

## SCOPE OF WORK

Residential Treatment Center Services  
Therapeutic Group Home Services  
Behavioral Health Group Home Services

### CONTRACTOR STANDARD CONDITIONS AND REQUIREMENTS

#### 1.0 ADES MISSION AND VISION STATEMENTS

- 1.1 ADES Mission: The Arizona Department of Economic Security (ADES) promotes the safety, well-being, and self-sufficiency of children, adults, and families.
- 1.2 ADES Vision: Every child, adult, and family in the state of Arizona will be safe and economically secure.

#### 2.0 PURPOSE

- 2.1 Purpose Statement: The purpose of this solicitation is to establish contracts to be used by ADES, Division of Children, Youth, and Families (DCYF) and Arizona Department of Juvenile Corrections (ADJC) for behavioral health licensed residential placement services listed as follows:
  - 2.1.1 Residential Treatment Center
  - 2.1.2 Therapeutic Group Home
  - 2.1.3 Behavioral Health Group Home
- 2.2 Legal and Statutory Authority:
  - 2.2.1 A.R.S. §41-1954.A.6 provides ADES the authority to contract and incur obligations within the general scope of its activities and operations. ADES is authorized pursuant to A.R.S. §46-134 to provide the cost of care of children who are adjudicated by the court as dependent and who are in out of home placement; and A.R.S. § 8-846, A.R.S. §8-802.C.6, and A.R.S. §8-801.1 to provide services to children and families.
  - 2.2.2 ADJC is authorized pursuant to A.R.S. §41-2813 to contract and incur obligations for treatment services to committed youth.
  - 2.2.3 ADES is the lead agency for this solicitation and it is anticipated that multiple contract awards will be made for these services to be administered by ADES. The standards contained in this solicitation and resultant contracts apply to both Departments unless otherwise indicated.
  - 2.2.4 These services are referral driven and are for children, youth and their families who are receiving services from either Department. This contract is on an as needed, if needed basis and the Department does not guarantee any amount of referrals under this contract.
- 2.3 Projected Utilization
  - 2.3.1 Projected Awards: It is the intent of the Department to make multiple awards for these services. The anticipated start date is October 1, 2009. The contract will be established with an initial contract term of one (1) year with extension options.
  - 2.3.2 The following is the Projected Utilization Table:

Level 1 facilities include Arizona residential treatment centers accredited by JCAHO (Joint Commission on Accreditation of Healthcare Organizations). Level 2 facilities are therapeutic group homes. Level 3 facilities are behavioral health group homes. The Table designates the funding source of the placement, not the child's eligibility status. TXIX is a placement paid for by the RBHA, non-TXIX is a placement paid for by DCYF. In some instances, non-TXIX placements for dually adjudicated youth may be cost shared with Juvenile Corrections or Juvenile Probation agencies.

The Table lists the monthly average number of children placed in the different levels of care. In December, 2008 approximately 80% of the children in these levels of care were funded by the Behavioral Health System, with DCYF providing allowances for all levels and **Room and Board for Levels 2 and 3.**

**DCYF Placements in the different levels of behavioral health facilities**

<b>Funding Source</b>	<b>Level 1 (RTC)</b>	<b>Level 2 (TGH)</b>	<b>Level 3 (BHGH)</b>	<b>Total</b>
TXIX	100	95	30	225
non-TXIX	33	10	13	56

- 2.3.3 Residential Treatment Center Service does not include court ordered out of state placements.
- 2.3.4 Definitions are included as **Exhibit A Definitions**.

**3.0 GENERAL SERVICE DESCRIPTION**

3.1 The services are to provide twenty-four (24) hour care and supervision of children who are dependent and are in the legal custody of ADES or ADJC. This service includes transportation to and from required appointments, court hearings and visitation with relatives and siblings.

3.2 The Visioning Agreement between the ADHS, ADJC, AHCCCS, ADOC, Arizona Administrative Office of the Courts and ADES is included as **Exhibit B Arizona Visioning Statement and Twelve Principles**.

3.3 Service Eligibility Requirements/Target Population

3.3.1 DCYF is the administration within ADES that is responsible for child welfare services including Child Protective Services. Services are to be provided to children who have been adjudicated by the court as dependent and are in the legal custody of ADES, or who are under a voluntary foster care arrangement. Referrals for these services will be made by ADES or ADJC based upon the needs of the child and to the contractor who can best meet the child's needs and provide the required services. Services may also be purchased through these contracts by any administration within the ADES especially the Division of Developmental Disabilities.

3.3.2 ADJC is responsible for the operation of four (4) secure care institutions. These include:

3.3.2.1 ADJC is the state agency responsible for services to delinquent youth committed to its custody and care by the courts of the State of Arizona. Services are to be provided to a culturally diverse population of male and female adjudicated delinquent youth, who are eight (8) years of age or older but have not yet attained the age of eighteen years (18) from throughout the State of Arizona who are under the jurisdiction of the ADJC. Referred youth may currently be placed in other community residential services, from dysfunctional family settings, or from one of ADJC secure care institutions.

3.3.3 ADJC is responsible for the operation of 4 secure care institutions. These 4 institutions include:

3.3.3.1 Adobe Mountain Secure Care School (AMS) located at 2800 W. Pinnacle Peak Road, Phoenix, AZ 85083, serving an all-male population. Adobe Mountain also includes the Intake area for all male juveniles committed in Arizona or have violated parole. There are 11 housing units, which include two Reception, Assessment and Classification units to determine needs and classification and five (5) specialized housing units for juveniles with sexualized behavior offenses, substance abuse offenses, and behavioral health concerns. Most juveniles at Adobe Mountain School are primarily juveniles committed in Maricopa County however, the juveniles placed in the behavioral health treatment unit are from all counties in Arizona and the juveniles placed in the sexual offender treatment program are from all counties except Pima, Cochise and Santa Cruz.

3.3.3.2 Black Canyon Secure Care School (BCS) located at 24601 North 29th Avenue, Phoenix, AZ 85083, serving an all female population of offenders. It is the intake location for all newly committed female juveniles throughout the state. All secure treatment programs for females and are located in three (3) housing units, for substance abuse offenses, co-occurring disorders and a behavioral health concerns.

3.3.3.3 Catalina Mountain Secure Care School (CMS) is located at 14500 North Oracle Road, P.O. Box 8988 CRB, Tucson, AZ 85738. This treatment facility is serving an all-male population for juveniles primarily from Pima, Cochise and Santa Cruz Counties. There are five housing units, which include six (6) specialized housing units for juveniles with sexualized behavior issues and substance abuse issues.

