

CUYAHOGA COUNTY
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CONTRACT FOR FOSTER CARE, RESIDENTIAL CARE,
EMERGENCY SHELTER AND GROUP HOMES

THIS CONTRACT is effective this 1st day of October 2011, and is by and between Cuyahoga County, Ohio on behalf of its Cuyahoga County Department of Job and Family Services which may be identified as the Department of Children and Family Services, a governmental agency, or other Cuyahoga County agency or entity (hereinafter referred to as "CFS") and a provider of services, which may include foster care, residential care, emergency shelter, independent living, and/or group homes (hereinafter referred to as the "Provider") identified as:

BHC Belmont Pines Hospital, Inc
615 Churchill-Hubbard Rd.
Youngstown, OH 44505

WITNESSETH

WHEREAS, CFS is charged under Ohio Revised Code Chapter 5153 with the responsibility of the administration of child welfare, subject to the rules and standards of the Ohio Department of Jobs and Family Services (ODJFS); and

WHEREAS, CFS is charged under Ohio Revised Code Chapter 5153 with entering into contracts, within or outside the county or state, to provide care which the Department determines is in the best interest of any child determined to be in need of public care service; and

WHEREAS, the Provider is engaged in furnishing placement services to children, who are in the custody of and/or the responsibility of the Cuyahoga County Department of Children and Family Services;

WHEREAS, the parties to this contract understand the importance of the Adoption and Safe Families Act (ASFA), codified at 42 U.S.C. 1305, et seq., and the parties desire to satisfy the outcomes developed by the federal and state agencies responsible for implementation of ASFA.

WHEREAS, the parties to this contract understand the importance of the Family to Family concepts, as advocated by the Casey Foundation and agree to support the implementation of the Family to Family concepts.

WHEREAS, the Provider supports the provision of culturally appropriate services

WHEREAS, CFS wishes to purchase such services, which are identified in Attachment A to this contract from the Provider.

NOW, THEREFORE, in consideration of the mutual undertakings and agreements hereinafter set forth, CFS and the Provider agree as follows:

1. PURCHASE OF SERVICES

A. Subject to the terms and conditions set forth in this Contract, the Provider agrees to furnish, and the CFS agrees to purchase those services as delineated in Section 5 & Attachment A, for children who are referred and authorized by Cuyahoga County Department of Children and Family Services or other Cuyahoga County agency or entity in the manner set forth in Section 8 "Referral Procedure." Services which have not been included in this Contract shall be separately purchased if approved by CFS. Provider agrees to provide placement and related services for children in the care and custody of the PCSA consistent with current state and federal laws, federal and state regulations, and the PCSA's policies and procedures, in effect prior to the date of this contract, October 1, 2011.

B. The Individualized Child Care Assessment (ICCA) and amendments to the ICCA and/or other appropriate documents will be utilized in the placement process. The ICCA will be issued as a CFS form.

C. When the Provider accepts a placement, the provider will fax the CFS acceptance form to the Placement Department.

D. CFS Placement Department will provide a written document confirming the placement and confirming the per diem. The parties will consider this document as an Amendment to the ICCA.

2. TERMS & CONTRACT PERIOD

A. Contract Period

This Contract will be effective for the nine (9) month period from October 1, 2011 through June 30, 2012, both inclusive, unless otherwise terminated, at an amount not to exceed the following amount which shall be identified as the "Maximum Dollar Amount", based on the current per diem for each service provided.

The Maximum Dollar Amount is \$419,697.00.

B. Other Terms

1. Nothing in this Contract shall be construed as a guarantee by CFS that CFS will make referrals to the Provider, at all or at a level that would result in the Provider earning the Maximum Dollar Amount. CFS will pay Provider for,

and Provider shall be entitled to receive payment for, services actually purchased by CFS. The amount of such payments will be determined according to the rates for such services as set forth herein.

2. Both parties agree that the dollar amount of the Contract may be amended during the contract period. Any Amendment of the contract requires approval from the Cuyahoga County Executive and/or Council. Such amendment may take place for any reason, including, but not limited to, an underutilization of contract services by CFS, an over utilization of contract services by CFS, an increase or decrease in the Title IV-E rate, or an increase or decrease in funds available to CFS.

3. In the event that the Provider anticipates that it will render services hereunder to CFS placed children during the period beginning on the first day of the term hereof and ending before the expiration of the term hereof that will result in aggregate billings to CFS in an amount equal to at least 80% of the Maximum Dollar Amount of the Contract, the Provider will be entitled to request an amendment to the Maximum Dollar Amount of the Contract. The parties will begin negotiating such an amendment within two weeks after such request is received by CFS. If the parties are unable to agree, for any reason, upon such an amendment prior to the day on which the Provider has rendered services hereunder to CFS placed children that will result in aggregate billings to CFS in an amount equal to 100% of the Maximum Dollar Amount under the Contract CFS will continue to pay the Provider for services rendered hereunder at the rate set forth in the Contract with respect to services rendered hereunder at the case rate set forth in the Contract with respect to services furnished to children placed with the Provider by CFS before the Run-Out Date and children placed with the Provider by CFS on or after the Run-Out Date. However, any duty or obligation for payment in excess of the maximum dollar amount of the contract must be specifically approved by a resolution of Cuyahoga County, at a public meeting, following a public vote.

4. Adjustment to contract Amount: CFS reserves the right to unilaterally adjust and amend the maximum contract amount should it determine that the Maximum Dollar Amount will not be expended during the contract period based on CFS' quarterly projections. CFS will give notice of 21 days to the Providers affected advising of the proposed amendment before seeking a Cuyahoga County resolution. The purpose of the 21 day notice is to give the parties affected a period of time to discuss the proposed adjustment or amendment.

5. Waiver: The Provider expressly waives its signature and approval of the contract amendment submitted to Cuyahoga County permitting the adjustment/amendment, based on the information provided in the 21 day notice referenced in section 4.

6. The total contract amount specified in Section 2 above is the maximum liability of CFS for services under this contract, provided that this amount is appropriated and certified as available.

3. MUTUALITY AND RECIPROCITY

In exchange for the per diem(s) to be paid for services rendered, the Provider is responsible for each of its obligations under this Contract. The Provider shall not be held responsible for noncompliance with the Contract terms where an authorized agent has waived compliance. To assist the Provider in determining who is an authorized agent it shall be the responsibility of the CFS to publish and disseminate a list of all designated parties who are authorized to give consent for all areas stated in this Contract.

In situations where compliance has not been waived and the Provider believes that the CFS has made compliance impracticable or impossible, the Provider shall provide a written notification to CFS within 72 hours of the incident. The notification shall include a statement of the incident which outlines the conduct believed to have made compliance impracticable or impossible. The CFS Deputy Director of Resources and Placement or designee shall review the written statement to determine whether compliance was impracticable or impossible, as well as to determine the required remedy no later than 10 working days from the date of issuance of the notice of dispute to all other parties.

4. COOPERATION AND NON-INTERFERENCE

A CFS and Provider agree to refrain from interfering in each other's administrative, programmatic, personnel, or operational functions. CFS and Provider further agree to cooperate in order to improve service quality and cost effectiveness. Any changes, programmatic or in service requirements that vary from those in effect on the date of this Contract will be negotiated in good faith. The notion of good faith negotiating shall include the joint consideration of the impact to child(ren), Provider, and CFS.

B. CFS POLICY STATEMENTS

1 CFS policy statements relevant to the Provider and are to be shared, in written form, with the Provider

2. Training will be provided on new/amended policies based on mutual agreement of need by CFS and the Provider.

3. If the Provider materially alters, adds, omits or otherwise changes its way of providing services hereunder during the time period covered by this Contract, the Provider shall furnish written notification to CFS not less than 60 days prior to implementation.

5. COST AND DELIVERY OF PURCHASED SERVICES

A. FISCAL RULES

1. Providers agrees to follow the fiscal accountability rules which include, but are not limited to OAC Chapter 5101:2-47 and ODJFS interpretations now in effect and which may be issued during the life of this contract. The intent of this contract is to comply with the fiscal accountability rules and ODJFS interpretation. If any portion of this contract conflicts with the fiscal accountability rules and ODJFS interpretation, then those rules supersede that portion of this contract.

2. Providers must complete an invoice that includes all services provided under contract. A new contract or amendment is required to add a new service or to adjust a per diem. The IV-E facility identification number must be completed when submitting an initial contract or amendment involving an additional service.

3. Providers must complete an invoice or other appropriate documentation for each child who is being provided a service at a rate different than the per diem listed in a contract. This rate difference or add-on might be an increase or decrease in the per diem listed in the contract. The Provider's invoice must match the agreed upon rate.

4. Subject to the limitations specified in this Contract, the Department shall pay the Provider at the appropriate listed rate for each day that a child, duly placed by the Placement Unit or authorized agent (Hotline, after hours) receives one of the following services, or services approved per section 1 A. of this contract.: The services which will be contracted for and the per diems, as well as certain breaks outs of costs, are listed in Attachment A, entitled 'Service Listing' which shall be considered part of this contract.

5. Payment for service will be made for dates of admission, readmission, and return (i.e., return from AWOL status) to the Provider. Payments will not be made for dates of discharges, transfer or departure (i.e., departure due to runaway/AWOL status) from the Provider, unless a different arrangement has been approved by the Deputy Director of Resources & Placement or his/her designee.

6. Payment for the services to non-medicaid eligible children shall be authorized only upon prior approval by the Deputy Director of Resources or his/her designee.

7. Reimbursement

CFS is reimbursed by separate formula for the administration and maintenance portions of the per diem paid to providers.

Providers shall report the Administrative and Maintenance portions of the per diem rate per ODJFS guidelines.

B. LEVELS OF CARE

1. CFS has utilized its placement tool to identify six (6) levels of care. Level 1 is considered basic foster care provided at a family foster home. Level 2 is considered a Treatment Foster Home and shall be identified as Treatment Foster Care level.

2. If a provider has an appropriate program, then the third or fourth levels will be considered Treatment Foster Homes and identified as Treatment Foster Home Levels 3 & 4. Levels 5 & 6 are considered Residential placements.

3. The definitions contained in OAC 5101:2-1-01 and/or 5101:2-1-01 1, which may also be included in section 27, entitled Definitions, shall be applied to the types of foster care or residential treatment referenced in this contract.

4. CFS may review the current level of a youth in care at intervals determined by CFS. Provider agrees to assist with the provision of information necessary for the completion of the placement tool.

C. FOSTER PARENT PAYMENT

The Provider certifies to the CFS that payments to foster care providers for each service will be an amount consistent with the rates reported to ODJFS. The Provider agrees to notify the Deputy Director of Resources and Placement in writing should the payment to foster care providers change. All information received relative to foster parent payments shall be used to claim Title IV-E reimbursement for the CFS.

D. EDUCATION COST (Out-Of-State Residential Facilities, Only)

The Provider of residential services located outside of Ohio will provide a break out for educational cost. This will constitute the daily cost expended by the Provider for the education of CFS children placed under this Contract.

E. CREDITS AND THIRD PARTY PAYMENTS

1. The Provider is required to seek payment from any third party payor for services rendered which may be covered by such third party. These services include, but are not limited to, mental health, dental and medical services. If a third party payor could or should have paid for the services, then it is the sole

responsibility of the Provider to arrange for such payment. To assist the Provider, the Department will apply for a medicaid number, as may be required to secure a source of payment for services, such as medical, dental or mental health, which may be, or should be, covered by other third parties, as soon as practical. Services eligible for payment from alternative sources, such as, but not limited to, the third party payors, such as the medicaid program or any other Mental Health Board program, may not be billed to the Department, without prior authorization from the Deputy Director of Resources and Placement or his designee. The Department will consider invoices for services when the county ward is determined not to be eligible for payment from other programs for reasons, including for example, exceeding financial eligibility requirements.

In situations where the Provider does not possess a medicaid number or other information required to bill a third party payor for services provided to the child(ren), the Provider must take the actions herein described. First, the Provider must contact the various telephone services available, such as the Medicaid Hotline (216-432-3389) or the ODJFS. If the situation cannot be resolved, then the Provider must take the following actions. The failure to take the action described herein results in the waiver of claims for payment of these services from the Department. The Provider is responsible for notifying the Department, within ninety (90) days from the date of placement, that the Provider does not possess the medicaid number or any other information required to seek reimbursement from other programs which could pay for services provided beyond those contemplated within the per diem.

