

DCF Credentialing Chronicle

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With a focus on keeping Connecticut kids safe, successful and drug-free for a stronger workforce tomorrow, The Governor's Prevention Partnership, started in 1989, is a statewide public-private nonprofit alliance dedicated to delivering prevention programs that address emerging and dangerous issues that affect youth: violence, underage drinking, alcohol and drug abuse.

Our children are under a great deal of pressure and each one handles it differently. From academic to social pressures, these children need help and intervention. I invite you to join me as we work side by side for a better education for all of our children and an environment without the threats of drugs, alcohol, school violence and bullying. We must make every effort to ensure a successful future for every child in Connecticut.

Governor Dannel P. Malloy
Co-Chair of The Governor's
Prevention Partnership

For parents, educators, community leaders and concerned adults, The Governor's Prevention Partnership offers youth prevention programs that are based on state-of-the-art research and trainings that are reality-based and relevant to young peoples' needs and environment.

Upcoming Trainings & Events:

To learn more, visit The Governor's Prevention Partnership at <http://www.preventionworksct.org>

[Bringing Closure to the Match Webinar | Elements of Effective Practice for Mentoring - Standard 6: Closure](#)

Tuesday, February 9, 2016 11:00 am - 12:00 pm

To register for this event please contact:

Jacqui Spence, jacqui.spence@preventionworksct.org, (860) 523-8042 x 55

[Designing and Building a Successful Mentoring Program](#)

Wednesday, March 2, 2016 9:00 am - 3:00 pm

The Governor's Prevention Partnership, 30 Jordan Lane, Wethersfield

To register for this event please contact:

Jacqui Spence, jacqui.spence@preventionworksct.org, (860) 523-8042 x 55

For a complete list of trainings and webinars, please visit:

<http://www.preventionworksct.org/what/trainings-events/training.html>

From Side Street to Main Street



The **Connecticut Small Business Development Center (CTSBDC)** provides no-cost business advising to entrepreneurs in the state who are starting or growing their business. Small business owners and entrepreneurs can meet with professional business advisors to learn more about everything from startup planning and marketing, to assisting with loan package development, international trade, growth strategies and emergency preparedness planning.

The Connecticut Small Business Development Center is funded in part through a cooperative agreement with the U.S. Small Business Administration, the Connecticut Department of Economic and Community Development and the University of Connecticut. The SBDC program remains one of the nation's largest small business assistance programs in the federal government with a proven track record of providing almost 35 years of service to small businesses.

For more information on the Connecticut Small Business Development Center and the services they provide to small businesses and entrepreneurs throughout the state, visit www.CTSBDC.com.

Now on its 19th year, the award winning **Side Street to Main Street Skills for Business Growth Program** is a one year long entrepreneurial and business development course, with a rigorous curriculum, designed to assist **minority small business owners** in the community, who have not had formal business training, to become more successful by developing the attitudes, skills and qualities necessary for effective business ownership and success, taking them from the **Side Street to the Main Street** of the business community. Since the inception of the Program in 1997, over **226** people have graduated from the Side Street to Main Street Business & Leadership Development Program, and it has been a most successful and effective way in which we have encouraged the development and growth of small, minority-owned businesses, which are now part of the business community.

“The **Side Street to Main Street Skills for Business Growth Program** aims to instill the confidence and leadership necessary to move small business owners ahead, and live each day doing what they love to do most,” says CTSBDC State Director Emily Carter. “Our goal is to help the students learn and implement what is necessary be in a successful business.” It is a process designed to engage people with similar interests in a program that finds their core competencies and builds on them to expand the scope and profitability of their business.

Beginning with 16 facilitated, interactive 3 to 4 hour weekly work sessions, two hours of outside reading and written homework for each hour of the weekly group sessions, the Program is designed to build skills, explore the true entrepreneurial interests of each person, by producing a formal, compelling and operational version of their business and financial plans. Quarterly follow-up sessions reinforce the process so that participants meet with their expert business facilitators over the course of one full year.

Individually, each person reflects the behavior and attitude of a goal-directed leader. Collectively, they form a powerful force that reinforces the achievement of their personal and business goals.

