

General Contract Information & Requirements

Contracts are negotiated with individual providers by Department of Human Resources (DHR), Promoting Safe and Stable Families (PSSF) program on behalf of the local county Department of Family and Children Services (DFCS). The basic format of the PSSF contract was updated this contract year to reflect current state and county contract guidelines. Failure to comply with the following contract requirements may result in payment suspension or contract termination.

Miscellaneous Contract Terms and Designations (in the order they appear in the contract)

Term	Description
Total Obligation	Total program cost or cost of services as outlined on approved Service Delivery Schedule and Budget
UAS	Budgetary designation code for payment processing
Entitlement	Budgetary designation code for payment processing
County Department Contract #	Contract number assigned by local county department upon execution Replaces former MOU#
Contractor's FEI#	Federal Employer Identification #
Contractor's Fiscal Year End	Provider to indicate financial year end for corporate/organizational reports
Federal Award	Amount of PSSF funds awarded to the provider 75% of total program cost
Required Match	Matching cash contribution required of provider 25% of total program cost Determined by amount of federal award

TERM OF CONTRACT

Para #102 Period of the Contract

The contract period is October 1, 2008 – September 15, 2009. A no-cost amendment will be processed to provide for the period July 1, 2009 through September 15, 2009.

The contract will remain in effect unless suspended temporarily due to non-compliance or terminated under other provisions of the contract.

MAILING AND CONTACT INFORMATION

Para #103 County DFCS and Contractor Contact Information

This paragraph identifies contact information for all relevant parties to the agreement, including but not limited to:

- DHR (Department) – All contractual oversight and technical assistance including training, monitoring, reporting, revisions, etc.
- DFCS (County Department) – Payment processing and related fiscal matters at your local county department
- Contractor – All matters related to contract deliverables and performance

Direct all correspondence to the designated addresses on Page 2 of your contract.

Changes in corporate information/status should be submitted in writing to DHR/PSSF with the appropriate support documentation.

Changes in contact information can be forwarded directly to your DHR/PSSF technical assistance team from the Main Menu when you log in to PSSFWeb with your username and password.

Your technical assistance and administrative support team:

Ann D. Pope, PSSF Program Director
 Department of Human Resources
 Division of Family and Children Services
 2 Peachtree Street, 18th Floor
 Atlanta, Georgia 30303
 Telephone: 404-657-3306
 Fax: 404-657-3415
 E-Mail: adpope@hr.state.ga.us

Deb Farrell, PSSF Senior Technical Advisor
 E-Mail: debfarrell@caresolutions.com

Or

Libby Glass, PSSF Administrative Support
 Email: libbyglass@caresolutions.com

At:

DHR Promoting Safe and Stable Families Program
 c/o Care Solutions, Inc.
 5555 Glenridge Connector, Ste 150
 Atlanta, Georgia 30342
 Telephone: 770-642-6722
 Fax: 770-640-6073

CONTRACT REVISIONS

Para #107 Contract Modifications

Requests to revise deliverables or budgets, including reallocation of services on the Service Delivery Schedule or expense categories on the Budget of Expenses, must be submitted by email to Deb Farrell at debfarrell@caresolutions.com or Libby Glass at libbyglass@caresolutions.com.

Request must include:

- Revised Service Delivery Schedule and/or Budget
- A separate narrative justification supporting your request for the revision. This explanation should include how the revision is responsive to client need, the reason the revision is needed and the expected impact of the revision on the balance of the contract period.

SUBCONTRACTS

Para #115 Subcontracts

All subcontract agreements must be submitted to DHR for review no later than December 15, 2008 or as they are negotiated or renewed. The Contractor is responsible for supervising and monitoring any and all subcontracted activity to ensure quality assurance and contract compliance. Contractor is responsible for ensuring that any and all Subcontractors maintain contract compliance standards.

For additional Subcontractor references see:

- PARA #104 NONDISCRIMINATION
- PARA #105 CONFIDENTIALITY OF INDIVIDUAL INFORMATION
- PARA #112 FORCE MAJEURE
- PARA #113 ACCESS TO RECORDS AND INVESTIGATION
- PARA #119 CONTRACTOR/SUBCONTRACTOR LICENSE REQUIREMENTS
- PARA #120 DRUG-FREE WORKPLACE
- PARA #122 CRIMINAL RECORDS INVESTIGATIONS
- PARA #124 INDEMNIFICATION
- PARA #127 INSURANCE

PUBLICITY

Para #116 Publicity

Contractors are required to acknowledge the sponsorship by DHR, DFCS, and the Promoting Safe and Stable Families program in any publicity arising as a result of the services supported by this funding.