The notification must be in writing and include as much of the following information, as possible: the child's name, including all names the child may have been known by (to the extent known by the Provider), date of placement, social security number, date of birth, person number and date of service. The notification must be sent by facsimile transmission to the Department's Business Services Manager (216) 432-3386. The Department may require a specific form be used for these purposes. The notice must be received by facsimile transmission within the 90 day period referenced above. A Provider who fails to notify the Department within the prescribed time period or within the time frames listed in this paragraph will be deemed to have waived any and all claims for payments for such otherwise reimbursable costs from the Department. Upon receipt, the Department will review the information and seek to assist in resolving the medicaid number or other such issue. The Provider shall, after receiving information from the Department, file the claim within 5 business days of receipt of the information from the Department, or within the applicable time period, whichever time period is greater.

In all cases, the Provider shall seek reimbursement (whether an initial or subsequent request) from a third party payor within the applicable time period. The provider shall file a claim within the applicable time period for all services

for which payment may be had from alternative sources with the information it has in its possession. The Provider shall resubmit the claim, within the applicable time period as may be required. The failure to file an initial or resubmitted claim within the applicable time period is a waiver of any claim for reimbursement from the Department

The CFS shall retain the right to recoup funds upon the final determination that third party funds are duplicates (in the aggregate) of the CFS payment(s) to the Provider or in the event of failure by the Provider to properly credit any and all such third party payments. Such recoupment action may include the withholding from subsequent reimbursement an amount equal to any uncredited or duplicate third party payments. The mechanism for such determination is set forth in Section 20.

2. CFS shall be the payee for any child who is receiving Supplemental Security Income (SSI). The Provider will notify the CFS' Business Services' Manager if a child placed with the Provider is in receipt of or becomes aware of child becoming eligible for SSI any time during placement.

F. ABSENCES

1. Vacations: The Department shall continue payment to the Provider, at the per diem rates specified in Section 5, for vacations approved by the worker of record (WOR) and the Senior Manager for Contracted Placement. Vacation requests may be denied if an acceptable plan cannot be established.

2. Hospitalization/Stabilization: The Department shall make payment to the Provider, at the per diem rate specified in Section 5, during the first fourteen days of a child's hospitalization or stabilization, if the Provider continues to provide social services to the child, and the child is returned to the Provider's care immediately upon discharge from the hospital or stabilization.

Partial reimbursement rates will be contracted for and the per diems, as well as certain breaks out of costs, are set 50% of the per diem rate, unless agreed to by CCDCFS and are available for a child hospitalized longer than fourteen days, if the Provider notifies the Department's Senior Manager for Contracted Placement or his/her designee in writing regarding the hospitalization or stabilization and requests continued payment. The Provider shall no longer invoice or bill unless the hospital or stabilization stay beyond fourteen days has been approved by the Deputy Director of Resources and Placement or his/her designee in writing.

3. Visits: CFS shall continue payment to the Provider, at the per diem rate as specified in Section 5, for as many short term and home visits as are deemed to be necessary, feasible, and authorized by the CFS.

4. Detention home admissions: The Department may, in its discretion, continue payment for a length of time deemed appropriate, but in no situation can such time period exceed fourteen (14) days. The Provider must continue to provide social services to the child, and the child must be returned to the Provider's care immediately upon discharge. Additional payment is available for longer absences upon the mutual agreement of the parties and upon the final written approval from either the Senior Manager for Contracted Placement or the Deputy Director of Resources and Placement.

5. Runaways and AWOLS: The Department may, in its discretion, continue payment for a length of time deemed appropriate, but in no situation can such time period exceed fourteen (14) days of an absence which is not the result of a Provider or Department decision (i.e., runaway or AWOL periods) as long as the Provider notifies the WOR and Contract Placement Resource Manager (CPRM) (Hotline after hours and weekends) immediately and within no more than three hours of the child's absence or failure to return that continues for at least eight hours. The three hours shall be measured from the time the Provider obtains knowledge of the absence or failure to return of the child that continues for at least eight hours.

The Provider may request that the placement be "held" during the time period the youth is AWOL or in runaway status. The following does not impact the provider's obligation to contact CFS's Hotline at (216) 696-KIDS regarding the situation. As to holding the placement, the provider shall e-mail the request to a select group of the staff at CFS, which shall include the Senior Manager for Contracted Placement, The Deputy Director of Resources and Placement, the Supervisor for Contracted Placement, the Contracted Placement Resource Manager and Worker of Record, with a brief description of the situation and identifying information of the youth. The provider should specify a timeframe for the request, based upon the situation. By requesting to hold the placement open, provider warrants that the youth may return to the placement immediately upon return to care, with an expectation that the youth will remain in the placement which was held open. Provider agrees that it will not request that a placement be held if it reasonably believes that the youth will be placed in a respite home or that it will provide a request for the disruption of the placement. If provider fails to request the placement be held "open", then the provider will not receive payment for the time the youth is AWOL or a runaway.

If the provider does not receive a response from CFS by the third business day following the e-mail request, then provider is to cease holding the placement. Provider may follow up with CFS to clarify issues as to holding a placement open. However, absent specific authorization the placement may not be held more than three business days following the date of request.

Additional payment is available for longer absences upon the mutual agreement of the parties and upon the final written approval from either the Senior Manager for Contracted Placement or the Deputy Director of Resources and Placement.

Upon cessation of payment by the Department, the Provider shall take all necessary steps to ensure the prompt and smooth transfer of the child and the child's records. The Provider shall not be held responsible for the child during the child's absence; however, if the child returns and the Provider accepts the child back into the program, the Provider shall again be responsible for such child.

The Provider may petition the Department, to extend the payment period beyond the 14 days. During this extension period, the Provider shall readmit the child immediately upon his/her return. If the Department has terminated placement or payment, the Provider is no longer responsible for the child, the Provider shall ensure the prompt delivery of all records to the Department.

G TRANSPORTATION (All services)

The Department shall be responsible for travel costs incurred at the time of placement, discharge and the vacation periods specified in Section 5 hereof. The Provider shall be responsible for the costs of travel for family visits provided for in the case plan that occur within Cuyahoga County and contiguous counties at a mutually agreed upon Date and Time and Place for family visits. The place for the visits can include the CFS headquarters, CFS deployed sites, neighborhood centers and other such sites. The Department will reimburse Provider for costs incurred as the result of increased family visits provided for in an amended case plan. The Provider will be reimbursed for costs incurred for transportation for family visits outside Cuyahoga County or contiguous counties with the prior approval of the Senior Manager for Contracted Placement. All reimbursement to Provider shall be at the same mileage rate that is paid to CFS employees for ground travel.

The Provider shall not make commercial inter city travel arrangements, and will not be reimbursed for, travel costs incurred on behalf of children placed pursuant to this Contract, unless such arrangements have been prior authorized by the Department's Senior Manager for Contracted Placement, in writing.

H CLOTHING (Residential, Foster Care only)

1. PLACEMENT: The Department shall ensure that all children have and/or receive adequate clothing when they are initially placed. At a minimum, clothing for the child shall constitute seven days of clothing and undergarments, including shoes, boots, and a coat as appropriate to the season. Upon placement, the worker of record shall complete a Clothing Request & Clothing Inventory/Assessment Form documenting the needs of the child at placement. If,

upon placement or thereafter, the Provider should discover that the child's clothing needs have not been adequately addressed by the Department, the Provider must, within thirty days of placement, request of the CFS worker of record, in writing, the amount and type of clothing needed, so that additional arrangements can be made. Additional arrangements are contingent on the understanding that such a request meets the criteria as outlined in Sections 5H1a through 5H1h below. If such a request is not received, the child's needs will be considered met and the Provider shall become responsible for the purchase of any additional items of clothing which become necessary. The Provider, through the per diem payment is expected to provide for and maintain an ongoing supply of appropriate and adequate clothing for each child in their care. Special consideration will be given for the following:

- a. Clothing destroyed/stolen: The Department will be responsible for replacement of lost, destroyed or stolen clothing as long as the loss was not through the fault or acts of the foster parents or the provider. For Example, the foster parents' disposal of the child's clothing prior to a move would not trigger the Department's obligations to replace clothing. In such situations, the costs would be charged to the Provider whose foster parents disposed of the clothing. The Department reserves the right to require documentation of the loss from the Provider. The Department also reserves the right to deny replacement of items if the documentation is not sufficient.
- b. AWOL: If a child goes AWOL the Provider is responsible for securing the child's clothing for fourteen (14) days. The Department case worker of record will then be responsible for obtaining the clothing from the Provider.
- c. Natural Disaster/ Fire: Clothing lost as a result of fire will be replaced by the Department up to the deductible or \$250.00, whichever is less. Insurance coverage should be determined by the caregiver before the worker of record submits a clothing request.
- d. Uniforms: School or technical uniforms for children in placement are allowable once per year up to \$175.00 if the child is enrolled in a school district that requires uniforms. Uniforms for extracurricular activities are allowable once per year up to \$80.00.
- e. Graduation: Expenses are allowable for graduation, up to \$750.00. \$750.00 limit may be increased.
- f. Unusual growth spurts: Extreme height or weight gain or loss may justify a special order. The amount of the order will vary according to the age of the child.
- g. Pregnancy: A special order may be given for pregnancy, up to \$500.00.
- h. Other exceptional circumstances: Other requests may be considered, depending on the facts of the case.

2 The Department will issue a single clothing allowance per child. If a Provider or foster parent purchases clothing prior to receipt of the allowance, then such expenditures must be reimbursed through the clothing allowance funding. The Department will not reimburse for expenditures in excess of the clothing allowance permitted by the Department. It is incumbent upon the Provider and/or foster parents to properly budget the funding to ensure that the child has appropriate clothing.

3 DISCHARGE: The Department and the Provider agree that at the point of discharge, the Provider shall send with the child a minimum of seven (7) days worth of clothing. The Provider shall also provide any clothing purchased for the child during placement and which are appropriate at discharge. At a minimum, clothing for the child shall constitute seven days of clothing and undergarments, including shoes, boots, and a coat as appropriate to the season. On the date of discharge of the child, a CFS worker shall conduct an inventory for the child of all clothing sent with the child by the Provider. The Department reserves the right to assess a penalty of \$275.00 if the Provider fails without just cause to comply with this paragraph. The penalty will be deducted from future payments made to the Provider pursuant to the terms of this Contract but Provider shall be notified prior to the assessment of the penalty.

4 The Provider may request of the CFS worker of record the reason for the denial of the clothing order (i.e., clothing order issued within the last six months, clothing request not received within first sixty (60) days of placement) in order to ascertain if the request should receive special consideration as outlined in Section 5 (H) (1).

I. ADDITIONAL SERVICES REQUIRING PRIOR AUTHORIZATION

1 Level of Care Change - Provider shall seek prior written authorization from the Resource Manager of the Contracted Placement Resource Management Unit for any child specific level of care change in a contracted service per-diem as stipulated in Section 5. Upon receipt of such a request, the Resource Manager shall confer with the Supervisor of the Contracted Placement Resource Manager Unit who approves or denies any such request. The Contracted Placement Resource Manager shall send written approval or denial within five (5) to ten (10) working days of the receipt of the original request. The provider shall request review to the Senior Manager for Contracted Placement within ten (10) working days of receipt of the written approval or denial issued by the Resource Manager. Such request shall be reviewed by the Senior Manager for Contracted Placement and approval or denial shall be issued within ten (10) working days. The effective date of an approved level change is the date CCDCFS receives all documentation necessary for CCDCFS to determine the change in levels.

2 Additional Services/Per Diem Increase - The Provider shall seek prior written authorization from the Contracted Placement Resource Manager for payment of all other expenses not addressed herein. Upon receipt of such a request, the Contracted Placement Resource Manager shall confer with the Senior Manager of the Contracted Placement Department and approve or deny any such request. The Contracted Placement Resource Manager shall send in written approval or denial within ten (10) working days. Upon request, any denial shall be reviewed by the Deputy Director of Placement/Resources. The approval shall be time-limited and based on the need of the individual. Extension requests shall be submitted for review 30 days before the expiration date. The process of requesting an extension shall follow the initial request procedure. In an emergency situation, the Senior Manager for Contracted Placement may grant a verbal approval but such approval shall not relieve Provider from submitting a written request as required herein.