The **Side Street to Main Street Skills for Business Growth Program** is licensed from the Middlesex County Chamber of Commerce, Middletown, Connecticut.

QUICK REFERENCE DIRECTORY

DCF AREA OFFICES GRANTS & CONTRACTS SPECIALIST

REGION 1	REGION 4
Bridgeport/Norwalk/Stamford Cynthia Maignan, MS Phone: 203-384-5372 Fax: 203-384-5305 Email: cynthia.maignan@ct.gov	Hartford/Manchester Pam Burney Phone: 860-418-8341 (Hartford) Phone: 860-533-3609 (Manchester) Fax: 860-418-8322 Email: Pam.Burney@ct.gov
REGION 2	REGION 5
Milford/New Haven Gail Franklin Phone: 203-786-2597 Fax: 203-786-2536 Email: Gail.franklin@ct.gov	Danbury/Torrington/Waterbury Holly DeFloria Phone: 203-759-7201 Email: holly.defloria@ct.gov
REGION 3	REGION 6
Middletown/Norwich/Willimantic Monique Provencher Mobile Phone: 860.922.4847 Email: monique.provencher@ct.gov	Meriden/New Britain Victoria Green Phone: 860-832-5321 Fax: 860-832-5354 Email: victoria.green@ct.gov

DCF CHILD ABUSE AND NEGLECT CARELINE

Phone : 1-800-842-2288

FOR DCF CPS SEARCH

Scan and Email to: DCF.BackgroundCheck@ct.gov OR

Fax to: 860-560-7071

DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION

1111 Country Club Road, Middletown, CT 06457

Phone: 860-685-8480 Fax: 860-685-8361

<http://www.ct.gov/despp/cwp/view.asp?a=4156&q=494592>

FOR TRANSPORTATION SERVICE PROVIDERS

DEPARTMENT OF MOTOR VEHICLE

60 State Street Wethersfield, CT 06161

Phone: 860-263-5700

<http://www.ct.gov/dmv/cwp/view.asp?a=884&Q=246410>

DEPARTMENT OF TRANSPORTATION

2800 Berlin Turnpike, Newington CT 06111

Phone: 860-594-2000

<http://www.ct.gov/dot/cwp/view.asp?a=1386&q=415026>

DCF Invoicing Requirements & Forms

Beginning July 1, 2015, invoices sent to DCF will only be paid if services have been pre-authorized through a Wrap-Around Funds (WAF) proposal. The proposal must be dated prior to the beginning of services. *It is not necessary to attach the proposal to the invoice but the proposal should be retained as part of the client record.* In addition, back-dated proposals will not be acceptable. Therefore, providers should refuse to start services until the proposal has been received.

Social workers have been instructed not to request that providers begin services before receiving the WAF proposal. They have also been informed that the requirement that proposals not be backdated will be strictly enforced.

This requirement is not new. It will be applied in all cases for services beginning on or after July 1, 2015.

INVOICE INSTRUCTIONS (EXCLUDING TRANSPORTATION):

1. You must have an approved proposal prior to beginning a service.
2. Please do not bill for transportation separately, transportation is included in the service rate (when a child is in the car). Mileage reimbursement is not available for transporting without a child in the car unless the transport exceeds 20 miles. (Credentialed School and Livery Transportation must be submitted on Transportation invoice.)
3. All invoices must be accompanied by documentation of the service outlining what was provided by whom and the outcome of that service.
4. The invoice number must be unique to the child(ren) and month you are providing the service. If you are providing a service for more than one month, the invoice number must change accordingly the next month. For example: the invoice # for Anthony Adams for the month of January could be: AAJ100 and for February AAF101.