Any published materials acknowledging this sponsorship must be submitted electronically prior to publication to DHR for approval. Prior written approval is also required before DHR, DFCS or PSSF logos are used or displayed by the Contractor.

For use approval:

Ann D. Pope, State Director PSSF at adpope@dhr.state.ga.us

Requests for logos or artwork:

Deb Farrell, PSSF Senior Technical Advisor at debfarrell@caresolutions.com

INSURANCE

Para #127 Insurance

Contractor is required to maintain the following:

- Commercial liability coverage which includes coverage for all services provided under this contract with a minimum of \$1,000,000 per event and \$3,000,000 annual aggregate.
- If the Contractor subcontracts services to another agency, then it is the responsibility of the Contractor to assure that its Subcontractor carries acceptable liability insurance and must obtain and maintain verification that the Subcontractor meets insurance coverage requirements under the terms of this contract.
- Vehicle insurance coverage (vehicles used by the Contractor or Contractor's employees if providing transportation services) of liability insurance of \$100,000 per person and \$300,000 per occurrence and bodily injury and property damage coverage of \$100,000 per person and \$300,000 per occurrence.

IMPORTANT NOTE

Certificate of insurance, identifying DHR as the certificate holder must be forwarded to:

PSSF – Insurance
c/o Care Solutions, Inc.
5555 Glenridge Connector, Ste 150
Atlanta, GA 30342

Subsequent renewal notices should be submitted at the commencement of the renewal period.

SERVICES PROVISION

Deviations from the current approved Service Delivery/Payment Schedule or referenced in your contract, Annex D, may result in payment or contract suspension. The Service Delivery Schedule outlines the contracted services, the fees allowable for each service and the expected delivery.

The Department reserves the right to suspend any contract in whole or in part if it appears to the Department that the Contractor is failing to substantially comply with the quality of service or the specified completion schedule of its duties required under the contract, and/or to require further proof of reimbursable expenses prior to payment thereof, and/or to require improvement at the discretion of the Department, in the programmatic performance or service. County departments will be notified of suspension of payment status.

Service Coordination with Local DFCS Office

To assure that Georgia's children and families have access to quality, effective services and supports in their own communities, all funded agencies are required to review current child abuse and neglect data, trends and family service needs with local DFCS departments. Each program site is required to meet with staff of their local DFCS office at the commencement of the contract to discuss program services and to develop a protocol for customer referrals and feedback on referrals.

It is important to maintain open communications with your local DFCS and other community referral sources. Collaboration among community child welfare agencies will facilitate the coordination, quality and effectiveness of services to families. Staff turnover, unexpected events, and changes in policy or practice can impact the regular flow of referrals. Regular contact and their feedback are critical to the success of your program services.

A referral form, Form #RF2009.10 or Form #RFV2009.10 (recommended for visitation sites) available on our website, should be used when accepting referrals. Please make these forms available to your local DFCS office for their use. Referrals from DFCS Child Protective Services, Placement Services and Foster Care or Adoption Units should be given priority and served at no direct cost to the County Department, the individual or the family served.

Commitment to County Department and Referring Agents

Contractors agree to:

- Prioritize and coordinate the delivery of services to families referred by the County department.
- Attempt to contact each family referred for services within 3 days of the date of referral.
- Notify the DFCS case manager or referring agent within 5 days if Contractor makes the determination that it is unable or unwilling to serve a particular family and state the reason for this decision.
- Meet or contact the County department or referring agent to obtain intake information, family history, and goals of case plan, if applicable.

- Attend, at the request of the County department, family case staffings, family conferences and/or multi-disciplinary team meetings, if appropriate.
- Provide timely and relevant feedback and documentation to the County department, or referring agent as required, to facilitate case planning and placement decisions.