3.3.3.4 Eagle Point School (EPS) located at 26701 South State Route 85; Buckeye, AZ 85326 is a treatment facility serving an all-male population for juveniles primarily from Apache, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Yavapai and Yuma Counties. There are six housing units, which includes one specialized housing unit for juveniles with substance abuse issues

### 3.4 Background – Historical and Current Information

- 3.4.1 **The Department of Health Services and Behavioral Health Services administer the children's behavioral health system through Regional Behavioral Health Authorities (RBHA). As such, a majority of the youth placed in the above services may be the treatment responsibility of the RBHA. If the youth placed is the responsibility of the RBHA, ADES and ADJC may be responsible for only daily allowances for the child or the room and board portion of the daily rate.** Certain circumstances, such as citizenship status or financial means, may disqualify a youth from being eligible for services funded through the behavioral health system, requiring the referring agency, i.e. ADES or ADJC, to purchase the service for the referred child.
- 3.4.2 It is the policy of DCYF and ADJC to refer all Title XIX children to the RBHA for age appropriate behavioral health or developmental assessments. Based upon the results of the assessment, children may be referred by the RBHA for any of the full range of the Title XIX Covered Services. The RBHA and not ADES will pay services authorized by the RBHA.

## 4.0 **CONTRACTOR REQUIREMENTS**

The Contractor shall:

### 4.1 **General Client Services**

- 4.1.1 **Culturally Relevant and Linguistically Appropriate:** Ensure that all services provided are culturally relevant and linguistically appropriate to the population being served. The Contractor should demonstrate that all pertinent written and oral materials for child and family are interpreted from the appropriate cultural perspective and are provided in the language of the population being served.
- 4.1.2 **Release of Child:** Ensure that personnel do not release a child to anyone other than the Department designated staff or to the person designated by documented authorization from the Department. Have a procedure to verify telephone authorizations initiated by the Department staff.
- 4.1.3 **Health and Safety:** Ensure that personnel do not at any time endanger the health or safety of the child under their care. The Contractor should provide special hair and skin care for minority children.
- 4.1.4 **Educational and Sports Material:** Have available educational materials (including but not limited to books, paper, pens, or other basic school materials) equipment and toys for all children receiving services. Provide such items for both indoor and outdoor activities and in a variety of sizes and designs appropriate to the child's developmental and psychological needs. Provide play materials and sports equipment in amounts that allow every child to be involved in play or recreational activity at any time. Maintain in a usable condition and disinfect as necessary all equipment, toys, and materials.
- 4.1.5 **Appropriate Behavior Control Methods:** Ensure that personnel use behavior management methods to teach child acceptable behavior. Contractor methods to promote socially accepted behavior and compliance with Contractor policies and procedures shall not be detrimental to the health, emotional or psychological needs of the child; they shall not be associated with eating, sleeping, or toileting and family visitation shall not be withheld as a punishment. Contractor personnel shall not humiliate or frighten a child, or use corporal punishment, and shall not permit other personnel to do so. The child shall not be allowed to punish another child.
- 4.1.6 **Client Rights:** Post a list of client rights in a conspicuous area accessible to all child pursuant to A.R.S. §36-504-A and A.A.C. R9-20-203. Website for reference: [www.azsos.gov/public\\_services/title\\_09/9-20.htm](http://www.azsos.gov/public_services/title_09/9-20.htm)
- 4.1.7 **Telephone Numbers:** Post in a waiting or public access area and at the telephone available for the child to use, the Child Protective Services Hotline number and other emergency numbers.
- 4.1.8 **Communication and Visits:** Allow the child private and uncensored communication and visits with approved family members or other visitors when such visits do not interfere with treatment activities or do not contradict with the child's treatment plan. Restriction of communication or visits required for therapeutic reasons shall be determined with the Department staff and the child and be documented in the child's record. Make telephones accessible, ensure that correspondence can be received and mailed, and make space available for visits. If the Contractor restricts the times and places for visits and the use of telephones, it shall do so in writing and post the restrictions in a conspicuous place.
- 4.1.9 **Facility:** Ensure that the Contractor's space and furnishings are arranged to enable the Contractor to provide supervision while respecting the child's right to privacy.
- 4.1.10 **Smoking:** Prohibit smoking of any kind in a facility where it provides services for children.
- 4.1.11 **Clothing:** Allow the child to wear their own clothing unless contraindicated by a child's treatment plan or the Contractor's written policy. The Contractor may establish dress codes.

## **4.2 Medical and Dental Services**

- 4.2.1 Obtain a comprehensive medical examination which includes a behavioral health assessment and that meets at minimum, the Title XIX Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements, for each child within seven (7) days from the date of placement, unless there is documentation from the Department of a medical examination occurring within the previous twelve (12) months. Arrange and obtain for each Department child in care an annual medical examination that meets at least, the Title XIX EPSDT requirements.
- 4.2.2 Arrange for each child to have a dental examination within thirty (30) days from the date of placement, unless there is documentation provided from the Department of a dental examination within the past six- (6) months. Schedule and obtain for each Department child in care a dental examination every six- (6) months.
- 4.2.3 Provide the results of the medical and dental examinations to the Department staff within five (5) business days from the date of the examination.

