITY	Can certified school psychologists be credentialed for Assessments?	Educational evaluations for the purpose of developing an IEP or school-based behavior management plan falls outside the scope of what the Department has included under the Assessment service type. The Department will continue to require that Assessments be conducted by a licensed behavioral health practitioner.
	The target population for the Supervised Visitation service identifies children and youth ages 4-17. What is the Department's plan to provide this service for children under the age of 4?	Currently the Department has 11 grant funded contractors that provide Supervised Visitation Services. All DCF Area Offices have access to at least one of these contracted service providers. The target population served through these contracts includes all children and it is envisioned these contract slots, especially for younger children and infants, will be utilized prior to approaching a credentialed provider with a signed Provider Agreement.
	Are Board Certified Behavioral Analysts eligible to provide services under this Agreement?	Yes, Board Certified Behavioral Analysts may submit an application to be eligible to provide Behavioral Management Services. Specific credentialing criteria are located within the Behavioral Management Services Provider Agreement on the Credentialing Resources page of the ABH web site at www.abhct.com .
PROVIDER STATUS	How much notice is needed to terminate with a written notice?	The provider agreement does not represent a contract and is not a guarantee of utilization. Therefore, no notice is technically required from either the Department or the provider, but would be given as a courtesy and to provide for continuity of service.
	What is the turnaround time for credentialing applications?	ABH requires at least 30 days from receipt of a fully completed application (this includes receipt of both background checks) to process all application documents. This timeframe also includes the time required for the Department to execute the provider agreement.
	Although it is expected that the same staff provide a service, unforeseen situations such as resignations or a better match is found, does this mean that a provider is out of compliance and can lose its credentialing status? Does DCF need to be informed?	Any changes in staff must be discussed with and approved by the DCF Area Office.
CERTIFICATION	The Certification and Authorization Form states: "DCF or ABH to release any and all information related in any way to the applicant's professional practice..." Who is the designated person in both agencies or can any person on any level release information they deemed professional practice?	Information will be released as necessary and in accordance with State and Federal laws.

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	<p>For those services requiring CPR and First Aid certification and until the certification cards are issued, can providers use the class lists for documentation of the certification?</p>	<p>If the provider has not yet received the CPR and/or the First Aid card(s), the class list may be used. The class list must include the names of the staff trained, the dates of the training, and the trainer's name. The class list needs to be on letterhead from the training agency. The two (2) approved training agencies are The American Heart Association (AHA) and The American Red Cross (ARC). Providers that have staff that are certified as an AHA or ARC trainer may be used. Proof of the trainer's certification, including a copy of their Trainer Certification card must be submitted with the class lists.</p>
BACKGROUND CHECKS	<p>Most providers utilize private companies to process criminal background checks yet DCF is requiring that the criminal background be completed by the State of CT Department of Public Safety. In addition, the check cannot be dated longer than 6 months from date of application. This is inconsistent with DCF contract standards that require criminal background checks every 2 years. Is the Department reconsidering this standard?</p>	<p>Criminal background checks must be completed by the State of CT Department of Public Safety as required by CT State Statute Sec. 29-17a and will be repeated every two years for all approved providers. The background checks cannot be dated longer than 6 months from the date that ABH receives the initial paperwork on the applicant.</p>