**Provider will:**

1. Provider, staff and/or subcontractors must undergo drug collection training that will be administered by a DFCS approved provider.
2. Provider will accommodate family schedules, to include; providing services during the afternoon, evening, weekends, on-call, at local courts, in the client’s home and in any other location as requested.
3. Provider will ensure and verify all para-professional and/or professional full/part time staff have the required experience, education, credentials and/or certifications and pre-approved by the State Office Contract Administrator prior to providing services under this contract, in accordance with programmatic requirements and CoStar Fiscal Manual set forth by DHS/DFCS policies and procedures.
4. Providers will ensure all full/part time para-professional and/or professional staff and sub-contracted providers have been approved by DHS/DFCS prior to any service provision by submitting an agency organizational chart by the 15th of every month with all required documents to their assigned State Office Contract Administrator.
5. Provider will ensure and verify all para-professional and/or professional full/ part time staff have the required education and credentials to perform services:
   1. Criminal Background check/DHS Clearance letter
   2. Valid State approved picture ID
   3. Proof of training certificate
   4. Resume
   5. High School Diploma or higher
6. Provider must be able to perform drug screen collections 24 hours a day upon request.
7. Provider will ensure that all drug screen collection specimens will be sent to the identified laboratory within 24 hours of collection.
8. Provider will ensure they have a service authorization/referral form from DHS/DFCS, **prior to** providing any service.
9. Provider will ensure services are being provided as described on the service authorization. Provider will seek clarification from the case manager if clarity is needed and obtain a revised service authorization that clearly states the needs of the case manager and the services the provider should be providing.
10. Provider will adhere to all policies, protocols, processes as defined by DHS/DFCS State Office and the Co-Star Fiscal Manual.
11. Provider will summit a monthly invoice packet(s) by the **10th of each month** to the assigned **Regional/County Liaison**. The packet will consist of the following:

* Drug Screen Collection Only Invoice (one invoice per case/per month & dates of service must match the service authorizations)
* Service Authorizations
* Mileage Log (Must have a physical address for every origin (start point) and destination (end point)

1. Provider will ensure invoices sent back for correction are resubmitted to the regional/county contract liaison within five (5) business days of receipt of Invoice Error Checklist/Letter outlining invoice errors.
2. Provider will attend and participate in all mandatory meetings required by DHS/DFCS.
3. Provider will ensure all sub-contracted providers (individual or agency) meets the same agency & staff requirements as the contracted provider prior to any service provision (i.e. all required insurances, etc.).
4. Provider will follow up with the referring County Department, within 12 hours of receiving a referral to confirm receipt and communicate if Provider has accepted referral or rejected the referral and provide the reason for rejection.
5. Provider will notify DHS/DFCS in writing, within 24 hours if client is non-compliant with appointment or refuses to complete any drug screen test collections.
6. Provider will report any unsafe conditions to County Department within 12 hours of observation. Written communication must follow initial notification within 24 hours of observation. Provider should follow mandated reporter procedures for any signs of immediate danger to a child.
7. The Provider will report it to the Child Abuse Hotline as a mandated reporter if a child endangerment or safety/well-being issue arises.
8. Provider will have appropriate/adequate technology to communicate with State Office, County Department staff and other partners (i.e. computers, fax, phone, email, etc.)
9. Provider will notify their assigned State Office Contract Administrator in writing, within three (3) business days of any incident and/or improper service request and within 45 days of late/non-payment from county DFCS office.
10. Provider will comply with DHS/DFCS’s right to assign this agreement to any entity acquiring all or substantially all of the duties, rights or obligations, and payments of DHS/DFCS for related work.
11. Provider will ensure documented mileage only, at the official state approved mileage rate to support the delivery of services. Mileage may be billed from staff person’s residence, official agency address, or current location, whichever is nearer to the destination point. This will also apply to service providers who are asked by the county DFCS Office to travel outside of the referring county to provide services to a family in another county.

**DFCS will:**

1. Provide a correct and fully completed service authorization/referral form to the contractor prior to the expectation that any service(s) is to be completed.
2. Provide a copy of the Co-Star Fiscal Manual, policy & programmatic requirements and forms as set forth by DHS/DFCS policies and procedures and the State of Georgia.
3. Provide to contractor at least forty-eight (48) hours advance notice for meetings.
4. Notify contractor within five (5) business days when quality of work is unsatisfactory, or a non-compliance issue is reported to the State Office DFCS Contract Administration Unit. DHS/DFCS shall allow provider to respond to allegations in writing prior to an administrative decision to either enter into a performance improvement plan, suspend or terminate their contract.
5. Accept submission of correct and fully completed invoice packets, as described in PARA#303 no later than the 10th of each month.
6. County Contract Liaison will notify provider of errors and corrections to be made within ten (10) business days of receipt of invoice.
7. County Contract Liaison will submit invoices to Regional Accounting, no later than ten (10) business days, after receipt of a corrected invoice.
8. Regional Accounting will process payments within thirty (30) business days upon receipt and full approval of the invoice packet by regional accounting department.
9. Assigned Contract Administrator will ensure contact with contractor following any reported unsafe condition(s) within 72 hours of the reported event(s).
10. Assigned Contract Administrator will conduct quality assurance, by monitoring/meeting with the contractor on a quarterly basis or as requested, to resolve any identified issues by the contractor or DHS/DFCS.
11. DFCS County Offices will notify the assigned State Office Contract Administrator regarding contractor issues within 24 hours of identified issues.
12. Conduct an annual audit of all contractual requirements and complete a report that summarizes performance compliance, strengths and areas of concerns.

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**Supplier Signature**

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**Date**