**Provider will:**

1. Provider will ensure they have a referral/service authorization form from DHS/DFCS, **prior to** providing any service.
2. 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.
3. Work in unison and cooperatively with child welfare, law enforcement, courts, behavioral health, community groups and churches as a responsible member and link in the social services network. Provide services in a manner which honors and respects culturally different views, beliefs, attitudes, values and systems in which families raise their children.
4. Provider will adhere to all policies, protocols, processes as defined by DFCS Contract Administration Office and the Co-Star Fiscal Manual.
5. Provider will summit a monthly invoice packet(s) in accordance to the Co-Star fiscal manual rates, staff credentials and programmatic guidelines by the **10th of each month** to the assigned **Regional/County Contract Liaison**. The packet will consist of the following:

* Approved DHS/DFCS Invoice Tracking Log
* Program Invoice (one invoice per case/per month/per program (number of services & dates of service must match the service authorization)
* Service Authorizations
* Mileage Log (Must have a physical address for every origin (start point) and destination (end point) and specific purpose for each individual trip.
* Case Documentation (case/progress notes-one required per day of service) for all bill services per case that verifies billed services.

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.
2. Provider will administer an approved DHS/DFCS client satisfaction survey to all clients after completion of service. Contractor should keep a copy of the satisfaction survey in client files.
3. Provider will attend and participate in all mandatory meetings required by DHS/DFCS.
4. Provider will ensure and verify all professional/para-professional full/part time staff have the required experience, education (Degree must be in Human Services), licensure, credentials and/or certifications, and pre-approved by DFCS Contract Administration staff prior to providing services under this contract, in accordance with programmatic requirements & Co-Star Fiscal Manual set forth by DHS/DFCS policies and procedures.
5. 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.).
6. Provider will ensure all full/part time paraprofessional, 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 to their assigned Contract Administrator along with all required agency/staff/sub-contractor documents:

* Resume
* Training Certificates/Certifications
* DHS OIG Background Clearance Letter
* Valid Driver’s License
* College Transcript – Not required for Non-Degreed or Licensed individual
* Professional License (Licensed Staff and/or Sub-contractors only)

1. Provider will follow up with the referring County Department via email or phone, within 48 hours of receiving a referral/service authorization, to confirm receipt and communicate if Provider has accepted referral/service authorization or rejected the referral/service authorization and provide the reason for rejection in writing.
2. Provider will notify DHS/DFCS in writing, within 24 hours if client is non-compliant with appointment or refuses any referred service provision.
3. Provider will report any unsafe conditions to County Department within 12 hours of observation. Unsafe conditions must be staffed with DFCS case manager and supervisor to determine appropriate course of action. Written communication must follow initial notification within 24 hours of observation. Contractor should follow mandated reporter procedures for any signs of immediate danger to a child.
4. Provider will notify the DFCS Contract Administration Director, their assigned Contract Administrator & the DFCS County Office within 24 hours of an incident (critical or not critical) via phone call or email. The provider will follow up by providing a written summary of the incident with 48 hours to the DFCS Contract Administration Director, their assigned Contract Administrator & the DFCS County Director, case manager and case manager supervisor.
5. Provider will have appropriate/adequate technology to communicate with State Office, County Department staff and other partners (i.e. computers, fax, phone, email, etc.)
6. Provider will provide closing/termination summary to their case manager within ten (10) business days of discharge from services documenting the following:

* The number of services completed
* The number of completed visits
* Identified family strengths and needs
* Treatment goals
* Summary of activity and family progress toward goal completion and any maltreatment or placement issues.

1. Provider will notify their assigned State Office Contract Administrator in writing, within three (3) business days of any improper service request.
2. Provider will utilize the Outstanding Invoice Spreadsheet Protocol for all late/non-payment issues:

* The provider must make 3 attempts to resolve any payment issues with the county contract liaison prior to the 45th business day.
* Check System & Methods Incorporated (SMI) to verify if payment was made.
* If payment has not been made on or after the 45th business day from last invoice submittal the provider will send the Outstanding Invoice Spreadsheet assigned State Office Contract Administrator.

1. Provider will comply with DHS/DFCS’s right to assign this agreement to any entity acquiring all or substantially all the duties, rights or obligations, and payments of DHS/DFCS for related work.
2. Provider will ensure documented mileage only, at the official state approved mileage rate to support the delivery of services. Mileage and the hourly rate for Transportation Services may be billed from staff person’s residence, or official business 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 support a child or family in another county.
3. The provider will report any child endangerment or safety/well-being issue to the Child Abuse Hotline as a mandated reporter.
4. Provider will accommodate family schedules, i.e. providing services during the afternoon, evening and/or weekend.
5. Ensure that all **services** are delivered consistent with the frequency outlined in the referral/service authorization and performed by qualified staff as outlined in the Co-Star manual.
6. Ensure that all Therapeutic **Counseling & Crisis Intervention Services** are delivered consistent with the frequency outlined in the referral/service authorization and performed by qualified staff as outlined in the Co-Star manual. If needed DFCS must approve extension of counseling services if over 90 days.
7. Provider will ensure all Family/Non-Family Assessments and Bonding/Attachment Assessments are completed within 25 business days from the date the service authorization is received. If the deadline cannot be met the provider must notify DHS/DFCS via email within 10 days from the due date of circumstances preventing timely completion and submit a case note when they submit their invoice packet explaining why they did not meet the deadline.
8. Provider will ensure all Family/Non-Family Assessments, Bonding-Attachment Assessments, Crisis Intervention, Family Therapy (Counseling) are completed by staff that possess the level of education, licensure if required and human services experience as outlined in the Co-Star Manual.

**DFCS will:**

1. Provide a correct and fully completed referral/service authorization form to the contractor prior to the any service(s) provision.
2. Provide a copy of the Co-Star Fiscal Manual, policy & programmatic requirements and forms as set forth by DHS/DFCS Contract Administration Office policies/procedures and the State of Georgia.
3. Provide contractor at least forty-eight (48) hours’ notice for mandatory meetings.
4. County offices will review, approve and process waiver requests in accordance to the Co-Star manual and with programmatic guidelines.
5. 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.
6. Accept submission of correct and fully completed invoice packets, as described in PARA#303 no later than the 10th of each month.
7. Notify contractor of errors and corrections to be made within ten (10) business days of receipt of invoice.
8. Submit invoices to Regional Accounting, no later than ten (10) business days, after receipt of corrected invoice.
9. Regional Accounting will process payments within thirty (30) calendar days upon receipt and full approval of the invoice packet.
10. Ensure contact with contractor following any reported unsafe condition(s) within 72 hours of the reported event(s).
11. Conduct quality assurance, by monitoring/meeting with the contractor on a quarterly basis, to resolve any identified issues by the contractor or DHS/DFCS.
12. DFCS County Offices will notify the assigned State Office Contract Administrator within 48 hours regarding contractor non-compliance issues assessment/action.
13. May conduct random audits of all contractual requirements and complete a report that summarizes performance compliance, strengths and areas of concerns.

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**Supplier’s Signature Date**