The Provider's request shall include, but not be limited to, the following information:

- a) the child's specific needs;
- b) the specific services that will be provided to meet these needs, costs and duration of need;
- c) a description of the additional services on the part of the caregiver (e.g., assumption of additional responsibilities, additional training, additional Provider support, etc.) to make this placement work both for the child and the foster family; and
- d) what outcomes are expected and how they will be measured and monitored.

3. The Department shall refuse to pay for any services that are not specified in this Contract for which the Provider failed to seek prior written authorization from the Department pursuant to the above procedures

J. INVOICING INSTRUCTIONS

1. Providers, in complying with requirements Ohio Administrative Code Section 5101:2-47-23 1, and other Ohio Administrative Code Sections relating to fiscal accountability procedures, must state that invoices are true, correct and accurate, to the best of their knowledge.

2. This statement appears on the last page of the Placement Service Contract Reimbursement Request form. On the Individual Placement Service Contract Reimbursement Request form, it is the last section of the form to be completed. The statement shall be composed for the following:

Statement by the Provider

I state that the above mentioned information is true, correct and accurate, to the best of my knowledge and that we have adequate and sufficient documentation to support the above mentioned claim and that the reimbursement claimed is based on per diems as negotiated.

3 The Provider shall, within 30 working days following the last day of each calendar month, submit an initial invoice to the Payment Processing Unit, indicating child's name, person number, date of birth, number of days services were rendered, per diem, amount requested and contract number. Invoicing shall be completed on the form provided by CFS or a form or format which contains elements as the one provided by CFS. Invoices should be submitted electronically or in triplicate to:

Department of Children and Family Services
Attention: Payment Processing Department
3955 Euclid Avenue - Room 347-E
Cleveland, Ohio 44115

4 Resubmission of denied bills or partially paid bill. The Provider may resubmit claims based upon billing statements denied in whole or part or if the statement contained an error. The resubmission must be in the form of a separate invoice and contain all the information required of an initial invoice. A resubmitted invoice should be identified as such, and be limited to the amount actually outstanding. The agency will review the resubmission and determine what, if any, amounts may be paid per the resubmission request. If the Provider is still not satisfied with the agency's response to the resubmission, then the Provider may use the Grievance Resolution Procedure of Paragraph 20 as its sole remedy. Resubmissions may not be made after the closure of the contract billing period in section 5.

5 Closure of the contract billing period. CFS must have a date certain to receive all billing statements for the contract period listed in "Contract Period" section of this contract. The county will not accept or process any initial invoices for the "Contract Period" identified in this contract received after 4:30 pm ninety (90) days following the end of the "Contract Period."

For example, if the "Contract Period" ends June 30, 2012, then the ninety (90) day period expires 4:30 pm on September 30, 2012. Billing statements received prior to the appropriate ninety (90) day time period will be processed per the contract guidelines. As long as the initial invoice is received prior to the 90 day closure, the invoice will be deemed timely and, if payment is denied or partially paid, no resubmission is required. The parties will continue to discuss disputed payment issues and the parties may invoke the grievance process to resolve such issues.

Invoices submitted after the 90 day period shall be deemed untimely and shall not be paid by CFS. CFS will reject and not consider such late invoices for payment.

K. PAYMENT

The Payment Processing Unit will review the Provider's invoice before making payment. CFS will use best efforts to review and make changes on the invoice received within the period specified above and be processed within fifteen (15) business days of receipt and submitted to the County Auditor's office for payment. Invoice charges are subject to adjustment by the Payment Processing Unit before payment is made, in order to correct for mathematical errors, incorrect rates, non covered services, etc. CFS shall provide Provider with an explanation for any adjustments to the invoice.

L. SIBLING RATE

The "sibling rate" is a special rate in situations where: (1) a provider accepts two (2) or more children from a sibling group; (2) the sibling group is placed in the same foster home; (3) at least one of the children is considered by CFS at level 2 or higher; and (4) other siblings are determined to be at level 1. The Provider will receive payment for the level 1 siblings at the treatment foster level 2 rate, reduced by 27.5%.

6. TITLE IV-E REIMBURSABLE SERVICES

A. The Provider agrees to comply with all applicable federal and state mandates necessary in establishing IV E reimbursability for all applicable service/programs. The Provider agrees to comply with applicable reporting time deadlines established by the Ohio Department of Jobs and Family Services (ODJFS) and understands that a failure to do so may result in recoupment of those funds actually lost to the Department as a result of a failure to comply with reporting deadlines. Such a recoupment can be from future payments, following the mechanism set forth in Section 20.

In the event the Provider exceeds the reporting time deadlines for the above mentioned requirements, the Provider, when compliance is achieved, will submit to the Department's Business Services' Manager the rate approval letter from the Ohio Department of Jobs and Family Services (ODJFS).

B. The Provider agrees to complete a separate ODJFS 2909 or 2910 report (as appropriate) for each service/program under contract with the Department.

C. If a IV-E audit results in an adverse finding against the Department due to Provider error, the following procedure shall be implemented:

1 The Provider shall be immediately notified of the audit findings and of the possibility that the Provider may be required to reimburse the Department.

2 The dispute resolution mechanism (Section 20 of this Contract) shall be used to determine whether the error was the result of acts "in good faith."

3 If it is determined that the error was a result of acts "in good faith," the Department shall, in conjunction with the Provider, actively participate in the defense of the Provider against the audit findings

4 If the Department and the Provider are unsuccessful in defending against the audit findings, the matter shall be resubmitted to the Dispute Resolution mechanism (Section 20 of this Contract) to determine whether and to what extent the Provider shall be required to reimburse the Department

7. PROCEDURES FOR SECURING MEDICAL AND MENTAL HEALTH SERVICES INCLUDING PSYCHOLOGICAL TESTING AND THERAPY

All provision of medical and mental health and other such services, such as dental services, must be in accordance with federal, state law, ODJFS rules and regulations, as well as CFS's policies and procedures, in effect prior to the date of this contract, October 1, 2011

A MEDICAL/HEALTH CARE SERVICES - Consent for Routine and Minor Office Care/ Treatment AP144

At the time of placement, CFS will furnish the Provider with five (5) copies of the Consent for Routine/Minor Office Health Care/Treatment - ap144a and the Medical Service Report (MSR).

1 With the permission of CFS via a current ap144a/MSR, the Provider is PRE-AUTHORIZED:

- a) within the Provider's Clinic, to directly deliver to the child any needed Routine and/or Minor Office Health Care/Treatment;
- b) outside the Provider's Clinic, to directly coordinate as a CFS Provider, the delivery of Routine and/or Minor Office Health Care/Treatment;
- c) make additional copies of the MSR as needed for reporting back to CFS a summary of the actual medical/health services delivered and status of care/treatment both within and outside of the Provider's Clinic, and;
- d) make additional copies of a current ap144a for internal use ONLY in delivering Routine and/or Minor Office Health Care/Treatment within the Provider's Clinic.

2 The Provider is RESPONSIBLE to assure that:

- a) the CFS child receives all Routine and/or Minor Office Comprehensive Health Care as defined by Ohio Administrative Code, including Healthcheck, a preventative health screening program;

- b) the delivery of all Routine and/or Minor Office Comprehensive Health Care to the CFS child is kept on file by the Provider including health/medical services provided outside of the Provider's Clinic;
- c) the delivery of all Routine and/or Minor Office Comprehensive Health Care to the CFS child is reported to the CFS Health Care Unit (HCU) by faxing or mailing a completed MSR within 24 hours or next business day of the health care/treatment including services provided within and outside of the Provider's Clinic;
- d) a current copy of the ap144a is maintained as part of the child's medical record at all times, and;
- e) current copies of the ap144a are made readily accessible to the Provider's entire network caregivers PRIOR to all Routine and/or Minor Office Comprehensive Health Care provided outside of the Provider's Clinic.

B MEDICAL/HEALTH CARE SERVICES - Consent for Non-Routine, Acute, Invasive and Surgical Care/Treatment including Medications - ap144b/MSR

CFS will furnish an ap144b to the Provider ONLY after verbal or written consent is requested and granted by a CFS designee authorized to approve the care/treatment

1 The Provider is NOT PERMITTED to deliver or authorize any health care or treatment services as indicated below without PRIOR WRITTEN OR VERBAL CONSENT of CFS.

- a) Non-Routine/Invasive/Surgical procedures done on an OUTPATIENT BASIS,
- b) Non-Routine/Invasive/Surgical procedures done on an INPATIENT BASIS,
- c) Non-Invasive and/or Diagnostic procedures done on an INPATIENT BASIS,
- d) Any procedures involving localized or general anesthetics done on an INPATIENT or OUTPATIENT BASIS,
- e) Medications including:
 - 1 Psychotropic and/or non-Psychotropic medications being prescribed for the purpose of altering mood or behavior,
 - 2 those prescribed to treat chronic and/or acute health care concerns,
 - 3 routine medications intended for long term use,
 - 4 those associated with the potential for severe side effects or health risks,
 - 5 any experimental and/or research medications,
 - 6 any medications not covered by Medicaid and costing more than \$50 00.
- f) HIV/AIDS testing or care except where protected by federal law,

- g) Sub-specialty referrals and procedures of a non-routine/acute care nature unless approval already has been given,
 - h) Extensive or costly dental or orthodontia procedures and,
 - i) Any URGENT (Non-Life Threatening) care or treatment exclusive of any EMERGENCY (Life-Threatening) care/treatment as deemed to be necessary by licensed medical opinion.
- 2 the Provider is RESPONSIBLE for:

- a) gathering information from the Medical Provider as requested to assist CFS in giving informed consent on non-routine/invasive/surgical procedures of a non-emergency nature;
- b) obtaining and submitting all required information for invasive/surgical/non-routine procedures to be done on an outpatient basis at least three (3) working days in advance, and;
- c) obtaining and submitting all required information for invasive/surgical/non-routine procedures to be done on an Inpatient basis at least five (5) working days in advance

C LIFE-THREATENING MEDICAL EMERGENCIES

In the event of a Life-Threatening Medical Emergency, the Provider is RESPONSIBLE to assure that the child is immediately transported to the nearest health care facility. The Provider, their network caregivers, or appropriate medical staff are to immediately contact the Health Care Unit (216) 431-4500 x2400 or the Hotline (216) 696-KIDS to review the nature of the emergency and to obtain verbal permission to treat. If the situation is life-threatening and due to the risk to the child, as deemed by licensed medical opinion, there is no opportunity to contact CFS for prior approval, the Provider or their designee are authorized to consent to Emergency Medical Treatment. In these cases, the Provider or their designee shall, at the earliest opportunity, contact CFS as noted above with the current information pertaining to the emergency situation involving the child

D CRITICAL MEDICAL REPORTS

Any and all Critical Medical Incidents as defined by Ohio Administrative Code must be reported to CFS. Critical Medical Incidents of a Life-Threatening Nature must be reported immediately to either the HEALTH CARE UNIT (216) 431-4500 x2400 or the HOTLINE (216) 696-KIDS

Critical Medical Incidents of a Non-Life Threatening Nature are to be reported preferably within the same day of the incident and in all cases, not later than 24 hours or next business day. Non-Life Threatening Critical Medical Incidents should be reported to the Health Care Unit via phone (216)431-4500 x 2400 or fax (216) 431-4109.

In all cases, a written Medical Critical Incident Report is to be faxed to the Health Care Unit (216)431-4109 preferably the same day but not later than 24 hours or next business day from the time of the incident. Either a MSR or the Provider's version of their Critical Incident Report is acceptable.

E. SPECIAL MEDICAL EQUIPMENT

Obtaining Special Medical Equipment ordered by a physician for a child in placement is the primary responsibility of the Provider. In those cases, where the child's special medical equipment is not covered by Medicaid, the Provider is to contact the Health Care Unit for authorization PRIOR to ordering the medical equipment. Please refer to Section 7 (F), MEDICAL/HEALTH SERVICES - Responsibility for Payment.

