

Provider Agreement Number 1: Assessment

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 **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 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.

B. Service Definition

Assessment (Diagnostic/Functional)

Individuals access a diagnostic/functional assessment when there is a concern that the individual has a mental health and/or a substance abuse issue that requires further evaluation. The assessment includes an initial face-to face screening, additional face-to-face contacts with the individual and collateral contacts with family members, caretakers and other treatment providers to determine the individual's strengths and limitations, to determine functional capacity, to identify natural supports and to develop or review an individualized service plan.

C. Credentialing Criteria

Assessment
1. Credentials. Evaluator 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.
2. Experience. A curriculum vitae that demonstrates three (3) years post graduate experience with children and adolescents relevant to the service to be provided.
3. Insurance. Certificate of malpractice insurance.
4. IRS W9 Form
5. Background Checks: The Provider will maintain written documentation confirming that background checks, included 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 the date of application.

D. Service Profile

1. Services Provided

Assessment procedures generally fall into the following categories:

- Interviews
- Observation
- Self-Report Scales
- Rating Scales
- Standardized Tests
- Review of Relevant Records

2. Target Population

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 an Emily J targeted class member are eligible for this service. The child or youth may be residing with their biological, relative or caretaker family or in a foster or adoptive home. The child or youth may also be residing in a DCF supervised independent living and/or transitional living arrangement.

3. Access to Services

The Provider will accept referrals from authorized DCF staff; authorized Care Coordinators, Care Coordinator Supervisors or authorized EMILY J probation officers and probation officer supervisors. All referrals will be made utilizing a standardized referral format provided by the Department.

The Provider will contact the referrer and will schedule an initial meeting with the client within five (5) business days of receiving an approved referral.

4. Duration of Service

Depending on the purpose and/or questions for the evaluator, the assessment will generally be limited to 2 to 6 hours of face-to-face contact. Additional hours must be pre-approved by the Area Office. It is expected that in most situations the assessment will be completed and a written report submitted to the referrer within 30 days following receipt of the referral.

5. Data and Reporting

The Provider will submit a written Assessment Summary Report that will include the following components:

- A statement of the primary referral question(s).
- A brief summary of relevant background information.
- A list of procedures utilized (see number 1).
- 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 these 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.

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