

## 2602 CERTIFICATION OF COMMUNITY-BASED SERVICE PROVIDERS

Chapter: **Provider Management**

Section: **Certification**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **00-03**

Approved:

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Scheduled Review Date:

DCYF Director

Related Statute(s): [RSA 169-B](#), [RSA 169-C](#), [RSA 169-D](#), and [RSA 170-G](#)

Related Admin Rule(s): [He-C 6352](#), [He-C 6380](#), and [He-C 6422](#)

Related Federal Regulation(s):

Related Form(s): **FORM DSSP-256, FORM 2106, FORM 2152, FORM 2420, FORM 2426, FORM 2428, FORM 2429, and FORM 2431**

Bridges' Screen(s) and Attachment(s):

### Purpose

To establish the policy and procedures for the certification of providers of DCYF purchased services.

### Policy

- I. DCYF staff follow the qualification and performance requirements specified in the "Certification For Payment Standards For Community-Based Service Providers," Administrative Rule He-C 6352 to initially certify providers, and to recertify providers, as required by RSA 170-G:4 XVIII.
- II. Providers of community-based services may be certified in any of the following 4 categories:
  - A. Legal;
  - B. Medical;
  - C. Social; and
  - D. Behavioral health services.
- III. The category of legal services includes:
  - A. Guardian ad litem which includes court appointment of a representative designated to represent the best interests of children legally incapable of managing their own affairs;
  - B. Attorney or legal counsel which includes a professional in good standing with the state bar association who provides legal representation for children and families involved with DCYF; and
  - C. Legal deposition services which includes the use of a shorthand reporter, who is certified by the office of the superior court, chief justice to take shorthand notes and make a verbatim record of the spoken word at court hearings or at depositions, and/or the use of a transcriptionist, who is certified by the administrative office of the courts to transcribe audio tapes in a non-court setting.
- IV. The category of medical services includes:
  - A. Dental services which includes preventive and/or remedial dental care, necessary to the health and/or well being of children and families; and

- B. Medical services which includes preventive and/or remedial medical care necessary to the health and/or well being of children and families.
- V. The category of social services includes:
- A. Accompanied transportation services which includes transportation of children or family members to and from appointments, while the provider remains on-site with the children or family members during the appointments;
  - B. Adoptive history reports which includes the completion of a written case history describing social, medical, psychological, and educational information about a child who might be adopted and the birth family;
  - C. Child care services which includes caring for a child's need for food, activity, rest, and other necessities of growth, development, and physical care for a portion of the 24 hour day in a licensed family child care home, family group child care home, or group child care facility;
  - D. Child care license exempt services which includes caring for a child's need for food, activity, rest, and other necessities of growth, development, and physical care for a portion of the 24 hour day in a non-licensed setting;
  - E. Child in-home care services which includes the provision of care and supervision of a child in his or her own home, or in the home of a relative, during the temporary absence of his or her parent or caregiver, and the provision of food, activity, rest, and other necessities of physical care for the child;
  - F. Child health support services which includes in-home support services for children and families through the provision of supportive counseling, health assessment, health education, behavioral health management, referral to resources, coordination of services, and other supports for the purpose of improving the health and well-being of children and other family members;
  - G. Crisis intervention services which includes short-term, in-home services designed to stabilize families by responding immediately to a family's needs;
  - H. Home-based therapy services which includes the provision of intensive, short term, therapeutic interventions provided to families in their home setting to strengthen the family and prevent placement of the children;
  - I. Intensive home and community services which includes in-depth, short-term, outcome-oriented, individually designed, therapeutic services provided to enable a child who is experiencing severe dysfunction to reside in the community;
  - J. Interpreter services which includes the use of an individual who explains or translates linguistic information to accomplish understanding on the part of a family member or child;
  - K. Other - Family Support Services which includes the purchase of family support services or items for which no other funding mechanism or resource is available, and which are paid by a portion of state and county budget allocated annually to each district office;

- L. Outreach and tracking services which includes the implementation, coordination, and maintenance of cases involving children in need of services and delinquents, and includes intensive monitoring and supervision of juveniles;
- M. Recreation services which includes residential and non-residential camp or recreation experiences involving indoor or outdoor recreation, athletics, and nature appreciation;
- N. Respite care which includes temporary relief of child care responsibilities for the parent or the substitute care provider;
- O. Secure transportation services which includes transportation of children who are adjudicated juvenile offenders, who are considered to be at risk of flight from custody, present significant behavior management issues, or exhibit harmful behaviors toward themselves or others, and who require physical restraint while being transported;
- P. Supplemental foster care which includes levels of additional payments, based on the intensity of care and services provided by foster parents to children who reside in foster family care and require more than customary care;
- Q. Termination of parental rights report which includes the completion of a social study for a district office (CPSW), based on the DCYF case record and the termination of parental rights petition; and
- R. Transportation services which includes transportation of children and families to and from family support services.

VI. The category of behavioral health services includes:

- A. Alcohol and other drug abuse individual outpatient counseling which includes clinical assessments and interventions provided to children and families who are affected by the misuse of alcohol and/or drugs;
- B. Alcohol and other drug abuse group outpatient counseling which includes a form of psychotherapy involving 2 or more individuals and a therapist when treatment is focused on facilitating the recovery process;
- C. Diagnostic evaluation which includes psychological testing and/or psycho-social assessment to determine the nature and cause of a child's and family's dysfunction including mental status, child development, family history, and recommendations for treatment;
- D. Family counseling which includes a form of psychotherapy involving family members and a therapist when treatment is focused on ameliorating conditions that impair family functioning;
- E. Group outpatient counseling which includes a form of psychotherapy involving 2 or more individuals and a therapist when the focus of the group is ameliorating conditions that impair life functioning; and
- F. Individual outpatient counseling which includes clinical assessments and interventions which rely primarily on verbal communication to alleviate or cure the symptoms or related functional impairments experienced by a child or his or her family.