F. MEDICAL/HEALTH CARE SERVICES - Responsibility for Payment

The Provider will not be reimbursed for medical services rendered to a child if there is a collateral source for payment of the service, (i.e., the child's birth parent HMO coverage and/or responsibility; Title XX, Medicaid, Healthy Start, or CFS Agency Responsibility).

All out of pocket medical expenses must be pre-approved by the Health Care Unit. CFS will not reimburse Providers or their network caregivers for any out of pocket medical expenses that have not received pre-approval.

G. MENTAL HEALTH

All services that are mental health eligible, with the exception of psychiatric admits, shall be authorized by the Supportive Services Unit or via the intake packet provided by the Placement Unit.

H. Emergency Psychiatric Admissions

(See Pre-Admission Procedures for psychiatric hospitals)

These services supported by child's case plan, should be provided on an outpatient basis when not included in the Provider's Contract.

- a.) All services provided to a child must be authorized by the assigned social worker and included in the case plan.
- b.) All services that are Mental Health eligible, must be authorized by Supportive Services.
- c.) Medical - Health Care Unit

The Supportive Services Unit authorization must be given prior to the initiation of the service. The child's social worker requests the services from the Supportive Services Unit which, in turn, processes a referral to a provider for that service.

8. REFERRAL PROCEDURE

A. (ALL SERVICES) - The Department shall refer children to the Provider via its Placement Services and Hotline staff. Children will be placed in the least restrictive, most appropriate setting. CFS will determine the child's level of care by use of its assessment tool. Children will be placed in appropriately licensed settings.

B. Levels of Care Standards: The placement of children will be based upon CCDCFS's levels of care. The levels of care will be determined by application of CCDCFS's Assessment Tool. Attachment B to this contract establishes minimum expectations for support provided for each of the levels of care.

C. The Provider shall notify the Department's Placement Services Unit of the Provider's decision to accept a child for planned placement within 5 working days of receipt by the Provider from CFS of the referral and all relevant documents and information (such as CFS's Assessment Interview Tool, which is now part of the ICCA, a description of the child's history, etc.) or, if an emergency, immediately after receipt of the referral and such documents and information. The Provider agrees to notify the foster parent of the information given by CFS to ensure that all are informed of the child's needs and situations.

D. The Department will provide child information as stipulated in O.A.C. 5101:2-42-90 through the ICCA.

E. The Department reserves the right to determine the priority of placement of children who have been placed on a waiting list.

F. The presentation of a referral to the Provider by the Department does not imply priority or constitute an agreement by the Department to place and/or pay for services rendered.

G. No child accepted for placement by the Provider shall be placed until the Department's Placement Services or Hotline staff approves the placement date. No child shall be placed by CFS without prior approval of the Provider.

H. The Department will not be responsible for payment of services rendered to a child prior to the placement date approved by its Placement Services Unit, or the Hotline Staff (after hours only).

I. The department will not pay for the placement of a non-custody child placed with a Provider without a special authorization by the Placement Unit Senior Manager for Contracted Placement or Deputy Director for Resources and Placement.

J. The Provider will receive a complete referral admission package (Form C-1) for children placed during regular business hours (M-F/8:00 A.M. to 10:00 P.M.). The Provider will receive information and medical triage for children placed after hours by the 696-KIDS Hotline. The complete referral admission

package, including the ICCA, will be furnished to the Provider by the placement department within ten (10) business days

K. CFS reserves the right to suspend referral of children to the Provider during the contract period at any time CFS has reasonable cause to believe that such referral would cause CFS to violate any provision of the Ohio Revised Code, Ohio Administrative Code or other applicable state or federal law or that such referral would place a child in risk of harm or be contrary to the best interests of the child. A suspension of referrals imposed pursuant to this paragraph shall be subject to the Dispute Resolution Mechanism set forth in Section 20 of this Contract.

L. CFS will furnish Provider with an ICCA for each child referred. The Provider shall furnish a copy of the ICCA, which includes the Assessment Interview Tool, to a foster parent for each child placed with the foster parent. Provider shall obtain from the foster parent a signed acknowledgment that they have received a copy of the Assessment Interview from the Provider. Any time the child is moved the Provider shall furnish the new placement with a copy of the ICCA and obtain a signed acknowledgment from the placement that they have received a copy of the ICCA. Provider shall retain a copy of all signed acknowledgments and provide a copy to the CFS Placement Unit.

9. PROGRAMMATIC REPORTING REQUIREMENTS

A. TREATMENT PLAN: The Provider agrees to submit the Placement Treatment Plan, when applicable, within 45 days after placement, to the child's worker of record and the Department's resource manager.

B. QUARTERLY REPORTING: The Provider shall submit by mail or e-mail, to the Department, a quarterly progress report for each child placed pursuant to this Contract. This report will be submitted, once every three months from the date of the initial treatment plan, to the child's CFS worker of record and the CFS resource manager. Each report should meet the specifications of the quarterly reporting format. The quarterly report shall include the child's grades from the most recent reporting period as well as school attendance at a minimum. A copy of the report card and other such documentation is also acceptable.

C. NOTICE OF PROVIDER CASE CONFERENCE MEETINGS: The Provider agrees to notify the child's CFS worker of record and the CFS Resource Manager of Provider Case Conferences, to be held at its agency, at least seven working days prior to the case conference. Attendance by the CFS worker of record and/or supervisor, provider case manager, and/or representative shall be required at the staffing. All other parties involved shall be encouraged to attend.

D. CHANGE OF ADDRESS OF FOSTER FAMILY: The Provider agrees to notify the child's worker of record and resource manager as to a foster family's change of address two weeks prior to the planned move. In those circumstances where the foster family fails to inform the Provider of the move in a timely manner, the Provider agrees to notify the child's worker of record and resource manager within three working days after receiving notification of the move.

E. The Provider shall immediately report any of the following information of which it is aware to the CFS Hotline:

- 1 a CFS placed child found to have contracted any serious illness or injury;
- 2 a CFS placed child involved in delinquent activity;
- 3 a CFS placed child who runs away or otherwise absents himself/herself from the Provider's care for more than eight hours. Notice shall be given within three hours of the time Provider obtains knowledge of such incident.
- 4 any information required to be reported by O.R.C. 2151.421;
- 5 any abusive or neglectful act to a CFS placed child and not previously known to CFS;
- 6 any injury, disability or condition that indicates a CFS placed child has been abused or neglected while in the care of the Provider;
- 7 any violation of a rule that the a foster home would be required to report to the Ohio Department of Jobs and Family Services pursuant to the requirements of the Ohio Administrative Code;
- 8 any incident in which a CFS placed child has been present in a home in which another child has committed an act that would require a report to the Ohio Department of Jobs and Family Services, local PCSA, law, enforcement authority or other licensing authority even though such child was not a victim or participant in the act;
- 9 the death or life threatening illness of any CFS placed child

F. Case Plan: Provider is responsible and expected to participate in development of the case plan. CFS is responsible and expected to participate in the development of the child's treatment or service plan.

10. CHILD MOVEMENT

A. No child placed pursuant to this Contract shall have his or her placement residence changed, without prior approval of Placement Services staff/Hotline (after hours)

B. Definition of Placement: A child's "placement residence" is defined as the child's congregate care placement, independent living placement, or licensed foster placement.

C. *PROCEDURE FOR MOVEMENT*

1 Prior to any child being moved, Provider or CFS worker of record shall request and CFS shall hold a placement preservation staff meeting at which a plan will be established. The child shall be moved only after this plan is established and consensus reached, and only in accordance with this plan, unless there is deemed to be an emergency.

2 In the event that at the staffing, no consensus is reached as to whether the child needs to be moved and/or needs additional services, the Provider shall:

- a) Contact the Senior Supervisor of Placement or his/her designee to request a hearing;
- b) If there is no satisfactory outcome, the Provider shall implement the Dispute Resolution Procedure outlined in this Contract in Section 20.

3 Emergencies: If there is deemed to be an emergency, a staffing shall be initiated according to the following procedures:

- a) During business hours: If there is deemed to be an emergency during business hours, the Provider shall call the CFS Worker of Record and Placement Services staff for approval of an emergency movement and to schedule a staffing. A staffing under these circumstances will occur within twenty-four (24) hours or the next business day.
- b) During non-business hours: If there is deemed to be an emergency during non-business hours, Provider shall call the 696-KIDS HOTLINE and request the CFS Worker of Record's and the Hotline's staff approval for the emergency movement and to schedule a staffing. The HOTLINE shall furnish an answer to the Provider within five (5) hours of Provider's initial call. The CFS Worker of Record will arrange for a staffing within twenty four (24) or the next business day and the staffing shall occur within this time frame.
- c) If there is a disagreement between the Department and the Provider in regard to the emergency removal from the child's current placement residence, and all designated CFS administrative levels concur as to the non-removal decision, the Provider may proceed to contact its executive director or designee for the purpose of contacting the CFS Executive Director or designee.
- d) If Section 10 (C) (3) (a), (b), or (c) does not result in a satisfactory outcome, the Provider shall implement the Dispute Resolution Procedure outlined in this Contract in Section 20.

D. RESPITE CARE

1 Planned Respite shall be defined as any use of an approved alternate caregiver as documented in a child's case plan or Department-Substitute Caregiver agreement. The Respite caregiver shall be described by name and identified in any of those agreements. The WOR shall be notified and approve the respite. At no time may respite care exceed a consecutive 14 day time period.

Any respite care, in excess of 8 hours, shall be only with an approved respite care provider as defined in OAC 5101: 2-5-13(A)(11) and section D 2. of this contract.

unless another person is specifically approved, in writing, by the CFS Senior Supervisor for Placement

2 The Provider's approval process shall include, at a minimum, the following:

- a) Background check as defined in the Ohio Revised Code and the Ohio Administrative Code.
- b) References, and
- c) Safety audit if the child is to be cared for out of home. Reference O.A.C. 5101:2-7-12.

3 Any emergency respite shall require the initiation of a placement preservation staffing. The CFS caseworker shall initiate the staffing. Emergency Respite is defined as anything not included within Planned Respite (See, Section 10 (D) (1)).

E. PLACEMENT LOCATION PREFERENCE

1 The parties agree to follow OAC 5101:2-42-05 entitled "Selection of a Placement Setting" as it now exists and as it may be amended. It is the policy of CFS to place children in the least restrictive, appropriate setting and if possible, their identified neighborhood

2 Siblings: The parties agree to implement CCDCFS's Sibling Policy number 6.01.04. The parties agree that siblings should be placed together whenever possible. Requests for reimbursement of incidental costs related to implementation of the sibling policy, including transportation costs, may be submitted to the Deputy Director of Resources and Placement.

11. DISCHARGE PROCEDURES

A. *PLANNED DISCHARGE*

When it is determined that a child is to be discharged by plan, the Provider shall convene a treatment team meeting to develop the discharge plan. The meeting will include the CFS Worker of Record and/or supervisor, the case manager or representative and any others integral to the discharge plan. The Provider will furnish the following information, if applicable, available and not in violation of law:

- 1 a complete medical report which describes any immunizations and/or non-routine medical care that the child received during placement;
- 2 the child's most recent Individualized Education Plan (IEP);

- 3 school transcripts and credits;
- 4 the most recent psychological or psychiatric evaluation available;
- 5 a discharge summary which includes a description of all significant progress regression, events, etc., that occurred during the placement.
- 6 When removal is requested pursuant to Section 11 (C) or at a time other than in an emergency, the above listed information shall accompany the Provider's removal request and will be used for discussions within the CFS Case Review Staffing Process.

C UNPLANNED DISCHARGE

1 It is understood and agreed that, should the Provider request the unplanned removal of any child placed pursuant to this Contract, such request, except in the case of an emergency (See Section 10 (C) (3)), shall be made in writing at least 14 days prior to the requested removal date from foster care, 30 days prior to the requested removal date from group home care, 45 days prior to the requested removal date from residential services, and 48 hours prior to the requested removal time from emergency shelter. Such request shall be made to the CFS worker of record and the appropriate resource manager and the case review facilitator in conjunction with the agreed upon CFS Case Review Staffing process as delineated in Section 10

2 During the time between when the removal is requested and the removal is effected, the Provider and the Department pledge to negotiate in good faith to help maintain the child in the Provider's facility.