## **4.3 Assessment (Initial Service Plan)**

- 4.3.1 Within seven (7) calendar days of the child's admission to the Contractor, conduct an assessment of the child and enter it in writing into the child's record. Where applicable, review the records from the Department. In addition to the requirements specified in A.A.C.R9-20-209, the assessment, and the written record of it, shall include the following:
  - 4.3.1.1 A description of services the child is to receive while in care, including services to ready the child for discharge or emancipation from the program;
  - 4.3.1.2 Goals and objectives for the child;
  - 4.3.1.3 Timelines for achieving each goal and objective;
  - 4.3.1.4 Recommendations for any after-care;
  - 4.3.1.5 Identification of persons invited to participate in service planning;
  - 4.3.1.6 Educational and vocational history;
  - 4.3.1.7 Legal status assessment and history;
  - 4.3.1.8 Identification of persons responsible for implementing the service plan, with an explanation of each person's role; and
  - 4.3.1.9 Recommendations for further assessment and treatment prior to finalization of Initial Service Plan.
- 4.3.2 If the referring Department has conducted a psychiatric or psychological evaluation or a social history of the child within one (1) year of the child's admission to the program with the Contractor, the Contractor may use those evaluations or history as the child's assessment if it meets the requirements of A.A.C. R9-20-209. If the Contractor uses those evaluations or that history as relevant parts of the child's assessment, the Contractor shall update the information to ensure that the information thoroughly addresses all required items.
- 4.3.3 Additional Evaluation and Diagnosis. Based on the information contained in the assessment, Determine the need for and make recommendations for any additional evaluation. Document all recommendations for additional evaluations to the referring Department's staff and enter the recommendations into the child's record within 30 days of admission to the program. The recommendations may include but are not limited to the following:
  - 4.3.3.1 Psychiatric, psychological evaluation, or neuropsychological evaluation;
  - 4.3.3.2 Physical examination;
  - 4.3.3.3 Neurological examination;
  - 4.3.3.4 Laboratory test;
  - 4.3.3.5 Educational testing;
  - 4.3.3.6 Occupational and recreational therapy evaluations;
  - 4.3.3.7 Adaptive behavior evaluation or direct observation of behavior;
  - 4.3.3.8 Nutritional evaluations including specialized nutrition or dietary modifications; and
  - 4.3.3.9 Speech and language evaluations.
- 4.3.4 When the Contractor renders any diagnoses, they shall be written in standard nomenclature as provided in the current edition American Psychiatric Association; Diagnostic and Statistical Manual of Mental Disorders; and substantiated by data based upon accepted professional standards of examinations and tests and indicated by factual description of the child's symptoms and issues.
- 4.3.5 Record immediately in the child's record, within seven (7) calendar days, any additional information about the child's condition resulting from any evaluation conducted throughout the delivery of services to that

child. At a minimum, the information shall include the Contractor's conclusions and recommendations resulting from each evaluation.

#### **4.4 Treatment or Service Plan**

- 4.4.1 In conjunction with the referring Department's staff, prepare a written Treatment Plan for each child. The plan shall be relevant to the child's culture and life experiences and include treatment modalities that are culturally appropriate and effective for the child. The plan shall identify the person who wrote or supervised the writing of the plan, and contain that person's legible signature.
- 4.4.2 Prepare and implement a Treatment Plan for each child within five (5) business days after admission to the program.
- 4.4.3 Notify the child's referring Department's staff and, if applicable, the child's parent, guardian or designated representative in advance that they may participate in the development of the Treatment Plan or in any Treatment Plan reviews. Retain a copy of the notification, or documentation that it gave verbal notification, in the child record. If a child, a parent, guardian or designated representative is unable or unwilling to participate in the planning, or such participation is clinically inappropriate, document the circumstances in writing and file the documentation in the child's record.
- 4.4.4 At the time that the Treatment Plan is developed and with each subsequent review, document the participation of the child, the child's parent, guardian, or designated representative, and the referring Department's staff. Document the participant's agreement to the plan by obtaining their dated signatures on it, or through a written record that the Contractor obtained verbal approval.
- 4.4.5 In addition to the requirements specified in A.A.C. R9-20-209, the Treatment Plan shall include:
  - 4.4.5.1 Goals that the child is to achieve for improvement or maintenance of behavior, behavioral health or adaptive functioning;
  - 4.4.5.2 Specific measurable objectives that relate to the goals and dates when achievement of the objective is expected; and
  - 4.4.5.3 The services, activities, and programs planned for the child including recommendations for aftercare.
- 4.4.6 Ensure that the Treatment Plan is reviewed and updated by assigned personnel. At a minimum, the treatment plan should be updated when measurable objectives are accomplished, when additional child deficits are identified, or at least every ninety (90) days following completion of the assessment.
- 4.4.7 For Residential Treatment Centers, the Treatment Plan is to be reviewed every sixty (60) days. The written review shall indicate:
  - 4.4.7.1 Methods or services contained in the Treatment Plan that the Contractor did not provide;
  - 4.4.7.2 Progress toward the measurable objectives;
  - 4.4.7.3 Issues which impeded treatment progress and whether such issues were child-based or contractor-based; and
  - 4.4.7.4 Decisions to continue or modify the Treatment Plan or to discontinue services.

#### **4.5 Transition and Aftercare**

- 4.5.1 Include aftercare and transition planning beginning with the assessment and as part of the treatment planning so that clear, measurable objectives are established as guidelines for treatment and to determine outcomes and service effectiveness. Aftercare and transition planning shall occur from the child's entry into the program and be finalized as the child approaches attainment of goals/objectives of the treatment. Include the child's case manager/parole officer, the child and as appropriate other representatives including the parents.
- 4.5.2 Work with the Department in the transition of the child to the next placement that includes aftercare services.

#### **4.6 Discharge**

- 4.6.1 Complete a written Discharge Summary within ten (10) calendar days of the date a child is discharged. In addition to the requirements specified in A.A.C. R9-20-210, the following shall be included:
  - 4.6.1.1 The name, address, telephone number and relationship of the person to whom the child was discharged;
  - 4.6.1.2 The planned and actual discharge dates;
  - 4.6.1.3 A summary of the contacts between the Contractor and the person or facility to which the child was discharged;
  - 4.6.1.4 A summary of the services provided during care;
  - 4.6.1.5 A list of medication provided during care, with a summary of the reasons for prescribing the medication and any outcomes of the medication;
  - 4.6.1.6 A summary of progress toward treatment/service plan goals
  - 4.6.1.7 Lengths of time services were received;

- 4.6.1.8 An assessment of the child's unmet needs and alternative services which might meet those needs;
  - 4.6.1.9 Recommendations for continuing treatment;
  - 4.6.1.10 Any after-care plan and identification of any person or agency responsible for follow-up services and aftercare which includes referrals made;
  - 4.6.1.11 Statement of services being provided to the child and the child's family from the residential placement;
  - 4.6.1.12 Reason for discharge/termination of services; and
  - 4.6.1.13 For an unplanned discharge, a description of the circumstances surrounding the unplanned discharge, including the Contractor's actions shall be completed and submitted to the referring Department staff within thirty (30) business days of the child's discharge.
- 4.6.2 Discharge standard summary report is included as **Exhibit C Discharge Summary Report**.

