

Provider Agreement Number 5: Therapeutic Support Staff

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 **Therapeutic Support Staff** 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 requirements 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.

13. Physical Restraint: Physical restraint of any child or youth served under this contract is prohibited.

B. Service Definition

Therapeutic Support Staff

Therapeutic Support Staff is a service designed to address the individualized needs of a child or youth with complex behavioral health needs. These children or youth have a current diagnosable behavioral health condition that results in moderate to acute functional impairment which substantially interferes with, or limits the child's or youth's role or functioning in family, school, or community activities. This service is intended for children or youth whose level of functioning puts them at risk of entering a residential level of care, disrupting from their home or foster placement, or for children or youth who are being discharged from residential treatment or a more acute level of care. These individualized supports are provided by paid, trained and supervised individuals. This service is typically provided for up to eight (8) hours per week per child or youth and includes a combination of structured and enrichment activities consistent with identified treatment plan objectives.

In order to emphasize consistency and relationship building, it is expected that the same staff person will continually provide this service during the course of care.

This service is intended as a component of a comprehensive treatment plan. As such, the individual providing this service is expected to collaborate with other service providers toward the implementation of the child's or youth's individual treatment plan.

C. Credentialing Criteria

Therapeutic Support Staff
1. Staff: Must be a minimum of 21 years of age and possess a Bachelors Degree in a Human Services field. A current resume and Statement of Experience is required. Individuals that do not have a Bachelors Degree in a Human Services field, but have at least 7 (seven) years of experience in the field of human services will be considered on a case by case basis based on a

review by DCF of the applicant's resume. Age will be verified by a valid Connecticut motor vehicle license which is required along with a certificate of motor vehicle insurance.
2. Background Checks: The Provider will maintain written documentation confirming that a background check, included but not limited to Child Protective Services and Dept. of Public Safety has 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 initiating service.
3. Supervision: All certified Individuals providing this service must be supervised by a master's prepared clinician with experience in child and adolescent behavioral health. Assigned supervisor will be verified through collection of: written documentation of supervisory arrangement, supervisor's current resume, and a copy of the master's level degree.
4. Any staff person providing therapeutic support staff services must have and maintain a valid First Aid and CPR certificate.

D. Service Profile

1. Services Provided

The Individual or Organization will provide the following services:

- Constructive time spent with each child or youth focused on the development and practice of social skill in multiple social situations
- Participate in treatment team meetings
- Communicate, support and reinforce treatment goals
- Assist each child or youth develop skills that support good decision making, pro-social choices, the refinement of social skills that foster independence and solidify acts and actions that replace problematic behaviors
- Provide multiple social situations for the child or youth to practice skills learned

2. Target Population

Children and youth, on or after their 5th birthday, that are currently active with the Department residing with their biological family, foster family or relative caretaker. This service is not for a child or youth residing in a congregate care setting. Should a child or youth receiving this service enter a congregate care setting, services may continue to be provided with area office approval for up to five (5) hours per month.

3. Access to Services

The Provider will accept referrals from authorized DCF staff only utilizing a standardized referral format provided by the department. The Provider will contact the referrer and will schedule an initial meeting for the purposes of developing an individualized service plan within 72 hours of receiving an approved referral.

4. Duration of Service

Therapeutic Support Staff are typically provided to each child or youth for an average of up to 8 hours per week for up to 6 months. The Department, through the Area Office Gatekeeper, will approve the provision of Therapeutic Support Staff services and may approve either more than 8 hours of service or an extension beyond 26 weeks.

5. Data and Reporting

The Provider will submit unduplicated, client level data to the Department no later than the 10th of each month, or at another interval as dictated by the Department. The following information will be provided for each individual receiving Therapeutic Support Staff services:

- Child's or youth's name
- Date of DCF Area Office Gatekeeper referral to the Provider.
- Date therapeutic support staff began and all subsequent dates and times of involvement with each child or youth.
- Name of individual providing the therapeutic support.

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