12. CHILD ADVOCATE

The Provider agrees to designate an individual, not in the Provider's administrative hierarchy, to function as a "Child Advocate" by being available to receive and respond expeditiously to any complaint or concern made by or on behalf of children placed in the Provider's care that the Provider has mistreated, discriminated against, or is not meeting the needs of a child/children in the Provider's care

13. ADDITIONAL PROGRAMMATIC REQUIREMENTS

A LICENSING

1. STAFF

All staff employed by Provider that furnishes services pursuant to this Contract shall be properly licensed, certified or accredited as required by the Ohio Administrative Code or other applicable federal, state or local regulations.

2. FOSTER HOMES

All Foster Homes shall maintain all requirements for the issuance and maintenance of a license. No foster home will be used by a Provider that does not meet license and training requirements. The provider will immediately notify CFS' Resource Manager if one of its foster parents who are currently fostering a CFS child fails to comply with licensure requirements.

3. TRAINING CLASSES PROVIDED BY CFS

As to CFS sponsored training, OAC 5101:2-5-40(N) and other applicable regulations will be followed. Payment for training will follow OAC 5101:2-5-38(A) & (B). CFS will open its training program to private providers. CFS reserves the right to restrict private provider enrollment based upon a predetermined number of course participants. CFS will allow registration by the provider on a first come, first served basis. CFS and the provider agree to the following payment structure to cover the cost of the training

CFS will charge to the Provider at the rate of \$45.00 per 3 hour time block, with additional hours billed at the rate of \$15 per hour, per participant.

CFS will notify the provider, in advance of the date of the training class, if the cost of a class is greater than the rates quoted above.

The provider is solely responsible for recovering training payments from ODJFS or other sources.

CFS will recover the costs of training from the providers by billing the provider directly. The Provider agrees to remit payment within 30 days after receipt of the CFS billing.

Private Providers will be charged for the registration whether or not the foster parent attends the session, unless the registration is canceled 24 hours previous to the day of the class.

B LICENSING VIOLATIONS

The Provider agrees to advise the Senior Manager for Contracted Placement of any deficiency cited by the Provider's licensing authority which constitutes noncompliance with a licensing requirement and remains uncorrected 30 days after a written citation is issued.

C FOSTER CARE ONLY

It is understood and agreed that the Provider is to place a child(ren), referred by the Department, only into licensed foster homes within the Provider's own network. The Provider agrees to repay the Department for any funds lost as a

result of an audit finding against the Department due to the Provider placing a child referred by the Department into an unlicensed foster home.

D HOMESTUDY, RECERTIFICATION, AND FOSTER PARENT LICENSE

It is agreed that the Department shall have access to foster parent home studies, and recertifications for foster parents caring for children referred by the Department, subject to confidentiality considerations. A copy of the current foster home license shall be provided to the appropriate resource manager.

The Provider shall provide all information needed to formulate the Caregiver Agreements and shall adhere to the provisions agreed to therein for each child placed pursuant to this Contract.

E CONFIDENTIALITY

The Provider shall protect from unauthorized disclosure all confidential information in its possession relating to children/families receiving services pursuant to this Contract. The Provider shall not use any such information for any purpose other than carrying out Provider's obligations under this Contract (e.g., medical care, schools, etc.). Provider agrees that the use or disclosure by any party, or its partners, subcontractors, employees, volunteers or agents of any information concerning children and family members served under this Contract, for any purpose not directly related to the performance of Provider's responsibilities under this Contract is strictly prohibited, except upon the specific written consent of the parent, guardian or person authorized to give consent.

F BACKGROUND REVIEWS

1 The Provider agrees to comply with O.R.C. 2151.86 and agrees that it will not hire or continue to employ under its administrative control, any individual who has been convicted of the offenses as described in O.R.C. 2151.86.

2 (FOSTER CARE ONLY) GENERAL USAGE

a) At the time the Provider desires to license a home, or decides to use a licensed home which has not previously been used by CFS, or has not been used by CFS in the six months previous to the date of the request, the Provider shall ask the Contracted Placement Resource Unit (CPR) whether the CPR would authorize the use of the home for the placement of children in custody of CFS.

b) The CPR Unit shall make every reasonable effort to respond to the request within five (5) business days. The Unit may take additional time if needed but not more than thirty (30) days.

G CASE MANAGEMENT CONTACT RESPONSIBILITY (FOSTER CARE ONLY)

- 1 For the purposes of this section, the term "contact" or "visit" are interchangeable as many Providers utilize alternate terminology
- 2 The Provider agrees to visit any child in CFS custody as follows:
 - a) Family Foster Care: The provider will assure that case management visits or contacts take place at least monthly. One such monthly visit shall be a face to face contact in the home
 - b) Treatment: The Provider will assure that case management contacts take place. There will be a minimum of two face-to-face contacts that occur bi-weekly each month with the specialized foster parent and the child. One such contact shall be in the foster home
 - c) Treatment Level 4: The Provider will assure that face to face case management contacts take place weekly. At least two of these contacts per month shall be in the foster home
3. One visit , as stipulated in Section G-2, to the foster home per month will be made and documented according to the requirements of OAC 5101: 2-42-65. This visit will be known as the Rule 5101:2-42-65 visit. This visit and documentation thereof will also address the child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the Service Provider will assess and document the following through observation and information obtained during the contact or visit:
 - (a) The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved
 - (b) The child's current vulnerability. Child vulnerability" means the degree to which a child can avoid or modify the impact of safety threats or risk concerns (OAC 5101:2-1-01.1)
 - (c) The protective capacities of the child's caregiver(s). Protective capacities" means family strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. (OAC 5101:2-1-01.1)
 - (d) Any new information regarding the child, the substitute care setting, or the substitute caregiver's willingness or ability to care for the child including but not limited to:
 - (i) Changes in the marital status.
 - (ii) Significant changes in the health status of a household member

- (iii) Placement of additional children.
 - (iv) Birth of a child.
 - (v) Death of a child or household member.
 - (vi) A criminal charge, conviction or arrest of any household member.
 - (vii) Addition or removal of temporary or permanent household members.
 - (viii) Family's relocation.
 - (ix) Child's daily activities
 - (x) A change in the caregiver's employment or other financial hardships
- (e) Any supportive services needs for the child or caregiver to assure the child's safety and well-being.
- (f) The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.
- (g) Permanency planning in accordance with the child's case plan.

4. A standard statement in the documentation of the Rule 5101:2-42-65 visits will include date, time and location of each visit, child's name, and name of all individuals present during the contact, and a statement that indicates any change, both positive and negative in the above mentioned areas. This would be documented by the statement:* ***"According to Rule 5101:2-42-65, Caseworker Visits and Contact with Children in Substitute Care, Section D requirements for visitations, there have been no changes in the areas needed for assessment except for the following:"*** Examples could include statements like: "The child's vulnerability seems to be reduced because of greater confidence in her own abilities and self-esteem" Or "The foster father's diabetes has significantly improved. The foster mother is continuing to monitor phone calls to the foster child that could be coming from the step-father who is not supposed to have contact with her "

* The statement in bold italics is to be part of every Rule 5101:2-42-65 contact. This documentation will be submitted to CFS monthly.

5. The Provider's acceptance of this responsibility in no way negates the Department's right and duty to visit a child placed pursuant to this Contract in the caregiver's home.

6. Documentation of all other visits shall be reported in the child's quarterly report. Such notes will include comments on the child's adjustment to the substitute care setting

14. EVALUATION/CONTRACT MONITORING

CFS shall conduct an evaluation and/or contract monitoring as described in Ohio Administrative Code 5101:2-47-23.1(F)1 & 2, of the parties performance of this Contract pursuant to service performance evaluation standards and procedures that are established by CFS

15. RECORDS RETENTION REQUIREMENTS

A Provider agrees that it will follow the record retention requirements in Ohio Administrative Code 5101:2-47-23.1(B)(7)

1 All records relating to costs, work performed and supporting documentation for invoices submitted to the Agency by the Provider along with copies of all deliverables submitted to the Agency pursuant to this Contract will be retained and made available by the Provider for inspection and audit by the Agency other relevant agents of the State of Ohio (including, but not limited to, the County Prosecutor, ODJFS, the Auditor of the State of Ohio, the Inspector General of Ohio, or any duly authorized law enforcement officials), and the United States Department of Health and Human Services for a minimum of three years after reimbursement for services rendered under this Contract.

2 If an audit, litigation, or other action is initiated during the time period of the agreement, the Provider shall retain such records until the action is concluded and all issues resolved or the three years have expired, whichever is later

B Provider further agrees to maintain the confidentiality of all children and families served. No information on children served will be released for research or other publication without the express written consent of CFS Director.

C Provider agrees to keep all financial records in a manner consistent with Ohio Administrative Code 5101:2-47-23.1(B)(10).

D Provider agrees that each financial transaction shall be fully supported by appropriate documentation. Provider further agrees that such documentation shall be available for examination within a reasonable period of time, but not later than sixty days, after a written request has been made.

16. AVAILABILITY AND RETENTION OF RECORDS

Provider acknowledges, in accordance with R.C. 149.431, that certain financial records related to the performance of services under this Contract may be considered to be public records and agrees to treat them accordingly.

17. AUDIT

A The Provider agrees to follow ODFJS rules and requirements including Ohio Administrative Code 5101:2-47-23 1(B)(9) regarding financial reporting and audits in existence at the time of this contract and as modified during the term of this contract.

B Provider agrees to make available to Agency a copy of the independent audit it receives in accordance with Ohio Revised Code section 5103.0323.

C If through an audit of Provider's cost report in accordance with Ohio Administrative Code rule 5101:2-47-01(N) or other applicable sections, it is discovered that non-allowable costs were reported on the Title IV-E cost report, Provider agrees to refund to Agency any overpayments resulting from the non-allowable costs which resulted in a finding against CFS. This refund is designed to make the Agency whole, since the Agency may be responsible for refunding all overpayments to ODJFS.

D If Provider participates in the Title IV-E program, Provider agrees to timely file its Title IV-E cost report with the Ohio Department of Job and Family Services (ODJFS). Failure to timely file the Title IV-E cost report will result in the Provider refunding to CFS the amount equal to the loss actually suffered by the PCSA. This penalty is designed to off-set any cost the Agency may incur during the time period that the Provider is without a Title IV-E rate.

18. CIVIL RIGHTS & COMPLIANCE WITH LAWS

Provider certifies that it is an equal opportunity employer and shall remain in compliance with state and federal civil rights and nondiscrimination laws and regulation including, but not limited to Title VI and Title VII of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the American with Disabilities Act, the Age Discrimination Act of 1975, as amended, the Inter-Ethnic Act, Multi-Ethnic Placement Act (MEPA), the Adoption and Safe Families Act and any laws of the United States or State of Ohio which are applicable. All services and programs will be provided on a nondiscriminatory basis as required by federal, state and local civil rights laws, and the policies and procedures of ODJFS and the county.

This includes any and all federal and state regulations and rules, including but not limited to compliance with rules adopted during the time period of this contract. If the federal or state governments promulgate rules, amendments, of any kind or type, the parties agree that they will act, and the contract must be construed, as requiring acts in compliance with all laws and regulations. During the performance of this Contract, Provider will not discriminate against any employee.

or applicant for employment because of race, color, religion, sex, sexual orientation, national origin, ancestry, age, handicap, political belief or place of birth. Provider will take affirmative action to ensure that all employees are treated during employment without regard to race, color, religion, sex, national origin, ancestry, age handicap, political belief or place of birth. Such action shall include, but is not limited to, employment upgrading, demotion or transfer, recruitment, advertising, layoff, termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

The Multi-Ethnic Placement Act (MEPA), 42 U.S.C. 1996b prohibits the consideration of race, color or national origin in placement decisions, except under narrow circumstances. The Provider agrees that it will document decision making in written form to show the considerations used. The Provider will notify the Department immediately if the Provider deems it proper, under MEPA or state law, to consider race, color or national origin. The Provider agrees that placement will not occur, in those matters where the Provider has chosen to consider race, color or national origin, until it contacts the Department and completes all requirements of federal and state law.