#### **4.7 Terminating Services**

- 4.7.1 Terminate services to the child only when:
  - 4.7.1.1 The child is considered a danger to themselves or others as determined by a psychiatrist, psychologist, medical doctor or the Regional Behavioral Health Authority (RBHA) and by mutual consent by the Department and when the child is hospitalized for 48 hours or more.
  - 4.7.1.2 The child is considered a danger to themselves or others as determined by the Department and the Contractor (e.g., sexual perpetrator).
  - 4.7.1.3 The child is under the influence of drugs or alcohol and is in the need of medical detoxification as determined by a qualified behavioral health professional and the child is hospitalized for 48 hours or more.
  - 4.7.1.4 The child is in need of emergency medical attention requiring in-patient hospitalization as determined by a licensed physician.
  - 4.7.1.5 The child is placed in detention.
  - 4.7.1.6 As mutually agreed between the Department and the Contractor that the child should be moved to another placement, provide the Department thirty (30) days advance notice of the child's last day of placement.
  - 4.7.1.7 The Department notifies the Contractor that the child will be moved to another placement.
  - 4.7.1.8 If the child is to be hospitalized, ensure the child is safe until the child can safely be transitioned.

#### **4.8 Child Case Records**

- 4.8.1 Maintain a separate Case Record for each child. Ensure that the Case Record includes in addition to the requirements in A.A.C. R9-20-211, the following:
  - 4.8.1.1 Documentation of child's receipt of program rules and disciplinary policies;
  - 4.8.1.2 Documentation of TXXI and TXIX preliminary financial eligibility screening at intake as required by A.R.S. §36-3408.
  - 4.8.1.3 Maintain original versions, not photocopies, of child records with up to date entries, without error and legible as follows:
    - 4.8.1.3.1 For closed files, in one central location and available on request for inspection by the Department.
    - 4.8.1.3.2 For open files, readily available on request and in a form which permits them to be brought to a central location for inspection.
  - 4.8.1.4 Retain the case file for a period of six (6) years after termination of the contract.
  - 4.8.1.5 Destroy the case file as the means of disposing the record after approval is obtained from the Department.
  - 4.8.1.6 Upon written request from the Department, provide the original case file to ADES within forty-eight (48) hours of the request. Make a duplicate copy of the file requested for their records.

#### **4.9 Allowances**

- Allowances will be paid for each child in the care/custody and control of ADES in accordance with ADES DCYF Children's Services Manual which can be found at: <https://www.azdes.gov/dcyf/cmdps/cps/Policy/ServiceManual.htm> Chapter 6:21.
- 4.9.1 Monthly Personal and Clothing Allowance will be paid for the specific child. The monthly allowances are based upon the age of the child and may be modified by the Department at any time during the contract term.
  - 4.9.2 Clothing Allowance for Children placed by ADES: Facilitate acquisition, according to need; of age appropriate clothing, which shall go with the child upon removal from care.
  - 4.9.1 Use the clothing money (monthly clothing and emergency and extra emergency clothing allowances) provided by ADES only for the child. A completed copy of the current FC-010, Basic Wardrobe Checklist is to be kept in the Child's Placement Packet.

- 4.9.3 Personal Allowance for Children Placed by ADES:
- 4.9.3.1 Give the child the personal allowance provided by ADES for their use for items, which are not included in the daily rate paid by ADES.
- 4.9.3.2 Distribute the personal allowance to the child not less than once per month. The personal allowance is to be paid directly to the child or deposited directly to the child's personal account. The personal allowance cannot be used as "payment" to the child for chores, or as a means of reward or punishment.
- 4.9.3.3 Not deduct sums from a child's allowance as restitution for damages caused by the child unless the Contractor has discussed the restitution with the child and DCYF case manager; and the deduction will be:
- a. Reasonable in amount;
  - b. Consistent with the child's ability to pay;
  - c. In accordance with the Contractor's policy; and
  - d. Explained in the child's Service Plan;
- 4.9.3.4 Prepare and maintain accurate records of all allowances (personal, clothing and auxiliary) for monitoring and/or audit purposes. At minimum the allowance records shall include:
- a. The child's name;
  - b. Date allowance received;
  - c. Date and manner distributed;
  - d. Item(s) purchased, cost and receipt or the child's signature upon receipt of the allowance by the child.
- 4.9.3.5 Upon termination of the child's placement, disposition of any unexpended children's allowances shall be returned to the Department and shall be submitted to:
- Division of Children, Child and Families  
Payment Processing Unit  
1789 West Jefferson, 944C  
Phoenix, Arizona 85007
- 4.9.3.6 The payment shall be by check, which is made payable to the Arizona Department of Economic Security and shall include the child's name and allowance category.
- 4.9.4 Amounts may be modified by the Department at any time during the contract term. See ADES DCYF Children's Services Manual online for most current rates.
- 4.9.5 For youth placed by ADJC, within twenty-four hours of placement the Contractor shall maintain an inventory of all personal items belonging to and in the possession of each youth. The Contractor and youth shall sign and date the inventory list; maintain, update and initial list with the addition and/or deletion of items.
- 4.9.6 For ADJC, assist the youth in assessing clothing needs in support of programming, employment, school, etc.
- 4.9.6.1 When clothing is purchased, keep receipts in the youth's file.
- 4.9.6.2 Invoice the Department \$1.00 per day per youth on the monthly invoice under the clothing allowance section.
- 4.9.6.3 Document each month in the program files a record of clothing allowances received and expended, noting the name and "K" number of each youth.

#### **4.10 Transportation**

- 4.10.1 If the Contractor provides its own vehicular transportation of children, uses a private transport provider, or uses volunteer-driven vehicles, in addition to the requirements specified in A.A.C. R9-20-212 and 213, all applicable federal and state laws, rules and regulations, the following shall apply:
- 4.10.1.1 No child shall be transported in portions of the vehicles not constructed for the purpose of transporting people such as truck beds, campers, or any trailer attachment to a motor vehicle;
- 4.10.1.2 Contractor's personnel and child shall not stand or sit on the floor while the vehicle is in motion;
- 4.10.1.3 Vehicle doors shall remain locked at all times when the vehicle is in motion; and
- 4.10.1.4 Provide a safe vehicle loading and unloading area away from moving traffic and hazardous obstructions.
- 4.10.1.5 Notify the Contract Administrator, according to the incident reporting requirements specified in Section 5.3 of any traffic accident involving any child being transported by the Contractor, its transport contractor or Contractor personnel, volunteers, or interns utilizing personal vehicles.
- 4.10.2 Provide transportation for the child to and from:
- 4.10.2.1 Medical and dental appointments including urgent care;
  - 4.10.2.3 Home visits where parental transportation cannot be arranged;
  - 4.10.2.4 Therapeutic services;
  - 4.10.2.5 Court related requests or requirements;

- 4.10.2.6 School or partial care programs
- 4.10.2.7 Recreational activities;
- 4.10.2.8 Transitional visits to a lesser restrictive setting or home; and
- 4.10.2.9 Work.
- 4.10.3 The Contractor may utilize public transportation services for transporting the child, as approved by the child's case manager/parole officer and depending upon the age and developmental ability of the child to utilize this service on their own.
- 4.10.4 Payment for the public transportation service is the responsibility of the Contractor.

