**Provider will:**

1. Provider will ensure they have a service authorization/referral 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 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 authorizations)
* Service Authorizations
* Mileage Log (Must have a physical address for every origin (start point) and destination (end point) & purpose of trip for each leg of the trip
* Original detailed receipts for all purchases that identifies the child’s name the purchases were made for.
* Case Documentation (staffing/progress notes) for all bill services per case/per day verifying 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 outlining invoice errors.
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 the file of all clients. Contractor further agrees to submit to their assigned **State Office Contract Administrator** a summary of results/feedback and original surveys by the 15th of each month.
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 and all required agency/staff/sub-contracted documents, resumes, certificates, diploma, degree and/or license to their assigned State Office Contract Administrator.
7. Provider will follow up with the referring County Department, within 48 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.
8. Provider will notify DHS/DFCS in writing, within 24 hours if client is non-compliant with appointment or refuses any referred service provision.
9. 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. Copies of the notifications must be included with the monthly programmatic report by the 15th of each month. Contractor should follow mandated reporter procedures for any signs of immediate danger to a child.
10. Provider will have appropriate/adequate technology to communicate with State Office, County Department staff and other partners (i.e. computers, fax, phone, email, etc.)
11. Provider will provide closing/termination summary to their assigned regional/county contract liaison 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 incident and/or 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 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 to their 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. Each leg of a trip must have a purpose of trip listed.
3. The provider will report it to the Child Abuse Hotline as a mandated reporter if a child endangerment or safety/well-being issue arises
4. Provider will accommodate family schedules, i.e. providing services during the afternoon, evening and/or weekend.
5. Provider will ensure that staff and/or sub-contracted is available for Court Appearance and/or Testimony when subpoenaed. Contractor will maintain a record of the time spent in court (not on call) for any testimony.

**DFCS will:**

1. Provide a correct and fully completed service authorization/referral 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. Review, approve and process waiver request/extensions in accordance with programmatic timelines
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 regarding contractor issues related to critical/irresolvable contractor issues for 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**