IMMIGRATION AND SECURITY FORM

Contractors are required to include a copy of the Immigration and Security Form as Annex H. This form must be signed by contractor stating compliance with the Immigration Reform and Control Act of 1986.

Contractor also warrants that any written agreements with subcontractors contain a similar provision.

CORPORATE RESOLUTION

Contractors are required to include as Annex J, a copy of a corporate resolution, under seal, authorizing the agency/organization to enter into an agreement with Georgia Department of Human Resources for the provision of services as described in Annex D.

In the event that the organization is one that does not function as a non-profit organization but is a state, or local public agency or body, and is not governed by a board of directors, then a notarized letter from the chief executive authorizing the agency/organization to enter into an agreement with Georgia Department of Human Resources for the provision of services as described in Annex D is an acceptable facsimile.

CASH MATCH CONTRIBUTION

All agencies are required to:

- Maintain documentation supporting their required 25% cash match contribution.
- Confirm their cash match commitment based on their final award amount. The "Commitment of Matching Funds" form can be downloaded from our website, www.pssfnet.com.
- Have this form notarized.

Although 'in-kind' contributions are encouraged, they **do not** meet the cash match contribution requirements that are a condition of their award and should not be included on your confirmation forms or any requested/required reports.

STATE AND FEDERAL LAWS, RULES, REGULATIONS AND STANDARDS

Section IV

The Contractor assumes responsibility for full compliance with all such laws, rules and regulations, and agrees to fully reimburse the Department for any loss of funds or resources resulting from non-compliance by the Contractor, its staff, agents or subcontractors as revealed in any subsequent audits.

ANNEX DESCRIPTIONS

Annex A

Certification Regarding Lobbying

- See Para #121

Annex B

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction

- See Para #125

Annex C

Request for Quotes, Request for Proposals, Contractor Proposal (if applicable)

Annex D

Approved Service Delivery/Payment Schedule, Budget of Expenses, and Service Implementation Plan

Annex E

Sample of Programmatic Report: Monthly Direct Service Summary

Annex F

Sample of Invoice

Annex G

HIPAA Business Associate Agreement

Annex H

Immigration and Security Form

Annex I

Notice Concerning Critical Incident Reporting

Annex J

Corporate Resolution

Annex K

Commitment of Matching Funds Form (if not included in Request for Proposals)

REPORTING REQUIREMENTS

Para #301, #302, #303

Contractors are required to collect and report information (family demographics, referral information, DFCS involvement, services, outcomes) on families who participate in PSSF-supported services. This information is reported online at PSSFWeb. Each program is provided with a unique username and password to a secure site for this purpose. All complete records are posted to a permanent database at midnight on the last day of each month.

Intake information can be input any time after the first day of the month. Exit data, however, cannot be input until after the tenth day of the month.

Contractors are also required to report monthly programmatic/services activities on PSSFWeb. These reports must be completed online between the second day of the month, after records have been posted, and the tenth day of the month.

Failure to comply with monthly reporting requirements, incomplete submissions, and/or prolonged delayed responses to requests for revised or support documentation may result in contract probation, suspension of payments or termination of contract. At any time that your contract is in non-compliance with respect to reporting requirements, your agency and the County department will be notified of a temporary suspension of payments. At such time as all outstanding deficiencies are satisfactorily resolved, a notice of reinstatement will be issued and payments will be resumed.

Data Collection and Reporting

Your contract requires the completion of the following monthly financial, programmatic and statistical forms or reports **online**:

PSSFWeb Data Collection

- Intake Information
- Exit Information
- Family Services Information

Printable PSSF forms, IF2009.10 and XF2009.10, can be downloaded from PSSFWeb for use in collecting required information in the course of your work.

PSSFWeb Programmatic Reports

- Direct Service Summary
- Invoice

Additional required PSSF forms include:

1) Client Satisfaction Questionnaire

An overall program goal expressed by all Contractors is to provide services that strengthen and stabilize families. Whether services are targeted to biological, foster, adoptive or extended families, all contracted programs indicate that funded services are designed to help clients develop and sustain healthy and nurturing family environments. Effective October 1, 2000, all Contractors were required to use the Client Satisfaction Questionnaire as a standard reporting form. The focus of the Client Satisfaction Questionnaire is to understand how clients view the quality and effectiveness of services received and to gain a better sense of the sustained value services have for children and families.