#### **4.11 Child Sexual Development and Learning Programs**

- 4.11.1 Provide child sexual development and sexuality learning programs to children who are at least 12 years of age and older. If approved by the Department, children younger than 12 years of age may also be included in this program.
- 4.11.2 Ensure that the programs are appropriate to the age and development level of the child and should include:
  - 4.11.2.1 Personal and family values regarding sexuality;
  - 4.11.2.2 Religious and cultural issues regarding sexuality;
  - 4.11.2.3 Self-respect and its relationship to sexual behaviors and character development;
  - 4.11.2.4 Physiological information;
  - 4.11.2.5 Personal hygiene related to sexuality;
  - 4.11.2.6 Long-term and permanent relationships with partners, spouses and friends;
  - 4.11.2.7 Family planning information including abstinence;
  - 4.11.2.8 Sexually transmitted diseases (STDs), including HIV/AIDS; and
  - 4.11.2.9 Recognizing, preventing and avoiding sexual abuse and the impact of sexual abuse and other sexual victimization on sexual development.

#### **4.12 Professional Standards**

- 4.12.1 Comply with the statutory obligation to report child maltreatment, as prescribed in A.R.S. § 13-3620.
- 4.12.2 Treatment of juvenile sex offenders shall conform to "The Association for Treatment of Sexual Abusers" standards <http://www.atsa.com/index.html> as may be amended.
- 4.12.4 Be staffed to meet the acuity of the child with qualified personnel to provide the quantity and type of services set forth in the Contractor's offer. Ensure that personnel qualifications meet the requirements of this Contract, be commensurate with the level of care required by child and the child admission and discharge criteria of the Contractor, and demonstrate experience, knowledge, and competency in working with minority cultures including: African-American, Hispanic, Native American and other minority cultures and communities of Arizona.
- 4.12.5 Be knowledgeable about the following:
  - a. The principles developed through the J.K. Lawsuit settlement (J.K. Principles);
  - b. RBHA covered services;
  - c. RBHA Child and Family Teams;
  - d. Recognizing the need to bridge the gap in systems by providing a continuum of care;
  - e. The principles of Positive Youth Development which focuses on young people's strengths rather than their weaknesses;
  - f. The Search Institute's 40 Developmental Assets<sup>®</sup>, as promoted by the the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, <http://ncfy.acf.hhs.gov/publications/ydfactsh.htm>; and
  - g. The federal Helping America's Youth Initiative which is a nationwide effort to raise awareness about the challenges facing our youth. <http://www.helpingamericasyouth.gov/youthdevelopment.cfm>.
- 4.12.6 Ensure that staff attend, participate and comply with training and on-going education as required by the Department.

### **5.0 REPORTING REQUIREMENTS**

- 5.1 Program Reports:
  - 5.1.1 The Assessment (Initial Service Plan) shall be submitted to the referring Department staff within thirty (30) calendar days of the child's placement and shall include discharge planning with the target date and goals.
  - 5.1.2 The Treatment Plan (Service Plan) which includes outcomes shall be submitted to the referring Department Staff within ten (10) calendar days of completion.

- 5.1.3 Transition and Aftercare Plan shall be submitted to the referring Department staff within ten (10) calendar days of completion.
- 5.1.4 The Discharge Summary shall be submitted to the referring Department Staff within ten (10) calendar days of the child's discharge.
- 5.1.5 The Monthly Progress Report shall be submitted to the referring Department Staff within ten (10) calendar days following each month of service. The Monthly Progress Reports shall include a summary of all services provided the child and family's response to services, prognosis for continuing treatment and the child's anticipated discharge date.
- 5.1.6 For ADES and ADJC referred youth, at the time of discharge, the updated and current Child's Placement Packet shall be provided to the referring Case Manager
- 5.1.7 For ADJC referred youth, the Contractor shall submit psychiatric or psychological, or other Department directed evaluation or record reviews to the parole officer within ten (10) calendar days from the date the Contractor completes the evaluation.
- 5.1.8 For ADJC referred youth, the Contractor shall send the following reports/information to the ADJC educational Program Administrator on all ADJC children in special education for which ADJC is the home school district:
  - 5.1.8.1 A written report of all scheduled Individual Education Plan (IEP) meetings;
  - 5.1.8.2 A written report of when youth are released from your program; and
  - 5.1.8.3 A progress report, per youth, at the close of each school session updating the youth's progress toward attaining his or her annual goals and objectives.
- 5.2 Financial Reports:
- 5.2.1 For ADES referred youth: The Contractor shall submit the ADES generated billing document (CHILDS Billing Document) within fifteen (15) days following the end of the month services were provided. The Billing Document shall be timely and accurately completed, signed in ink by an authorized individual and submitted to the address specified on the CHILDS Billing form. Rubber Stamp signatures will not be accepted. Contractors may submit a facsimile of the billing document to add youth who were not included on the ADES generated billing document.
- 5.2.2 For ADJC referred youth: The Contractor shall submit to ADJC the ADJC Residential Services Invoice, (see Exhibit D ADJC Residential Svs Invoice) and ADJC Attendance Report Residential Services (see Exhibit E ADJC Attendance Report Residential Svs) pursuant to the ADJC Billing Manual.
- 5.2.3 Outcome Reports ADJC. For ADJC referred youth: The Contractor shall submit to the Community Services Administrator on a quarterly basis, the following outcome reports. The report shall address each of the Outcomes specified in 5.2.3.1 through 5.2.3.4 and shall specify by the County where the youth is from, the RBHA, ADES/ADJC Dual Award or ADJC youth:
  - 5.2.3.1 Outcome 1: Percentage of youth who successfully finished the program as defined in the Supervision Plan or Treatment Plan, per number of youth served.
  - 5.2.3.2 Outcome 2: The number of youth served and the number of youth leaving, as they were transitioned home or to a lower level of care. Include, by the name of the child, the average length of stay.
  - 5.2.3.3 Outcome 3: The number of youth served and the number of youth not successfully completing the program. Include by the name of the child, the reasons why the youth did not complete the program and the average length of stay.
  - 5.2.3.4 Outcome 4: The number of youth admitted and the number of youth successfully transitioned to live with their families including foster families. Successfully transitioned means stable in the placement for up to at least three (3) months.
- 5.2.4 Outcome Reports ADES/DCYF. For ADES/DCYF referred youth: The Contractor shall submit to the ADES/DCYF Contract Administrator on a quarterly basis, the following outcome reports.
  - 5.2.4.1 Outcome 1: The number of youth served and the number of youth leaving, as they were transitioned home or to a lower level of care. Include, by the name of the child, the length of stay.
  - 5.2.4.2 Outcome 2: The number of youth served and the number of youth not successfully completing the program. Include by the name of the child, the reasons why the youth did not complete or was unsuccessful in the program and the average of stay.
  - 5.2.4.3 Outcome 3: A percentage of ADES/DCYF Case Managers who express satisfaction with the Contractor based on a survey administered at the time the child leaves the facility. The survey will be designed in collaboration between the Contractors and ADES/DCYF within 90 days of contract award. The following six (6) months survey results will establish the baseline and the Contractor shall achieve a 2% increase every six (6) month period thereafter.

