

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0971 Sub-Contract Request with Non-Performance-Based Contract (PBC)
Entities

To print this form without instructions:

Select **File; Print;** Click to select "**Pages**" and type "**S2**" (for "Section 2"), then select "**OK.**" Form will print only the pages of the form (numbered 1, 2, 3) and not the instructions page(s) (numbered i, ii, iii). To print only the instructions, do the same as above but select "**Pages**" and type "**S1**" (for "Section 1"), then select "**OK.**"

Performance-Based Contract (PBC) providers will utilize this form when requesting a sub-contract with an entity/agency that does not contract directly with DCS for out-of-home residential care and treatment (Residential Treatment Facility (RTF), Group Home, Resource Home and/or In-Home Services).

All PBC Contractors **MUST** have an approved Sub-Contract from DCS Contracts Management prior to the delivery of services.

- | | |
|-------------------------------|--|
| 1. PBC Contract Number | Identify the contract number under which the Sub-contract work will be performed |
| 2. PBC Contractor Name: | Identify the name of the PBC Contractor |
| 3. PBC Contact Name: | Identify the Contractor's contact |
| 4. Date: | Record the date |
| 5. E-mail Address: | Record the e-mail address of the PBC Contractor's contact |
| 6. Telephone number: | List the PBC Contractor's contact phone number |
| 7. Fax Number: | List the PBC Contractor's contact fax number |
| 8. Sub-Contractor: | Record the name of the Sub-Contractor |
| 9. Sub-Contract Contact Name: | List the name of the Sub-Contractor's contact person |
| 10. Date: | Date the review was conducted with the Sub-Contractor |
| 11. E-mail Address: | Record the e-mail address of the Sub-Contractor s contact |
| 12. Telephone Number: | List the Sub-Contractor's contact phone number |
| 13. Fax Number: | List the Sub-Contractor's contact fax number |
| 14. Type of Service: | List the types of services that will be sub-contracted |



Tennessee Department of Children's Services
Sub-Contract Request with Non-Performance-Based Contract (PBC)
Entities

Sub-Contract requests for out-of-home care for Residential Treatment Facility (RTF), Group Home, in-home, or foster care services with an entity not contracting directly with the Department of Children's Services (DCS). All sub-contracting requests must be approved prior to utilization of the sub-contract. NOTE: Complete one form per sub-contractor for all services to be sub-contracted.

PBC Contract Number			
PBC Contractor Name:		PBC Contact Name:	
E-mail address:		Telephone:	() -
Sub-Contractor Name:		Contact Name:	
E-mail address:		Telephone:	() -
Type of Services:		# Slots:	
Type of Services:		# Slots:	
Type of Services:		# Slots:	
<input type="checkbox"/> Sub-Contractor licenses & credentials are current and in compliance with all applicable requirements of the licensing regulatory bodies. All such documents are maintained by the Primary Contractor.			
<input type="checkbox"/> Sub-contractor's clinical and administrative components are in compliance with DCS & Private Provider Policies.			
<input type="checkbox"/> Defined all necessary and required services to be provided by the Sub-Contractor in accordance with DCS and Provider Policy Manuals.			
<input type="checkbox"/> Sub-Contractor has met the standards of readiness (physical infrastructure, required management and clinical staff) to deliver services.			
<input type="checkbox"/> Defined the procedures for making referrals - type of presenting behaviors, level and type of services to be provided and process for receiving and accepting referrals from DCS.			
<input type="checkbox"/> Established guidelines with the Sub-Contractor that set forth the procedures for denying or disrupting Sub-Contractor placements in compliance with DCS and provider policies.			
<input type="checkbox"/> Developed procedures for resolving all issues that may arise with the Sub-Contractor as detailed in the Monitoring Plan.			
<input type="checkbox"/> Formulated emergency plan with the Sub-Contractor for addressing system failures to include natural and other disaster and the mechanism established for notifying DCS of any pending issues/problems.			
<input type="checkbox"/> Established plans with the Sub-Contractor for reporting information through the various appropriate applications (i.e., Face to Face, Incident Reporting, Movement, Medication Use, Monthly Summary, etc.) in accordance with the time-frames established in the PPM.			
<input type="checkbox"/> Established a process for the Sub-Contractor to notify the Primary Contractor of any incidents (in accordance with policy), disruption notices, treatment issues or concerns, notice of change of placement within the Sub-Contractor agency's system (i.e., moving a child from one foster home to another) as well as any finding of non-compliance identified by a licensing or regulatory body overseeing the agency.			
<input type="checkbox"/> Established a process for monitoring Sub-Contractor's performance and compliance as it relates to service delivery and quality of the services provided.			
<input type="checkbox"/> Established a Performance Quality Improvement Plan (PQI) with the Sub-contract that is readily available for review.			
<input type="checkbox"/> Established a plan with the Sub-Contractor for visiting the Sub-Contractor's facility or facilities where children are placed under the sub-contract at a minimum of once a month.			
<input type="checkbox"/> Established with the Sub-Contractor discharge planning and continuum movement protocols that will be overseen and directed by the Primary Contractor in collaboration with Sub-Contractor staff, DCS and the Juvenile Court.			
<input type="checkbox"/> Reviewed the financial sustainability of the Sub-Contractor and finds the financial stability of the Sub-Contractor acceptable and has developed plan for annually evaluating the Sub-Contractor's continuing financial viability.			
<input type="checkbox"/> Maintains on file a program description of the facility/services, program schedule - including recreational opportunities, groups, clinical services including therapeutic content and staff, etc. of the Sub-Contractor.			
<input type="checkbox"/> Maintains documentation of the Sub-Contractor's staff/client ratios and any other security systems available to the Sub-Contractor and monitors compliance on a regular basis.			

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

<input type="checkbox"/>	Maintains documentation that defines the arrangement between the Primary Contractor and the Sub-Contractor for the provision of family services case management contacts including visitation, family treatment including counseling or therapy, transportation etc.
<input type="checkbox"/>	Maintains documentation that clearly outlines the Sub-Contractor's policy for client rights and behavior management/discipline.
<input type="checkbox"/>	Developed a plan to ensure Sub-Contractor's training needs relating to in-service and pre-service are addressed as well as Sub-Contractor's familiarity and knowledge of the Provider and DCS policies as they are amended from time-to-time.
<input type="checkbox"/>	All direct care staff has completed a full background check in compliance with DCS & Provider Policies and is available for review.
<input type="checkbox"/>	Verified Sub-Contractor's staff qualifications in compliance with the DCS and Provider Policy Manuals
<input type="checkbox"/>	Contractor has reviewed and confirmed the approval of DCS and the Department of Education for any in-house school operated by the sub-contractor.

The Contractor has reviewed and certifies, through signatory, compliance with all items checked above related to this Sub-Contractor:

		/ /	Attachments: 1. Completed form CS-0971 2. Sub-Contract Agreement 3. Monitoring Plan; 4. Organizational Chart 5. Copy of Subcontractor's license 6. Training Plan 7. Service Description
<i>Written Name of PBC Executive</i>	<i>Signature</i>	<i>Date</i>	
		/ /	
<i>Name of DCS Contracts Management</i>	<i>Signature</i>	<i>Date</i>	

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