The Client Satisfaction Questionnaire should be administered to and completed by clients immediately prior to exiting from funded program services and should be submitted by mail to Care Solutions, Inc. Due to the poor rate of return, agencies are asked not to mail questionnaires to former clients but to provide questionnaire to families in anticipation of the completion of service provision. More than one family member can complete a questionnaire if they were engaged in PSSF-supported services.

Both an English and Spanish version of the questionnaire is available on PSSFWeb.

- Form # CSQ2009.10 Client Satisfaction Questionnaire (English)
- Form # CSQ2009.10sp Client Satisfaction Questionnaire (Spanish)

These forms are completed by consumers and mailed to:

DHR Promoting Safe and Stable Families Program
c/o Care Solutions, Inc.
5555 Glenridge Connector, Ste 150
Atlanta, Georgia 30342
Attention: PSSF Reporting

2) Schedule by Category

At the end of each quarter, contractors are required to submit a report detailing the year-to-date expenses incurred as a result of providing PSSF-supported services and outlined on the approved Budget/Schedule of Expenses. A form and instructions are available on PSSFWeb for this purpose.

Alternatively, Contractors who use Quickbooks or similar financial software may submit a software-generated report outlining YTD PSSF-related expenses at the end of each quarter.

These forms are due 45 days after the end of each quarter and should be mailed with a copy of the approved Budget/Schedule of Expenses to:

DHR Promoting Safe and Stable Families Program
c/o Care Solutions, Inc.
5555 Glenridge Connector, Ste 150
Atlanta, Georgia 30342

DOCUMENTATION - FORMS AND CLIENT RECORDS

Contractors are required to collect and maintain individual case files that document client engagement and activities. Some Contractors maintain only paper files; some maintain a combination of electronic and paper documentation; either of which would meet this PSSF requirement. Participation in any and all PSSF-supported activities must be adequately documented and relevant support documentation maintained (such as group lists or transportation logs).

The following forms are available on PSSFWeb and although not required, it is recommended that any comparable form developed and used by Contractors contain, at a minimum, the information outlined on PSSF forms. Descriptions and instructions are also available on the website.

Standard Forms

- Referral Form
- Referral Form – Visitation
- Case Notes
- Visitation Observation Form

PAYMENT PROCESSING

Para #303 Invoice Submission

Data to produce monthly programmatic reports must be submitted on PSSFWeb between the second day and the tenth day of the month. Reports and invoices are generated automatically on PSSFWeb and must be printed for submission to the County DFCS for payment processing by the 10th business day of the month. Invoices are submitted to the County Director for approval and then are forwarded to regional accounting for payment processing. The County Department may request additional support documentation with your invoice.

If there is a lapse of more than 30 days between submission of an invoice and receipt of payment, contact your local county DFCS to investigate.

If you receive payment but have not received a payment for a previous month, contact your local county DFCS to investigate.

If you receive a payment that has been adjusted, please notify:

Libby Glass, PSSF Administrative Support at libbyglass@caresolutions.com.

**** IMPORTANT NOTICE ****

The final request for payment at the end of the contract period MUST be completed on PSSFWeb and submitted for payment to your local county DFCS no later than September 17, 2009. Because PSSF funds are liquidated on September 30, 2009, payments not processed by September 28, 2009 WILL NOT BE PAID.

It is important toward the end of the contract period that you reconcile your invoice payment status to determine if any payments have not yet been received and require follow up. You will need to contact your local county DFCS to investigate any outstanding payments.

- Regional accounting will make payments to the Contractor for services provided as described in Annex D of your contract.
- Total payments shall not exceed the federal awarded amount, or 75% of the total program cost, and payments will be calculated at 75% of total program services invoiced.
- **DO NOT** send requests for payment to the State DFCS office.
- Invoices submitted without the Direct Service Summary will not be paid. County Departments are asked to retain copies of the above-referenced supporting documentation for their files.
- Payments may also be suspended if, at any time during the contract period, the Contractor is not in compliance with the DHR Office of Audit.

ADDITIONAL PROGRAMMATIC EXPECTATIONS OR ACTIVITIES

Child/Family/Caregiver Assessments

All Contractors are required to develop individual family service plans based on a strength-based child, caretaker and/or family assessment, at or prior to the commencement of service provision, to determine family functioning and assess the need for services to support the safety, permanency and well-being of children and families.