5.3 Unusual Incident Reports:

- 5.3.1 For ADES Referred Youth, The Contractor shall verbally report to the referring Department staff within one (1) business day of discovering the child has experienced any of the accidents or incidents specified in A.C.C. R9-202.
- 5.3.2 For ADES Referred Youth: The Contractor shall submit a written incident report to the Department staff and the Contract Administrator within five (5) business days after the initial verbal notification, in the format specified in A.A.C. R9-20-202. Unusual Incidents shall include but not limited to sections 5.3.4 through 5.3.24.
- 5.3.3 For ADJC referred youth: The Contractor shall verbally report to the Parole Officer and Community Services Department within 1 hours of discovering the child has experienced any of the accidents or incidents specified in the ADJC Operational Guidelines for Service Providers The Contractor shall submit a written incident report to the Parole Officer and the Community Services Department within 24 hours or immediately as requested by the Department after the initial verbal notification, in the format specified in the ADJC Operational Guidelines for Service Providers Incidents shall include but not limited to sections 5.3.4 through 5.3.24.
- 5.3.4. Client deaths;
- 5.3.5 Suicide ideation/ attempts;
- 5.3.6 Any medical emergency room treatment, hospitalization or medical intervention;
- 5.3.7 Physical abuse and/or allegations of physical abuse;
- 5.3.8 Sexual abuse and/ or allegations of sexual abuse;
- 5.3.9 Errors in administering medications requiring emergency medical intervention;
- 5.3.10 Adverse medication reactions resulting in medical intervention;
- 5.3.11 Inpatient Hospitalization of client;
- 5.3.12 Clients in a residential treatment setting who have not been accounted for when expected to be present or are absent without leave (AWOL);
- 5.3.13 Accidents occurring in the treatment facility or off-site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drowning that require resuscitation;
- 5.3.14 Physical plant disasters, such as major fire within the agency when clients were present or which affect client care areas;
- 5.3.15 Any event involving the child, contractor or the community that may be newsworthy or politically sensitive;
- 5.3.16 Serious injury including involvement in automobile accident;
- 5.3.17 Use of restraint or physical force;
- 5.3.18 Homicidal threats;
- 5.3.19 Law enforcement intervention and/or arrest;
- 5.3.20 Weapons violations;
- 5.3.21 Property damage;
- 5.3.22 Theft;
- 5.3.23 Substance abuse; and/or
- 5.3.24 Other criminal behavior.

## **SCOPE OF WORK**

### **Residential Treatment Center**

#### **1.0 SERVICE DESCRIPTION**

- 1.1 An Office of Behavioral Health Licensure licensed Level I or JCAHO (Joint Commission on Accreditation of Healthcare Organizations) certified Residential Treatment Center for intensive 24-hour care, supervision and psychiatric oversight of the behavioral and mental health treatment of individuals.
- 1.2 This service provides residential services for dependent children or for children who are voluntarily in foster care and referred by ADES or for adjudicated delinquent youth by ADJC. The service includes inpatient psychiatric treatment which includes an integrated residential program of therapies, activities and experiences provided to persons who are under 21 years of age and have severe or acute behavioral health, sexual perpetrator, or substance abuse problems. This service can be provided in a secure or non-secure setting and includes an on-site school. In addition to generalized service described below, services should also include those specific to youth who exhibit sexualized behaviors, are violent offenders, have trauma issues, and/or have serious substance abuse issues.
- 1.3 Services are referral driven and are for dependent children referred by DCYF. Referrals for services may also come from ADJC and other divisions within ADES. Services are to be provided within the State of Arizona.

#### **2.0 CONTRACTOR REQUIREMENTS**

The Contractor shall:

- 2.1 In a secure or non-secure setting, provide treatment, which enables the individual to move to a less restrictive level of care as soon as the treatment goals are met.
- 2.2 Provide an intensive treatment setting with 24 hour supervision, which includes assessment, intervention, reassessment, transition and aftercare planning and discharge planning with all involved parties.
- 2.3 Provide 24 hour awake staff coverage.
- 2.4 Provide a comprehensive medical examination and behavioral health history.
- 2.5 Coordinate physical, educational and case management needs through the assigned case managers and/or probation/parole officer; participate in the coordination of care with other providers or agencies.
- 2.6 In collaboration with all parties, develop a treatment plan and participate in developing an individualized service plan or other required case plan that supports the individual's ability to move to the least restrictive environment once discharge objectives have been met and behavioral changes have been internalized and when the client can safely be transitioned to a lower level of care with comprehensive and appropriate services in place.
- 2.7 Provide medical, psychiatric and other therapies consistent with the nature of the individual's needs and the needs of the family.
- 2.8 Comply with the statutory obligation to report child maltreatment, as prescribed in A.R.S. § 13-3620.
- 2.9 Offer an educational component approved by the Arizona Department of Education, or which is accredited by the North Central Association for Elementary and Secondary Schools, or provide a continuum of educational services which addresses the needs of individuals.
- 2.10 Participate in Individual Educational Planning as necessary.
- 2.11 Promote decision-making that is consistent with the individual's needs and the needs of the family.
- 2.12 Increase parental/family involvement for the purpose of strengthening parental/family bonds, as approved by ADES or ADJC staff.
- 2.13 Transport children to and from medical and dental examinations, school, court, therapy, visits and routine day to day activities.
- 2.14 Provide medication, medication management and review as needed.
- 2.15 Provide medical and dental care according to the Health Care Plan and the assessed health care needs and age of the child.
- 2.16 Provide documentation and reports as required by contract.
- 2.17 Notify the Department within two (2) business days upon receipt of notification from the Regional Behavioral Health Authority (RBHA) that the Title XIX authorization has ended.
- 2.18 For ADES referred children, if the child remains in the residential treatment center for 60 days or longer, the Contractor shall:
  - 2.18.1 Submit a written progress report to the court at least five (5) business days before the review and to all parties including the child's attorney and Guardian Ad Litem.
- 2.19 Include recommendations and all items required in the written progress report as specified in **Exhibit F ADJC Census and Movement Form** as may be amended.