Provider agrees not to establish or knowingly permit any such practice(s) of discrimination or segregation in reference to anything relating to this Contract, or in reference to any network members or subcontractors of Provider. That the provider will cooperate with federal, state, and/or local governmental officials assigned to investigate allegations of violations of law. This may include the United States Department of Health and Human Services and the ODJFS Bureau of Civil Rights.

Provider agrees to comply with applicable laws, regulations, directives or codes, issued by the United States government or agency, as well as the State of Ohio or state agency, as required per Ohio Administrative Code 5101:2-47-23.1(B)(8), which states, in pertinent part:

Provider shall not permit funds to be paid or committed to be paid to any corporation, firm, association or business in which any of the members of the governing body of the agency, the executive personnel or their immediate families have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the provider.

CONFLICT OF INTEREST POLICY

The Provider agrees to follow all ethics laws and follow the conflict of interest policy of CFS. The provider agrees it will provide CFS' conflict of interest policy to its employees.

The Provider agrees that it will not permit funds to be paid or committed to be paid to any corporation, firm, association or business in which any of the members of the governing body of the agency, the executive personnel or their immediate families have any direct or indirect financial interest, or in which any of these persons serves as an officer or employee; unless the services or goods involved are provided at a competitive cost and under terms favorable to the Provider. The Provider shall make written disclosure, in the minutes of the board, of any and all financial transactions of the Provider in which a member of the board of his/her immediate family is involved. Provider agrees to adhere to the requirements of rule 5101:2-47-261(F) of the Ohio Administrative Code as it relates to this provision

19. INDEMNITY

The Provider agrees that it will at all times indemnify and save harmless the Department, Cuyahoga County, and any and all officers, agents, servants, or employees thereof against any and all liability, loss, damages, costs or expenses which the Department or Cuyahoga County and any and all of their respective officers, agents, servants, or employees may hereinafter sustain, incur, or be required to pay due to: (1) any negligent, reckless or intentionally wrongful acts or omissions of the Provider related to the performance of this Contract and that cause any child placed pursuant to this Contract to suffer personal injury, death, property loss, or damage, either while participating in or receiving services furnished by the Provider under this Contract, or while on the premises or in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officers, agents, servant, or employee thereof, or (2) any child placed pursuant to this Contract causing personal injury, death, property loss, or damage to be suffered by another person while the child placed pursuant to this Contract is either participating in a program or is receiving services furnished by the provider under this Contract if such personal injury, death, property loss or damage is the direct result of the negligent, reckless or intentionally wrongful acts or omissions of the Provider.

20. DISPUTE RESOLUTION MECHANISM

In the event that a dispute arises under the provisions of this Contract, the parties shall follow the procedures set forth below:

A. The party complaining of a dispute shall provide written notice of the nature of the dispute to the other party to this Contract. The parties shall agree to

a mutual date and place of the preliminary meeting. The preliminary meeting shall take place not later than ten working days from the date of issuance of the notice of dispute to all other parties. A copy of the notice shall be sent to the Director of CFS and to the Executive Director of the Provider.

B. Within ten days of receiving the notice of a dispute, the parties involved in the dispute between the Department and the Provider shall conduct a preliminary meeting. Any party may bring additional staff to attend the preliminary meeting. The party complaining of the dispute shall make all arrangements for the preliminary meeting.

C. The parties shall make good faith efforts to resolve the dispute at the preliminary meeting. All statements made during the preliminary meeting shall be privileged as settlement discussions and shall not be used for any purpose in any further proceeding.

D. In the event that the dispute is not resolved at the preliminary meeting, the party complaining of the dispute shall, within ten days of the preliminary meeting, give notice of the continuing dispute to the Department and to the Provider.

E. Within five working days after receipt of the notice of the continuing dispute, the appropriate Department Manager, and/or specifically designated customer services' staff and the Provider shall attempt to mediate the dispute.

F. If they are unable to mediate the dispute, the parties may employ the appropriate Deputy Director of the Department and the Provider shall attempt to mediate the dispute.

G. If they are unable to mediate the dispute, it shall be referred to the Executive Director of the Department, or his designee, for review and determination.

H. If they are unable to mediate the dispute, the Executive Director of CFS will make the determination, which will be non-binding.

I. Once a party initiates this process, the entire process must be completed. Neither party shall be deemed to have waived any other rights or remedies available to them by initiating, participating in or completing this process.

21. CONSTRUCTION

This Contract shall be governed, construed, and enforced in accordance with the laws of the State of Ohio. If any portion of this Contract is found to be unenforceable due to statute, or administrative or judicial decision, the operation

or enforceability of the unaffected balance of this Contract shall not be effected thereby.

22. NON- ASSIGNMENT

Provider shall not assign or transfer any interest in this Contract without the express written permission of the CFS and may subcontract for services only as expressly provided for in this Contract. The provisions of this section do not extend to contracts entered into between Provider and foster parents.

Any subcontract for services entered into by Provider with the approval of CFS shall be in writing and shall specifically require any subcontractor to comply with the terms of this Contract. CFS retains the right to review and approve all subcontracts entered into by Provider that relate to any service Provider is contractually required to furnish pursuant to the terms of this Contract.

23. STATUS OF PROVIDER

Provider agrees that no agency, employment, joint venture, or partnership has been or will be created between the parties hereto pursuant to the terms and conditions of this Contract. Provider also agrees that, as an independent contractor, Provider assumes all responsibility for any federal, state, municipal or other tax liabilities along with workers compensation, unemployment compensation, and insurance premiums which may accrue as a result of compensation received for services purchased by County/CFS hereunder. Provider agrees that it is an independent contractor for all purposes including, but not exclusively limited to, the application of the Fair Labor Standards Act, the Federal Insurance Contribution Act, applicable provisions of the Internal Revenue Code, applicable provisions of Ohio Tax law, Workers Compensation Law and Unemployment Compensation Law.

24. MISCELLANEOUS-ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties with respect to all matters that are the subject of this Contract. This Contract may be amended only by the mutual agreement of the parties and only by a writing signed by both parties. The only exception is the "Maximum Dollar Amount" which may be adjusted unilaterally per Section 2 entitled "Contract Period." The parties specifically acknowledge that no promises, warranties or representations have been made to or relied upon by them other than those contained in this Contract.

25. TERMINATION

A. Either party may terminate this Contract by giving thirty (30) days written notice to the other party.

B. The County/CFS may suspend or terminate this Contract immediately by delivery of written notice to Provider for any of the following breaches of the contract: failure by Provider to maintain in effect all licenses required by law, failure by Provider to provide any of the services contracted for in the manner agreed upon or in accordance with the time provisions contained in this Contract; failure by Provider to maintain qualified staff in the numbers agreed upon in this Contract; failure by Provider to provide data according to the time frames established in this Contract, provide access to records in a timely manner or failure to submit to CFS any of the reports required by this Contract according to the time frames set forth in this Contract. The County/CFS may suspend or terminate this Contract immediately by delivery of written notice to Provider for any other reason deemed to be a material breach of the terms of this Contract whether or not such reason is specifically set forth herein

C. If this Contract terminates or is suspended for any reason, including under this Section 25, or due to non-renewal or non-extension of this Contract, the following provisions shall apply:

1. CFS may, but need not, make new referrals to the Provider after such termination or suspension, unless, in the case of a suspension, such suspension ceases, and the Provider may, but need not, accept any such referrals.

2. Unless otherwise requested by CFS, the Provider will use reasonable efforts to transfer children placed by CFS with the Provider to other providers approved by CFS or to such other place as approved by CFS as soon as reasonably practicable

3. CFS will continue to be obligated to pay for services rendered to each CFS child who was placed with the Provider before or after the date of termination or suspension of this Contract until such time as the Provider transfers such child to another provider or to another approved place. The amount of such payments will be set in accordance with the rates set forth in this Contract as if this Contract was then in effect.

4. The Provider will furnish a report as of the date of the suspension or termination, and at the end of each month thereafter, until all CFS placed children have been transferred, detailing all work completed up to and including such date. Such report shall include, as a minimum, all information required in Section 7 and 8 hereof.

5. Provider, upon receipt of notice of termination, agrees that it will cease work on the terminated activities under this Contract, terminate all subcontracts relating to such terminated activities, take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report as of the date of receipt of notice of termination describing the status of all work under this Contract, including without limitation, results accomplished, conclusions resulting therefrom, and such other matters as the Agency may require.

D Upon breach of the material provisions, obligations or duties contained in this Contract by either party, the other party may exercise any administrative, contractual, equitable, or legal remedies available to it, without limitation. However, any lawsuit must be commenced in the Cuyahoga County Court of Common Pleas. The waiver of any occurrence of breach is not a waiver of subsequent occurrences, and each party retains the right to exercise all remedies to which it may be legally or equitably entitled. If the County/CFS or Provider fails to perform an obligation under this Contract and, thereafter, such failure(s) is (are) waived by the other party, such waiver is limited to the particular failure(s) so waived and shall not be considered effective unless it is in writing and signed by an authorized representative of such party

26. FORCE MAJEURE- LABOR DISTURBANCES

A Force Majeure: If the Provider fails to perform any of its obligations hereunder, in whole or in part, due to acts of God, epidemics, floods, lightening, fire, loss of utility service (for reasons not including the non-payment of bills), acts of law, or any other unexpected or disruptive event beyond the reasonable control of the Provider, the Provider will not be in breach of this Contract due to such failure.

B Labor Disturbance(s): If the Provider fails to perform any of its obligations hereunder, in whole or in part, due to a strike(s), lockout(s) or other labor disturbance(s), the Provider will not be in breach of this Contract due to such failure.

C If an event occurs which is covered under section 26(A) or (B), i.e., force majeure or labor disturbance(s), the Provider shall provide written notice, sent by facsimile transmission, to the Executive Director of CFS within 24 hours of the occurrence. The correspondence will set forth the Provider's arrangements and/or plan to meet the needs of the children in care. CFS reserves the right to compare the services provided during an event, covered under section 26(A) or (B) to this contract, with the services required by this contract and negotiate adjustments as to the amounts payable under this contract. If agreement cannot be attained, the Provider shall implement the Dispute Resolution Procedure outlined in this Contract in Section 20.

27. COMPLETION OF FORMS

The provider agrees to complete the Ohio Department of Public Safety form HLS 0038 (3/10) entitled "Government Business and Funding Contracts."

28. EDUCATION

It is the expectation of CFS that children in foster care will attend the general public school system that serves the foster home. The provider or foster parent believing that a school, other than the general public school serving the foster home, does not meet the child's needs, or that another school would better meet the child's needs, may forward a letter to the WOR and his/her supervisors explaining the request. This letter should explain payment of costs associated with the request. Only the Director of CFS may provide written permission for a child to attend a school other than the general public school system serving the address of the foster home.

29. DEFINITIONS

DEFINITIONS GOVERNING THIS CONTRACT

The following definitions shall govern this Contract:

- A. IV-E Allowable Costs** means those costs as specified in accordance with 5101:2-47-11(C) and 5101:2-47-25 of the Ohio Administrative Code.
- B. IV-E Unallowable Costs** means those cost as specified in accordance with 5101:2-47-11(C) and 5101:2-47-26 of the Ohio Administrative Code
- C. C F R.** means Code of Federal Regulations
- D. Administration Costs**, as defined within the Ohio Administrative Code
- E. Maintenance Costs**, as defined within the Ohio Administrative Code
- F. Foster Home**, as defined by R.C. 5103 02(D), means a private residence in which children are received apart from their parents, guardian, or legal custodian, by an individual reimbursed for providing the children nonsecure care, supervision, or training twenty-four hours a day. "Foster home" does not include care provided for a child in the home of a person other than the child's parent, guardian, or legal custodian while the parent, guardian, or legal custodian is temporarily away. Family foster homes and specialized foster homes are types of foster homes
- G. Family foster home**, as defined by R.C. 5103 02(B), means a foster home that is not a specialized foster home
- H. Specialized Foster Home**, as defined by R.C. 5103 02(G), means a medically fragile foster home or a treatment foster home.
- I. Medically Fragile Foster Home**, as defined by R.C. 5103 02(E), means a foster home that provides specialized medical services designed to meet the needs of children with intensive health care needs who meet all of the following criteria:
 - (1) Under rules adopted by the department of job and family services governing payment under Chapter 5111 of the Revised Code for long-term care services, the children require a skilled level of care.
 - (2) The children require the services of a doctor of medicine or osteopathic medicine at least once a week due to the instability of their medical conditions.
 - (3) The children require the services of a registered nurse on a daily basis.
 - (4) The children are at risk of institutionalization in a hospital, skilled nursing facility, or intermediate care facility for the mentally retarded.

