

STATEWIDE CREDENTIALLED PROVIDER MEETING

September 20, 2018

AGENDA

- Welcome and Introductions
- Provider Agreement Updates
 - Administrative Language
 - Therapeutic Support Staff
 - Support Staff
 - Temporary Care
- Standardized Documentation Form
 - Review Expectations
 - Opportunities to Grow
 - Break out session to receive feedback
 - Suggested Improvements
- Questions

ADMINISTRATIVE LANGUAGE

- **False Claims (5)**
- **Records (9)**
- **Payment for Service (10)**
- **Safety and Security (16)**
- **Identification Badges (17)**
- **Use of State Resources (18)**
- **Re-Credentialing (19)**
- **Continuous Monitoring and Staff Termination (22)**

Credentialing Criteria

Training/Staff Development

Mandated Reporting

Statewide provider meeting attendance

Quality Assurance/Improvement:

Annual Financial Audit

Therapeutic Support Staff

Criteria Changes

- Must have a Bachelors degree in a Human Service Field with demonstrated experience working with children within the last 5 years;
- Special consideration to those without a bachelors degree but have at least 7 years of paid experience working with children will be considered on a case by case basis;
- Must maintain current motor vehicle insurance with minimum of 50/100 coverage.

Service Delivery Changes

- For children 5 years and up;
- Child has a **current** behavioral diagnosis;
- Child/youth has behavioral impairments which substantially interferes with family, school and community activities;
- Up to eight (8) hours per week for up to six (6) months;
- All TSS staff are required to have face to face supervision for .25 hours per month per child or youth;
- TSS staff are to use the standard documentation form for each child, each visit.

Support Staff

- **Criteria Changes**

- Must have at least three years (36 months) of paid work experience consistent with age and needs of the child or youth;
- SS Staff must maintain motor vehicle insurance with a minimum of 50/100 coverage.

- **Service Delivery Changes**

- For children 8 years and up;
- Child/youth does not require a behavioral health diagnosis;
- Exhibits mild to moderate behavioral challenges in the home school or community;
- Up to eight (8) hours per week for up to six (6) months;
- All SS staff are required to have face to face supervision for .25 hours per month per child or youth.
- SS staff are to use the standard documentation form for each child, each visit.

TEMPORARY CARE

Temporary Care is a service that provides a short term break or intervention for a child or youth when the caregiver is unavailable.

Service Delivery Changes:

- No longer takes place in the caretakers home;
- Target Population is children and youth ages 5 – 21. children under 5 may be considered if they are part of a sibling group;
- The Duration of services may not exceed 70 hours over a 90 day period;
- Activities should be mutually agreed upon by the Provider, DCF Social Worker and/or Caretaker;
- Not a daycare service.

Documentation Expectations

- Must use the provider documentation form listed On the ABH Website;
- You should have one form for each visit/face to face contact per child or youth;
- All documentation forms should accompany the monthly invoice;
- All supervision documentation must be available upon request.



Credentialed Provider Documentation Form

Therapeutic Support and Support Staff Service

Agency Name: []	City: []	Invoice: []
Agency Address: []	State: []	Zip: []
Agency Phone: ([]) - []		
** Complete form for each visit **		
Child's Name: []	DOB: [] / [] / []	Case ID: []
Other Info: []		
Referring Office: []	Child ID: []	Case Name: []
DCF Worker: []	Phone: ([]) - []	Email: []
DCF Supervisor: []	Phone: ([]) - []	Email: []
Service Type (Name): []		Date of service: [] / [] / []
Staff Name: []		Total Number of Hours: []
Proposal Approval Period: []		
Location where service occurred: []		
Goals as identified by the DCF Social Worker:		
1. []		
2. []		
What was the activity on this date?		
[]		
How does this activity connect with the <u>goal(s)</u> listed above:		
[]		
Strengths of visit:		
[]		
Describe the area(s) that require more support:		
[]		
Based on today's visit, what is the plan for the next visit to address unmet goals to build on success:		
[]		
Submitted by (Name and signature): []		
Submitted on (date): [] / [] / []		