3.0 **STANDARDS/LICENSURE REQUIREMENTS**

**The Contractor shall:**

- 3.1 Be JCAHO accredited and licensed by the Office of Behavioral Health Licensure (OBHL), as a Level I facility meeting the specific requirements of AAC R9-20.
- 3.2 Meet the requirements for seclusion and restraint set forth in A.A.C R9-20 and in accordance with 42 CFR 441 and 483.
- 3.3 Only facilities accredited under JCAHO Inpatient standards may be eligible for deemed status.
- 3.4 Comply with the statutory obligation to report child maltreatment, as prescribed in A.R.S. § 13-3620.
- 3.5 Provide only one (1) type of program at each licensed facility (e.g., therapeutic group care and residential treatment services shall not be provided in the same facility).

4.0 **PAYMENT UNIT**

- 4.1 One (1) Residential Day is applicable to an individual receiving services at 11:59 P.M. of any day that is considered a full service day. If the individual stays for only part of the day, the day of intake is considered a full service day. Payment for a child who is not physically in the facility will end the day the child left the facility. If on the day of exit the individual leaves prior to 11:59 P.M., no part of the day is counted.
- 4.2 One (1) payment unit equals:
  - 4.2.1 One (1) Residential Day Secure Facility
  - 4.2.2 One (1) Residential Day Non-Secure Facility
  - 4.2.3 One (1) Residential Day Secure Facility Sex Offender Program
  - 4.2.4 One (1) Residential Day Non-Secure Facility Sex Offender Program
  - 4.2.5 One (1) Residential Day Secure Facility Substance Abuse Treatment Program
  - 4.2.6 One (1) Residential Day Non-Secure Facility Substance Abuse Treatment Program
- 4.3 The Department may authorize a “bed hold” payment for the following situations if the plan is for the child to return to the same facility. Bed Hold Authorization is included in Exhibit G.
- 4.4 In addition to the Residential Day payment unit, ADES will pay the Contractor the allowances for the child as may be amended.
- 4.5 In addition to the Residential Day payment unit, ADJC will pay the Contractor \$1.00 per day clothing allowance for the ADJC youth in placement.
- 4.6 The daily rate includes all costs associated with providing the service including transportation cost for the child.
- 4.7 Reimbursement for Allowable Training Expenses: The Contractor may obtain federal reimbursement for allowable training expenses in accordance with Title IV-E of the Social Security Act (Public Law 96-272 and Public Law 105-89) as described in Exhibit H Title IV-E Agreement. ADES will serve as the designated agency responsible for reimbursing the Contractor the allowable Title IV-E money.

## **SCOPE OF WORK**

### **Therapeutic Group Home**

#### **1.0 SERVICE DESCRIPTION**

- 1.1 An Office of Behavioral Health Licensure licensed Level II Therapeutic Group Home that provides 24 hour care, supervision and behavioral and mental health treatment of individuals.
- 1.2 This service provides a structured treatment setting with 24-hour supervision and counseling and/or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.
- 1.3 Services are referral driven and are for dependent children referred by the Department of Economic Security (ADES), Division of Children, Youth and Families (DCYF) or for youth who are adjudicated delinquent and are referred by the Arizona Department of Juvenile Corrections (ADJC). Other divisions within the Department of Economic Security may also refer services. Services are to be provided within the State of Arizona.

#### **2.0 CONTRACTOR REQUIREMENTS**

The Contractor shall:

- 2.1 Provide structured treatment in a setting appropriate to the needs of the individual, including 24-hour supervision. Includes assessment, intervention, reassessment, aftercare and transition planning, discharge and permanency planning with all involved parties;
- 2.2 Ensure the completion of a comprehensive medical examination and behavioral health history;
- 2.3 Provide 24 hour awake staff coverage;
- 2.4 Coordinate physical, educational and case management needs through the assigned case managers and/or probation/parole officer and participate in the coordination of care with other providers or agencies;
- 2.5 With all parties, develop a treatment plan and participate in developing an individualized service plan or other required case plan that supports the individual's ability to move to the least restrictive environment once discharge objectives have been met and behavioral changes have been internalized and when the client can safely be transitioned to a lower level of care with comprehensive and appropriate services in place;
- 2.6 Provide and support behavioral health treatment consistent with the individual's needs.
- 2.7 Provide or arrange and support the needs of the family;
- 2.8 May provide and/or arrange for psychiatric services, which include but are not limited to medication, medication management and review as needed;
- 2.9 Provide a variety of purposeful activities appropriate to the individual's behavioral health, physical, developmental, emotional, educational, cultural and social needs;
- 2.10 Promote decision-making that is consistent with the individual's needs and the needs of the family;
- 2.11 Increase parental/family involvement for the purpose of strengthening parental/family bonds, as appropriate and as approved by the Department staff;
- 2.12 Arrange for educational services that address the needs of individuals. Participate in Individual Education Planning as necessary;
- 2.13 Provide medical and dental care according to the Health Care Plan and the assessed health care needs and age of the child;
- 2.14 Provide documentation and reports as required by contract; and
- 2.15 Transport children to and from medical and dental examinations, school, court, therapy, visits and routine day to day.

#### **3.0 STANDARDS/LICENSURE REQUIREMENTS**

The Contractor shall:

- 3.1 Be an OBHL licensed behavioral health agency that meets the Level II licensure requirements set forth in A.A.C. R9-20.
- 3.2 Only facilities accredited under JCAHO Inpatient standards may be eligible for deemed status.
- 3.3 Comply with the statutory obligation to report child maltreatment, as prescribed in A.R.S. § 13-3620.
- 3.4 Only provide one (1) type of program at each licensed facility (e.g., therapeutic group care and residential treatment services shall not be provided in the same facility).