Download the form:

http://www.abhct.com/Customer-Content/WWW/CMS/files/DCF_Cred/revisedproviderinvoicedraft_July15_122315.pdf

INVOICE INSTRUCTIONS FOR TRANSPORTATION AS A SERVICE:

1. You must have an approved proposal prior to beginning a service.
2. **Transportation** can only be billed if provider meets all Department of Motor Vehicle requirements for School transportation and Department of Transportation requirements for Governmental Contract Livery. Department of Children and Family credentialing for Transportation is required for reimbursement for transportation. Please see separate invoice for all other credentialed service requirements.
3. Invoices for transportation must have verification of all trips provided. Invoices must be accompanied by documentation noting time and mileage. Verification through a trip calculator, such as MapQuest will eliminate reimbursement for wait time or traffic. If a GPS report is used and actual time can be verified the actual time will be reimbursed. If the transportation is provided consistently throughout the weeks and months submission of one GPS report or trip calculator is acceptable.
4. The invoice number must be unique to the child(ren) and month you are providing the service. If you are providing a service for more than one month, the invoice number must change accordingly the next month. For example: the invoice # for Anthony Adams for the month of January could be: AAJ100 and for February AAF101. Invoices for reimbursement at the adjusted rate for multiple children being transported must include the names of all children being transported and the rate is prorated by the number of children being transported. See fee schedule on the Advanced Behavioral Health website at abhct.com.

Download the form:

http://www.abhct.com/Customer-Content/WWW/CMS/files/DCF_Cred/Transportation_invoice_revisedJune_0000002_122315.pdf



Credentialed Provider Referral Form

GENERAL DCF INFORMATION

Referral Date:	Referring Office:	DCF Region:
Referring worker:	Phone:	Email:
DCF Supervisor:	Phone:	Email:
DCF Link #:	DCF Child Link#:	Fax:

CREDENTIALLED SERVICE INFORMATION

Requested

Service Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Assessment (C/Y) | <input type="checkbox"/> After School (clinical 8-12) | <input type="checkbox"/> Temporary Care |
| <input type="checkbox"/> Assessment (DV) | <input type="checkbox"/> After School (8-12) | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> After School (k-7) | <input type="checkbox"/> CHAP Case Management | <input type="checkbox"/> Therapeutic SS |
| <input type="checkbox"/> After-School (Clinical k-7) | <input type="checkbox"/> Supervised Visitation | <input type="checkbox"/> Transportation |

Hours of Service Requested:

Length of Time Service is Requested:

Is Transportation needed as part of this service? (Y/N)

FAMILY INFORMATION

Family Case Name:

Mother's Name:

Father's Name:

Mother's Address

Father's Address:

How many children are in the household?

Who is requiring this service? (child, children, parent, etc.)

DCF Case Status:

What is the DCF Case Plan Goal for this family?

What are the Critical Family Needs?

What are the Family Strengths?

What are the Safety Concerns?

What outcome (s) would DCF like to see from the utilization of this service?

IS THE PARENT/CHILDREN RECEIVING OR NEED OF THE FOLLOWING SERVICES?



Credentialed Provider Referral Form

IS THE PARENT/CHILDREN RECEIVING OR NEED OF THE FOLLOWING SERVICES?		
Check all that apply and indicate/estimate when the service began	Receiving	Need
Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Individual Therapy/Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-focused CBT (TF-CBT)	<input type="checkbox"/>	<input type="checkbox"/>
Child FIRST	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Systemic Therapy (MST)	<input type="checkbox"/>	<input type="checkbox"/>
Family Based Recovery	<input type="checkbox"/>	<input type="checkbox"/>
Triple P or other Parent Education Service	<input type="checkbox"/>	<input type="checkbox"/>
Home Visiting (e.g. Nurturing Families)	<input type="checkbox"/>	<input type="checkbox"/>
Vocational/Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Visitation	<input type="checkbox"/>	<input type="checkbox"/>
Family Reconnection Services	<input type="checkbox"/>	<input type="checkbox"/>
Zero to Three Program-newer program used more frequently in the New Haven/Milford/Bridgeport area offices	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>



Credentialed Provider Referral Form

CHILD GENERAL DEMOGRAPHICS							
Name	Gender	Race	DOB	Placement Type	Address	DCF Status	School/Childcare Provider
1							
2							
3							
4							
5							

CHILD SPECIFIC DEMOGRAPHICS					
Name	Current Diagnosis (s)	Current Medications	Reg / Special Education?	Child Strengths	Child Safety Concerns
1					
2					
3					
4					
5					