J. Treatment Foster Home, as defined by R.C. 5103.02(H), means a foster home that incorporates special rehabilitative services designed to treat the specific needs of the children received in the foster home and that receives and cares for children who are emotionally or behaviorally disturbed, chemically dependent, mentally retarded, developmentally disabled, or who otherwise have exceptional needs.

K. Generally Accepted Accounting Principles has the meaning specified in generally accepted auditing standards issued by the American Institute of Certified Public Accountants (AICPA).

L. Government Auditing Standards means generally accepted government auditing standards issued by the Comptroller General of the United States

M. Office of Management and Budget (OMB) Circular A-110 Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations. This Circular sets forth standards for obtaining consistency and uniformity among Federal agencies in the administration of grants to and agreements with institutions of higher education, hospitals and other non-profit organizations.

N. Office of Management and Budget (OMB) Circular A-122. Cost Principles for Non-Profit Organizations.

O. Office of Management and Budget (OMB) Circular A-87. Cost Principles for State, Local and Indian Tribal Governments.

P. Office of Management and Budget (OMB) Circular A-133. Audits of States, Local Government and Non-Profit Organizations

Q. WOR means the Worker of Record, which is the Provider social worker assigned to the particular child or that social workers' supervisor.

30. FORMS

CFS Forms are to assist the implementation of this Contract. CFS may, from time to time, alter or modify the forms. The parties agree and understand that modification, alteration as well as the addition or subtraction of forms required by CFS does not constitute or establish an alteration or modification of this contract. Further, it is expressly understood that any language or wording on CFS or Provider forms may not be relied upon by CFS or the Provider to create contractual obligations. The terms of the contract control the rights of the parties. The forms are simply used to assist the flow of information as may be required to implement this provision of services under this contract.

31. ELECTRONIC SIGNATURE

BY ENTERING INTO THIS CONTRACT, PROVIDER AGREES ON BEHALF OF THE CONTRACTING OR SUBMITTING BUSINESS ENTITY, ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, SUBGRANTEES, AGENTS OR ASSIGNS, TO CONDUCT THIS TRANSACTION BY ELECTRONIC MEANS BY AGREEING THAT ALL DOCUMENTS REQUIRING COUNTY SIGNATURES MAY BE EXECUTED BY ELECTRONIC MEANS, AND

THAT THE ELECTRONIC SIGNATURES AFFIXED BY THE COUNTY TO SAID DOCUMENTS SHALL HAVE THE SAME LEGAL EFFECT AS IF THAT SIGNATURE WAS MANUALLY AFFIXED TO A PAPER VERSION OF THE DOCUMENT. PROVIDER ALSO AGREES ON BEHALF OF THE AFOREMENTIONED ENTITIES AND PERSONS, TO BE BOUND BY THE PROVISIONS OF CHAPTERS 304 AND 1306 OF THE OHIO REVISED CODE AS THEY PERTAIN TO ELECTRONIC TRANSACTIONS, AND TO COMPLY WITH THE ELECTRONIC SIGNATURE POLICY OF CUYAHOGA COUNTY

32. SACWIS

The parties to this Contract are aware that CFS will be utilizing the State Statewide Automated Child Welfare Information System (SACWIS) as of December 2008. The parties to this Contract understand and agree that utilization of SACWIS will impact the manner that the parties have provided care to the youth and families served. The parties to this Contract understand and agree that SACWIS implementation will require changes to the practice, procedure, deliverables and other terms and conditions of this Contract. These change will not be known until SACWIS is fully implemented. The parties agree to meet and discuss all SACWIS related issues and utilize the dispute resolution mechanism in paragraph 20, if necessary. Provider hereby agrees that changes to practice, procedure, deliverables and other terms and conditions of this Contract required by the implementation of SACWIS cannot be considered a breach of this Contract. The terms of this Contract must be read to permit compliance with all requirements of SACWIS and any changes required by the implementation of SACWIS supersede any conflicting contractual obligations.

IN WITNESS WHEREOF, Cuyahoga County and the Provider have entered into this Contract which is effective as of the 1st day of October 2011.

CUYAHOGA COUNTY, OHIO Executive

Edmund Fitzgerald
(Authorized Signature) Date

PROVIDER:

By Alyson Kuebler, CFO 9/30/11
(Authorized Signature) Date

Attachment A "Service Listing" to:

CUYAHOGA COUNTY
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CONTRACT FOR FOSTER CARE, RESIDENTIAL CARE,
EMERGENCY SHELTER, INDEPENDENT LIVING,
AND GROUP HOMES
For the period of October 1, 2011 - June 30, 2012

Instructions:

Please complete one Service/Description Box for each service which is the subject of this contract.
This Attachment must be completed, attached to each contract and returned to CFS.

Network Provider Name	SACWIS Description	Description	Facility Id	Program Code	Maintenance	Administrative	2011/12 Per Diem Rates
BHC BELMONT PINES HOSPITAL	Belmont Pines Hospital (20435)	Level 6 Res Treatment (Extended Care)	20435	6RXEC	\$ 355.14		\$355.14
BHC BELMONT PINES HOSPITAL	Belmont Pines Hospital (20435)	Level 6 Res Treatment	20435	6RX	\$ 249.00	\$ 45.77	\$294.77

Hospitalization/Partial Reimbursement Rates are 1/2 the original per diem

Attachment B
2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA

Level 1:

Family Foster Care

Level of Care Scores	Behavior Needs	Health Developmental Needs	Educational Needs	Caregiver Skills	Caregiving Support	Training and Experience Child Care Staff
*Child has no behaviors that exclude him/her from Level 1. *Child has no more than 6 points on the level of care index.	*Child needs basic parenting and supervision. *Child may have some behavioral issues.	*Child may have some health or developmental problems.	*Child may be pre-school age. *Child attends regular schools, but may be in special education classes.	*Foster caregiver should have parenting skills. *Foster caregiver should be able to take care of the child's basic health care needs, parental visitation, and schooling needs. *Foster caregiver should teach child tasks required for life in the community as appropriate.	*Respite support available on an as needed basis.	*Caregivers should have experience working with or raising children. *Foster caregivers must complete ODJFS pre-service training module. *Foster caregivers must complete minimum of 20 hours of training annually. *Additional specialized training may be required to manage medical needs or chronic health problems.
Training and Experience Professional Staff	Setting	Clinical Support	Crisis Support	Other Support	Case Management	Caregiver Ratio
*Staff should have a bachelor's degree in social work or related field, and should be supervised by individuals with a master's degree in social work or related field.	*Approved kinship home. *Foster home basic. *Semi-independent Living. Caregiver License *Approved kinship home. *Foster caregivers licensed by ODJFS.	*Available as needed.	*Available 24/7 as needed.	*Other in-home services available as needed for short-term interventions. *Payment by DCFS supplement available for children with acute, debilitating diseases or conditions requiring special care considerations. *Transportation per child's case plan.	*At least monthly face-to-face visit with child in the foster home by Case Manager.	*No more than 5 foster children and no more than 10 children total in the home. *If foster parent has less than 2 years experience, limit is 3 foster children. *Not more than 2 children under age 2, not more than 4 children under age 5, except sibling groups including children of caregiver.

October 2010

Attachment B

2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA

Level 2:

Treatment 2 - Foster Care

Level of Care Scores	Behavior Needs	Health Developmental Needs	Educational Needs	Caregiver Skills	Caregiving Support	Training and Experience Child Care Staff
*Child has no behaviors or conditions that exclude him/her from level 2. *Child has level 2 behaviors or conditions, or child has between 7 and 10 points on level of care index.	*Child may have serious behavioral problems. *Child is likely to be moderately difficult to manage.	**Child may have serious health problems. *Child may have serious developmental problems.	*Child may be pre-school age, but may need early intervention services. *Child attends regular school, but may be in special education classes.	*Foster caregiver should have all of the skills of level 1, plus: *Foster caregiver should be able to manage child with behavior or developmental issues. *Foster caregiver should be active participant in therapeutic process. *Foster caregiver should have knowledge of mental health issues.	*Foster caregivers should be encouraged to take 24 hours of respite per child per month.	*Caregivers should have experience working with or raising children. *Foster caregivers must complete ODJFS pre-service training module. *Foster caregivers must complete 60 hours of training over a two year time period (by 2005). *Additional specialized training may be required to understand and manage medical needs or chronic health problems.
Training and Experience Professional Staff	Setting	Clinical Support	Crisis Support	Other Support	Case Management	Caregiver Ratio
*Staff should have a bachelor's degree in social work or related field, and should be supervised by individuals with a master's degree in social work or related field.	*Approved kinship home. *Foster home specialized. *Semi-independent Living. Caregiver License *Approved kinship home. *Foster caregivers licensed by ODJFS.	*Child should have access to regular counseling as appropriate. *Caregivers should have twice monthly visits from caseworkers to assist in behavior management or care issues. *Clinical staff must be available for monthly supervision to caregiver.	*Available 24/7 as needed.	*Other in-home services available as needed for short-term interventions. *Transportation to family visits identified in case plan within county or contiguous counties should be provided. *Tutoring should be available as needed.	*Twice monthly face-to-face visits with child by Case Manager, at least one of which is in the foster home. *Assigned provider staff and foster parents available to attend court hearings, SARs, placement preservation/ disruption staffings.	*Not more than 2 foster children without approval of custodial agency.

Attachment B

2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA Treatment 3 - Foster Care (CPLOCS standards)

Level 3:

Level of Care Scores	Behavior Needs	Health Developmental Needs	Education Needs	Caregiver Skills	Caregiving Support	Training and Experience Child Care Staff
*Child has no behaviors or conditions that exclude him/her from level 3. *Child has level 3 behaviors or conditions, or child has between 11 and 14 points on level of care index.	*Child may be older than 15 or child may appear to be physically intimidating. *Child may have behaviors that make him/her very difficult to manage. *Child may be manageable in a foster setting, but may require group setting due to attachment disorder and/or age.	*Child may have serious health problems requiring special care considerations. *Child may have serious developmental problems requiring special care considerations.	*Child may be pre-school age, but may need early intervention services. *Child likely to be in special education classes. *Child may need day treatment.	*Foster caregiver should have all skills of level 2. *Foster caregiver/direct care staff should have necessary skills and supervision to develop and carry out daily behavior management plans as appropriate. *Group care program should teach child tasks and skills required for life in the community as appropriate. *Knowledge of mental health issues.	*Foster caregivers should be encouraged to take 24 hours of respite per child per month. *One-on-one supervision may be needed during crisis.	*Caregivers should have experience working with or raising children. *Foster caregivers must complete ODJFS pre-service training module. *Foster caregivers must complete 60 hours of training over a two year time period. *Additional specialized training may be required to understand and manage medical needs or chronic health problems. *Direct care staff and foster caregivers should have at least 2 years experience working with children with similar needs. *Direct care staff and foster caregivers should know how to implement a behavior management plan.
Training and Experience Professional Staff	Setting	Clinical Support	Crisis Support	Other Support	Case Management	Caregiver Ratio
*Staff should have a bachelor's degree in social work or related field, and should be supervised by individuals with a master's degree in social work or related field.	**Foster home Treatment 3. *Group home or semi-independent living. Caregiver License *Approved kinship home. *Foster caregivers licensed by ODJFS. *Group home licensed	*Child should have structured intervention monthly. *Caregiver should have at least weekly visits from network agency to assist in behavior management or care issues. *Clinical staff should be available for	*Available 24/7 as needed.	*Other in-home services available as needed for short-term interventions. *Transportation to family visits identified in case plan within county or contiguous counties should be provided. *Transportation to medical and	*Twice monthly face-to-face visits with child by Case Manager, at least one of which is in the foster home. *Assigned provider staff and foster parents available to attend court hearings, SAFs,	*In foster home setting, not more than 2 foster children without approval from PCSA. *In group setting, a ratio of 1:10 direct care staff to children and 1:20 professional staff to children during awake hours.