#### **4.0 PAYMENT UNIT**

- 4.1 One (1) Residential Day is applicable to an individual receiving services at 11:59 P.M. of any day that is considered a full service day. If the individual stays for only part of the day, the day of intake is considered

a full service day. Payment for a child who is not physically in the facility will end the day the child left the facility. If on the day of exit the individual leaves prior to 11:59 P.M., no part of the day is counted.

4.2 One (1) payment unit equals:

4.2.1 One (1) Residential Day

4.2.2 One (1) Residential Day in a Sex Offender Program

4.2.3 One (1) Residential Day in a Substance Abuse Treatment Program

4.2.4 One (1) hour One-on-One Supervision

4.3 The Department may authorize a "bed hold" payment for the following situations **if** the plan is for the child to return to the same facility. Bed Hold Authorization is included in Exhibit G.

4.4 In addition to the Residential Day payment unit, ADES will pay the Contractor the allowances for the child as may be amended.

4.5 In addition to the Residential Day payment unit, ADJC will pay the Contractor \$1.00 per day clothing allowance for the ADJC youth in placement.

4.6 The daily rate includes all costs associated with providing the service including transportation cost for the child.

4.7 Reimbursement for Allowable Training Expenses: The Contractor may obtain federal reimbursement for allowable training expenses in accordance with Title IV-E of the Social Security Act (Public Law 96-272 and Public Law 105-89) as described in Exhibit H Title IV-E Agreement. ADES will serve as the designated agency responsible for reimbursing the Contractor the allowable Title IV-E money.

## **SCOPE OF WORK**

### **Behavioral Health Group Home**

#### **1.0 SERVICE DESCRIPTION**

- 1.1 An OBHL licensed Level III Group Home, which provides 24-hour care, supervision and structured living environment for individuals.
- 1.1 This service provides continuous 24-hour supervision and intermittent treatment in a group residential setting to persons who are determined to be capable of independent functioning but still need some protective oversight to insure they receive needed services.
- 1.3 Services are referral driven and are for dependent children referred by the Arizona Department of Economic Security (ADES), Division of Children, Youth and Families (DCYF) or for youth who are adjudicated delinquent and are referred by the Department of Juvenile Corrections (ADJC). Services may also be referred by other divisions within the Department of Economic Security. Services are to be provided within the State of Arizona.

#### **2.0 CONTRACTOR REQUIREMENTS**

The Contractor shall:

- 2.1 Provide care in a supervisory residential setting appropriate to the needs of the individual, including 24-hour supervision, assessment, intervention, reassessment, permanency planning, transition and aftercare planning and discharge planning with all involved parties;
- 2.2 Coordinate and document completion of a comprehensive medical examination and behavioral health history;
- 2.3 Coordinate physical, educational and case management needs with the assigned case managers and/or probation/parole officer; participate in the coordination of care with other providers or agencies;
- 2.4 With all parties, develop a treatment plan and participate in developing an individualized service plan or other required case plan that supports the individual's ability to move to the least restrictive environment once discharge objectives have been met and behavioral changes have been internalized and when the client can safely be transitioned to a lower level of care with comprehensive and appropriate services in place;
- 2.5 Arrange for and be supportive of behavioral health treatment consistent with the individual's needs and the needs of the family;
- 2.6 May arrange for and support psychiatric services, which include but are not limited to medication, medication management and review as needed;
- 2.6 Provide a variety of purposeful activities appropriate to the individual's behavioral health, physical, developmental, emotional, cultural and social needs;
- 2.7 Promote decision-making that is consistent with the individual's needs and the needs of the family;
- 2.8 Increase parental/family involvement for the purpose of strengthening family preservation, as determined by the case plan;
- 2.9 Provide medical and dental care according to the Health Care Plan and the assessed health care needs and age of the child;
- 2.10 Arrange for and support off-site educational services. Participate in Individual Educational Planning as necessary;
- 2.11 Transport children to and from medical and dental examinations, school, court, therapy, visits and routine day-to-day activities; and
- 2.12 Provide documentation and reports as required by the contract.

#### **3.0 STANDARDS/LICENSURE REQUIREMENTS:**

The Contractor shall:

- 3.1 Be an OBHL licensed behavioral health agency that meet the Level III licensure requirements set forth in A.A.C. R9-20.
- 3.2 Only provide one (1) type of program at each licensed facility (e.g., therapeutic group care and residential treatment services shall not be provided in the same facility).

#### **4.0 PAYMENT UNIT**

- 4.1 One (1) Residential Day is applicable to an individual receiving services at 11:59 P.M. of any day that is considered a full service day. If the individual stays for only part of the day, the day of intake is considered a full service day. Payment for a child who is not physically in the facility will end the day the child left the facility. If on the day of exit the individual leaves prior to 11:59 P.M., no part of the day is counted.

- 4.2 One (1) payment units equal:
  - 4.2.1 One (1) Residential Day
  - 4.2.2 One (1) Residential Day in a Sex Offender Program
  - 4.2.3 One (1) Residential Day in a Substance Abuse Treatment Program
  - 4.2.4 One (1) hour One-on-One Supervision
  - 4.2.5 One (1) Residential Day Combined Mother/Infant Residential Day
    - 4.2.5.1 The rate is inclusive of all costs associated with providing the service to the infant and the parent, including childcare cost for the infant.
    - 4.2.5.2 If more than one (1) infant who is not a court ward of the State of Arizona is with the mother, the infant rate will be added to the combined Mother/Infant Residential Day rate for each additional child. This rate is only for Contractors who provide a specialized Mother/Infant Program.
  - 4.2.6 One (1) Infant Residential Day
    - 4.2.6.1 This rate is inclusive of all costs associated with providing the service to the infant, including childcare and transportation cost. This rate is only for Contractors who provide a specialized Mother/Infant Program.
- 4.3 The Department may authorize a “bed hold” payment for the following situations **if** the plan is for the child to return to the same facility. Bed Hold Authorization is included in Exhibit G.
- 4.4 In addition to the Residential Day payment unit, ADES will pay the Contractor the allowances for the child as may be amended.
- 4.5 In addition to the Residential Day payment unit, ADJC will pay the Contractor \$1.00 per day clothing allowance for the ADJC youth in placement.
- 4.6 Reimbursement for Allowable Training Expenses: The Contractor may obtain federal reimbursement for allowable training expenses in accordance with Title IV-E of the Social Security Act (Public Law 96-272 and Public Law 105-89) as described in Exhibit H Title IV-E Agreement. ADES will serve as the designated agency responsible for reimbursing the Contractor the allowable Title IV-E money.