- VII. An employee of DCYF and/or an employee of the Department of Youth Development Services who provides direct care services, case supervision, or has access to confidential information regarding children and families must not be a DCYF provider of community-based services.

### **Procedures**

- I. The CPSW or JSO recommends service providers, and the DCYF supervisor determines the need for a new service provider, based on the following criteria:
- A. The number of children and families who require services exceeds the available community resources;
  - B. A specialized service is necessary to meet the unique needs of children and families, and there are no currently certified providers who can provide the specialized service; and
  - C. Any other case circumstance which requires the provision of services pursuant to a court order.
- II. If there is a need for a service based on I above as determined by the DCYF supervisor, the CPSW or JSO completes the "Service Certification Request" (Form 2431) and submits, as follows:
- A. For a new legal, medical, or social service provider who will serve CHINS and delinquents and their families, Form 2431 is forwarded via e-mail to the Juvenile Services Administrator at State Office;
  - B. For a new legal, medical, or social service provider who will serve abused/neglected children and their families, Form 2431 is forwarded via e-mail to the Child Protection Administrator at State Office; or
  - C. For a new behavioral health provider, Form 2431 is forwarded via e-mail to the Clinical Coordinator at State Office.
- III. If the request to become a service provider is denied, the DCYF supervisor informs the applicant, either verbally or in writing, within 7 working days of receipt of the denial.
- IV. Upon receipt of an approved "Service Certification Request" form from the designated administrator, the applicant is mailed a certification package, within 7 working days of receipt of the approval by the Certification Program Specialist, which includes the following materials:
- A. "Notice of Service Certification" (Form 2420);
  - B. "Application for Certification of Service Providers" (Form 2428);
  - C. "Provider Enrollment" (Form 2106);
  - D. "Alternate W-9" Form;
  - E. "Enrollment and Billing Requirements" (He-C 6380);
  - F. "Rate Setting Regulations" (He-C 6422) if applicable;
  - G. "Certification for Payment Standards for Community Based Service Providers" (He-C 6352); and

- H. "Documentation Requirements Chart."
- V. In addition to IV above, if the applicant is a license-exempt and/or in-home child care provider, the Certification Program Specialist sends the following materials:
  - A. "Service Provider Reference Request" (Form 2429);
  - B. "Medical Information Statement" (Form 2152);
  - C. "Criminal Record Release Authorization" (Form DSSP 256 -NH Department of Safety); and
  - D. "Records Review of Abuse and Neglect Reports" (Form 2426).
- VI. In addition to IV above, if the applicant is a provider of recreation services, the Certification Program Specialist sends the following materials:
  - A. "Criminal Record Release Authorization" (Form DSSP 256 - NH Department of Safety); and
  - B. "Records Review of Abuse and Neglect Reports" (Form 2426).
- VII. Completed applications are reviewed by the Certification Program Specialist for compliance with the certification for payment standards, He-C 6352.
- VIII. The Certification Program Specialist decides, within 60 calendar days of the date the application is received, whether to certify the applicant and informs the applicant, via letter, if approved and provides the NH Bridges Provider Number.
- IX. The Certification Program Specialist also notifies the Provider Relations Unit, via Form 2431, to enroll the approved provider on NH Bridges so billing and reimbursement may begin. (See [ITEM 1850](#))
- X. Applicants may be denied certification for payment for a variety of reasons as outlined in He-C 6352.08.
- XI. If the Certification Program Specialist denies an applicant, a registered letter, which lists the reasons for denial, is sent to the applicant who has the right to appeal pursuant to He-C 6352.10 and He-C 6352.11.
- XII. Providers are notified at least 60 calendar days prior to the date of the expiration of certification in order to complete a renewal packet.
- XIII. Sixty calendar days prior to the date of expiration of certification, the Program Certification Specialist sends a renewal packet which contains the materials identified in IV and V, or VI above, as appropriate.
- XIV. A decision on the renewal application is made within 30 calendar days of the return of the renewal materials, and written notification is sent to the provider who has the right to appeal pursuant to He-C 6352.10 and 6352.11.
- XV. The Certification Program Specialist retains certification files as follows:
  - A. Currently certified providers throughout the period of service provision; and

- B. Revoked and closed providers for a period of 7 years following the date of revocation or closure.
- XVI. The Certification Program Specialist transfers revoked and closed provider files to State Archives after 3 years from the date of revocation or closure, and staff at State Archives destroy these files after 7 years from the date of revocation or closure.
- XVII. The protocol for handling complaints regarding failure by the service provider to adhere to He-C 6352 includes the following steps:
- A. The CPSW, JSO and/or Supervisor will discuss the concerns with the provider and seek resolution at the district office level;
  - B. If resolution is not achieved, a referral is made to the Department's District Office Program Manager who will review the complaint with the provider, CPSW or JSO and Supervisor to seek resolution;
  - C. If B above is unsuccessful, the Supervisor submits a written request for assistance to the Administrator, Bureau of Quality Improvement. The request specifies the provider's name, details pertaining to the concerns, dates of violations, attempts made for resolution to date, and the outcomes;
  - D. The Administrator reviews the concerns, reviews certification and client-specific case records to determine the facts, consults with district office and state office personnel including the Certification Program Specialist, as necessary, and consults with the provider, as necessary; and
  - E. Within 30 days of the date of referral, the Administrator determines action necessary to resolve the complaint in accordance with He-C 6352.08, advises appropriate district and state office personnel, advises the provider including following the specifications in He-C 6352.09, if necessary, and ensures that the action is completed.