Attachment B

	according to OAC 5101-2-9.	monthly supervision of caregiver.		therapeutic visits should be provided.	placement preservation/ disruption staffings	
2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA Treatment Foster Care/Residential Treatment						
Level 4:						
Level of Care Scores	Behavior Needs	Health Developmental Needs	Educational Needs	Caregiver Skills	Caregiving Support	Training and Experience Child Care Staff
*Child has no behaviors or conditions that exclude him/her from level 4. *Child has level 4 behaviors or conditions, or child has between 15 and 19 points on level of care index.	*Child may require 24 hours awake supervision, or passive hardware that notifies house/foster parents when child attempts to leave home setting. *Child may require group setting due to attachment disorder and/or age. *Child's behavior may not be manageable in a home setting. *Child requires behavior management interventions as part of the milieu and significant structure in all activities, including recreation.	*Child may have serious health problems requiring special care considerations. *Child may have serious developmental problems requiring special care considerations.	*Child may need to be in special education classes. *Child may need on campus day treatment.	*Foster caregiver should have all skills of level 3. *Programs should have appropriate staff to supervise self administration, control, secure, and provide information for monitoring of sick children medication. *Agencies must have policies governing security in controlled of medications. *Staff should have in depth understanding of substance abuse issues and interventions where applicable. *Staff need to be able to develop and carry out highly structured behavior management plans. *Program should have capacity for therapeutic time-outs.	*Foster caregivers should be encouraged to take 24 hours of respite per child per month. *Children in group care facilities are monitored 24/7. *One-on-one supervision may be needed during crisis.	*Caregivers should have experience working with or raising children. *Foster caregivers must complete ODJFS pre-service training module. *Foster caregivers must complete 60 hours of training over a two year time period. *Additional specialized training may be required to understand and manage medical needs or chronic health and/or mental health problems. *Direct care staff and foster caregivers should have at least 2 years experience working with children with similar needs. *Direct care staff and foster caregivers should know how to implement a behavior management plan.
Training and Experience Professional Staff	Setting	Clinical Support	Crisis Support	Other Support	Case Management	Caregiver Ratio
*Staff should have a bachelor's degree in social work or related field, and should be supervised by individuals with a master's degree in social work or	*Therapeutic foster home. *Group home or residential setting. Caregiver License *Foster caregivers licensed by ODJFS. *Group home/homes	*Child should have regular structured therapy as appropriate. *Structured assistance should be provided to the child daily to strengthen social skills and skills	*Professional staff on call 24/7. *Face-to-face contact should be available within 2 hours of call.	*Transportation to family visits identified in case plan within county or contiguous counties should be provided. *Transportation to medical and therapeutic visits	*Weekly face-to-face visits with child by Case Manager. *Assigned provider staff and foster parents available to attend court hearings, SARs, placement	*In foster home setting, not more than 1 foster child without approval from PCSA. *In group setting, a ratio of 1:10 direct care staff to children and 1:20 profession

Attachment B

Attachment B

related field.	or children's residential centers licensed according to OAC 5101-2-9.	for daily living. *Clinical consultation with foster caregiver/direct care staff should occur at least twice weekly.	should be provided.	preservation/ disruption staffings.	staff to children during awake hours.	
2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA						
Residential Treatment						
Level 5:						
Level of Care Scores	Behavior Needs	Health Developmental Needs	Educational Needs	Caregiver Skills	Caregiving Support	Training and Experience Child Care Staff
*Child has no behaviors or conditions that exclude him/her from level 5. *Child has level 5 behaviors or conditions, or child has between 20 and 24 points on level of care index.	*Child requires 24 hours awake supervision due to unmanageable, possibly aggressive behaviors. *Child may not have responded well to earlier placements and is in need of constant supervision. *Child requires behavior management interventions as part of the milieu, and significant structure in all activities, including recreation. *Child requires a highly therapeutic environment.	*Child may have serious health problems requiring special care considerations. *Child may have serious developmental problems requiring special care considerations.	*Child may need on-campus school day treatment .	*Group care program should have all skills of level 4, plus: *Program should operate or have formal relationship with a day treatment program.	*Children are monitored 24/7. *One-on-one supervision may be needed on an intermittent basis.	*Direct care staff should have at least 2 years experience working with children with similar needs. *Direct care staff should know how to implement a behavior management plan. *Direct care staff must be trained in crisis intervention techniques. *Direct care staff may require highly specialized knowledge and skills to treat distinct populations.
Training and Experience Professional Staff	Setting	Clinical Support	Crisis Support	Other Support	Case Management	Caregiver Ratio

Attachment B

*Staff should have a bachelor's degree in social work or related field, and should be supervised by individuals with a master's degree in social work or related field.	*Residential treatment setting or therapeutic group home setting. Caregiver License *Group homes or children's residential centers licensed according to OAC 5101-2-9.	*Child should have a minimum of 6-8 sessions per month of structured individual, group or family therapy. *Structured assistance should be provided to the child daily to strengthen social skills and skills for daily living. *Clinical consultation with direct care staff should occur at least twice weekly. *Daily substance abuse services may be required. *Children may not have responded to earlier therapeutic interventions, and may need intensive treatment.	*Professional staff on call 24/7. *Face-to-face contact should be available within 2 hours of call.	*Transportation to family visits identified in case plan within county or contiguous counties should be provided. *Transportation to medical and therapeutic visits should be provided.	*Weekly face-to-face visits with child by Case Manager. *Assigned provider staff available to attend court hearings, SARs, placement preservation/disruption staffings.	*A ratio of 1:8 direct care staff to children during awake hours. *A ratio of 1:15 professional staff to children during awake hours. *A ratio of 1:15 child care staff to children during asleep hours.
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2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA

Level 6:

Residential Treatment/Intensive Level

Level of Care Scores	Behavior Needs	Health Developmental Needs	Educational Needs	Caregiver Skills	Caregiving Support	Training and Experience Child Care Staff
*Child has level 6 behaviors or conditions or child has more than 24 points on level of care index.	*Child needs immediate intensive intervention and stabilization. *Child requires 24-hour awake supervision due to acute unmanageable, aggressive, or self-harming behaviors. *Child is at imminent risk of placement in inpatient treatment setting, or is stepping down from inpatient setting.	*Child may have serious health problems requiring special care considerations. *Child may have serious developmental problems requiring special care considerations.	*Child likely to need on-campus school day treatment.	*Group care program should have all skills of level 5, plus: *Program should provide highly structured interventions around the restoration of daily living and social skills are provided 3 to 5 hours/day.	*Children are monitored 24/7. *One-on-one supervision may be required on a daily basis.	*Direct care staff should have at least 5 years experience working with children with similar needs. *Direct care staff should know how to implement a behavior management plan. *Direct care staff must be trained in crisis intervention techniques. *Direct care staff may require highly specialized knowledge and skills to treat distinct populations.
Training and Experience Professional Staff	Setting	Clinical Support	Crisis Support	Other Support	Case Management	Caregiver Ratio

Attachment B

*Staff should have a bachelor's degree in social work or related field, and should be supervised by individuals with a master's degree in social work or related field.	*Intensive crisis stabilization. Caregiver License *Group homes or children's residential centers licensed according to OAC 5101-2-9.	*Daily substance abuse services may be required. *Therapeutic interventions provided daily to address mental health issues, to improve daily living skills and social skills. *Clinical staff must be available on a daily basis for structured interventions, consultation, and crisis intervention.	*Professional staff on call 24/7. *Face-to-face contact should be available with 2 hours of call.	*Transportation to family visits identified in case plan within county or contiguous counties should be provided. *Transportation to medical and therapeutic visits should be provided.	*Weekly face-to-face visits with child by Case Manager. *Assigned provider staff should be available to attend court hearings and SARs. *A ratio of 1:5 direct care staff to children during awake hours. *A ratio of 1:10 professional staff to children during awake hours. *A ratio of 1:15 child care staff to children during asleep hours. *Day treatment staff to student ratio should not exceed 1:3.
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2011/12 LEVELS OF CARE SERVICE STANDARDS BY EACH SERVICE AREA

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
	Family Foster Care	Treatment 2 Foster Care	Treatment 3 Foster Care	Therapeutic Foster Care/ Residential Treatment	Residential Treatment	Residential Treatment/ Intensive Level
Rule Outs (Making a child ineligible for the level).	64.4, 64.5, 66.2, 66.3, 68.2, 69.2, 70, 77.2, 77.3, 77.4, 82.4, 86.2, 84.4, 95.4* (These categories make a child more than a level one.)	38.7, 64.4, 66.5, 67.3, 67.4, 67.5, 68.4, 68.5, 69.4, 73b, c,d,e,f,g,h,i,j,k, 77.6, 80.7, 82.7, 84.6, 86.5, 86.6, 88.6, 88.7, 95.6, 95.7, 103.5, 103.6, 103.7 (These are the factors that rule out Level two.)	66.5, 67.4, 67.5, 77.6, 80.7, 82.7, 86.6, 88.7, 95.7 (Factors that rule out a level three)	66.5, 86.6	86.6	*None

**2011/12 Board and Care Outcome Measures
Attachment C**

The Cuyahoga County Department of Children and Family Services (CCDCFS) is committed to providing children with safe environments that nurture and promote their well-being and healthy development. As such, outcomes related to an assessment of child safety, stability and well-being are critical to the agency. CCDCFS seeks to prioritize and collaborate with Providers to maximize child welfare outcomes in relationship to these areas.

For the contract period of October 1, 2011 - June 30, 2012, the goal is to track and collect the data only in an effort to establish benchmarks. No financial rewards or penalties are assigned to FY 2011/12 performance. The provider agrees to tracking and data collection related to the identified outcomes. Data collection related to the identified outcomes is to be provided to CCDCFS on a quarterly basis for review and comparison to CCDCFS SACWIS data collection. The data collection report is due to CCDCFS within twenty (20) calendar days following the end of each quarter.

During the course of this contract period, CCDCFS is committed to working in collaboration with Providers in the continued development and establishment of outcome indicators and reporting procedures as related to the attached outcome matrix.

Outcome Matrix

Category	Outcome	Measurement
A. Safety ("safety"= no recurrence of maltreatment while in care.)	Reduce the number and % of children who experience an indicated or substantiated incident of abuse and/or neglect in out-of-home care perpetrated by a foster or congregate (group/ IL or residential) caregiver.	A1) Number and % of children who experience an indicated or substantiated abuse/ neglect incident dispositional finding perpetrated by a foster or congregate (group/IL or residential) caregiver by placement type for the reporting time period. A2) Number and percentage of children who do not experience an indicated or substantiated abuse/neglect dispositional finding perpetrated by a foster or congregate (group/IL or residential) caregiver by placement type for the reporting time period.
B. Stability ("stability"= not subject to placement moves or disruptions)	Reduce the number of negative placement moves experienced by children placed in network care settings.	B1) Number and % of children moving to a more restrictive setting (i.e. foster home to residential / group home to residential/open residential to secure, etc.) during the reporting time period. B2) Number and % of placement moves that result in a child moving laterally (i.e. foster to foster, residential to residential, etc.) during the reporting time period B3) Number and % of children who have not experienced a negative move for the same time period
C. Well-being ("well-being"= achieving shorter lengths of stay in residential care while improving stability and functioning over time)	Reduce average length of stay for children in residential care *** (New placements effective 1/1/11)	C1) Number of days child in residential care at time of discharge measured as a total number of children discharged from residential for the reporting time period and then the total for each length of stay category. C2) Number of children who were clinically ready to leave earlier but had to remain in residential for reasons beyond Provider's control for the reporting time period. (i.e. DCFS unable to secure other placement, permanency planning needs, etc.) *** Capture data as DCFS extension

Sample Quarterly Data Collection Grid

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD Total	% of Total
A. Safety						
Total number of children in placement during quarter						
• Number in foster care						
• Number in residential						
• Group/IL						
Total number of incidents of abuse investigated by SIU in which out-of-home caregiver identified as perpetrator						
• Number in foster care						
• Number in residential						
• Group/IL						
Total number of substantiated abuse dispositions						
• Foster care						
• Residential						
• Group/IL						
Total number of indicated abuse dispositions						

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