Your Logo Here

Credentialed Provider Documentation Form

Child's Name:		DOB	Case ID			
Referring Office:		Child ID	Case Name:			
DCF Worker:		Phone:	()	Worker email: Supervisor email:		
DCF Supervisor:		Phone:	()			
Service Type (Name):		Date(s) of Service				
Staff Name:						
Proposal Approval Period -	Total number of hours					
Location where service occurred:						
Goals: <input type="checkbox"/> Child <input type="checkbox"/> Parent	1.					
	2.					
	3.					
	4.					
	5.					
Progress Toward <u>each</u> Goal:						
Structured Activity:						
Relationship with <u>each goal</u> listed above as applicable:						
Strengths						



Your Logo Here

Credentialed Provider Documentation Form

Challenges/Concerns
Intervention/Re-direction
Feedback Given
What other skills do the child/parent need to work on:
Narrative Summary:

Submitted by (Name and signature): _____

Submitted on (date): _____

SUPERVISION NOTE

(15 minutes per case/month)

Name of Supervisor: _____

Name of Staff: _____

Client's Name: _____

Link #: _____

Goal	Objective	Date of Expected Completion	
1			
2			
3			
Issue	Supervision Content Recommendation/Action	Followup	
1			
2			
3			
Interventions What will the staff do to assist clients? Under what circumstances?		Target Date	Resolution Date
1			
2			
3			

Supervisor: _____

Date: _____

Supervisee: _____

Date: _____

Monitoring and Review Process

The site visit protocol has been enhanced with the development of a tool that will be used as a guide by team members during the visit.

Site visits will be scheduled well in advance of the meeting, at which time details of the visit will be shared.

To download the Provider Review Tool, click on the link below:

http://www.abhct.com/Customer-Content/WWW/CMS/files/DCF_Cred/DCF_Credentialed_Provider_Review_Tool_FINAL_111715.pdf

Sample Site Visit Structure

1. Overview – program and services
2. Review of service guidelines and timeframes
3. Review of Careline reports/Significant Events, etc. *(as applicable)*
4. Area Office relations: (grants & contracts specialists)
 - a. Responsiveness
 - b. Service Quality
 - c. Communication
 - d. Fiscal (invoices, WAF, Length of Stay, etc.)
5. Records Review:
 - a. Policy & procedures
 - b. Training and Supervision
 - c. Client records
 - d. Training curriculum
 - e. Quality Assurance/Data
 - f. Supervision notes
6. Wrap up and next steps

Provider Resources

Credentialing Specialists:

Allison McKenna

860.638.5319

amckenna@abhct.com

Maria Petit-Homme

860.638.5337

mhomme@abhct.com

Nellie Rivera

860.704.6139

nrivera@abhct.com

Director,

Credentialing & DCF Services

Sarah Tkacs

860.704.6472

stakcs@abhct.com



213 Court St.,
Middletown CT, 06457
Phone 860.638.5309
Fax 860.638.5302

www.abhct.com

Credentialed Provider Meeting

If you are a currently approved DCF Provider, you will receive an email invite with an option to register online for the next meeting.

Visit

http://www.abhct.com/Programs_Services/DCF-Credentialing/
for the latest information on DCF Credentialing.



Friday

March 18, 2016

DCF Mandated Reporter Training: **REQUIRED**

DCF will provide Mandated Reporter Training for any provider in the state.

Mandated reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. (Connecticut General Statutes §17a-101a)

Mandated Reporter Training Online - *Once completed, the certificate of completion is to be stored in the staff's personnel file.*

DCF is happy to announce that Mandated Reporter Training is now available **ONLINE** for school employees and community providers. Please use the link in the section below that corresponds to your agency, organization, or facility to register for and view the video.

Please click on the link below to register and access the training videos:
http://www.dir.ct.gov/dcf/TA/MRT_video_form.aspx

Learn **What Mandated Reporters Need to Know:**

<http://www.ct.gov/dcf/cwp/view.asp?a=2556&Q=314384>

For more information please visit:

<http://www.ct.gov/dcf/cwp/view.asp?a=3483&Q=413540>

Thinking of Moving? Changed Phone numbers?

New Fax Line? Expanding Services?

Updating Current Staff Listing?

As an approved DCF Provider you are required to notify ABH if there is a change in your Provider Status.

Visit http://www.abhct.com/News_Resources/DCF_Credentialing/ and download the **Provider Information Change Form**