At a minimum, an examination of the following areas:

Living conditions	Financial conditions	Supports and resources
Health	Housing	Employment
Transportation	Coping skills	

Results from this assessment will provide a foundation from which to determine service needs and a benchmark to monitor and evaluate family progress.

Outcomes

Contractors are expected to be able to demonstrate, document and report on the outcomes for families and children that support and promote safety, permanency and well-being.

Program Evaluation

Contractors are responsible for ongoing monitoring and assessment of the quality, effectiveness and responsiveness of services provided to families.

Financial, statistical and programmatic data collected throughout the contract cycle will be used to evaluate Contractor performance with respect to the various program activities (process and delivery of services), progress toward meeting specific program objectives and outcomes, as well as cost effectiveness.

Staff Training and Professional Development

All Contractors must provide a planned program of ongoing training and staff development, including regular staff meetings, for both professional and paraprofessionals on staff and are asked to provide information on training opportunities on their monthly report.

Contractors must ensure that all staff have appropriate qualifications and are adequately trained to provide services as described.

Site Visits

Visits for on-site technical assistance will include a thorough review of all programmatic activities and program administration. Notification will be provided in advance of all visits so that the appropriate participants can be identified and relevant preparation completed.

CRIMINAL BACKGROUND CHECKS

This requirement applies to ALL PSSF Contractors.

Para #122 CRIMINAL RECORDS INVESTIGATIONS

A. The Contractor agrees that, for the filling of positions or classes of positions having direct care/treatment/custodial responsibilities for services rendered under this contract, applicants selected for such positions shall undergo a criminal history investigation which shall include a fingerprint record check pursuant to the provisions of Section 49-2-14 of the Official Code of Georgia, Annotated (O.C.G.A.). Fingerprint record checks shall be submitted via Live Scan electronic fingerprint technology. Contractor must utilize one of the following methods to comply with this requirement:

1. Contractor will register with the Georgia Applicant Processing Services (GAPS) at www.ga.cogentid.com and follow the instructions provided at that website;
or
2. Contractor will contact the Department or one of the local county Department of Family and Children Services (DFCS) offices listed below and schedule a Live Scan appointment:

B.	2 Peachtree Street, NW, Atlanta	404-463-0100 or 404-657-5723
	Bibb County DFCS	478-751-6051
	Chatham County DFCS	912-651-2032
	Forsyth County DFCS	770-205-5440 or 770-781-6735
	Gwinnett County DFCS	678-518-5651
	Henry County DFCS	770-954-2337
	Lowndes County DFCS	229-333-7034
	Macon Regional Accounting Office (DFCS)	478-752-1146
	Tift County DFCS	229-386-3089

Pursuant to O.C.G.A. 49-2-14, the Department, after receiving and reviewing the criminal history report generated through the Live Scan process, will advise the Contractor if any information contained in the report indicates a crime prohibited by duly published criteria within the Department. Under such circumstances the individual so identified will not be employed for the purpose of providing services under this contract.

- C. Provisions of this paragraph of the contract shall not apply to persons employed in day-care centers, group day-care homes, family day-care homes, child-caring institutions or child care learning centers which are required to be licensed, registered, or commissioned by the Department or by the Georgia Department of Early Care and Learning, or to personal care homes required to be licensed, permitted, or registered by the Department.

Guidelines for Obtaining Criminal Background Checks

The Georgia Bureau of Investigation has awarded Cogent Systems the contract to provide electronic fingerprint submission services to applicants in the State of Georgia. The Department of Human Resources (and DFCS) contractors may utilize the new services by enrolling with Cogent Systems for the Georgia Applicant Processing Services (GAPS) for applicants that DHR provides the fitness determination.

The following are guidelines for the contractors to follow in order to use the Georgia Applicant Processing Services (GAPS).

Agency Enrollment Process:

All Georgia agencies using the GAPS service for applicant background checks must enroll online at www.ga.cogentid.com prior to using GAPS. Enrollment is completed in two steps.

- **Step 1** - The agency must complete the GBI agreement. This agreement can be found by clicking the Agency Enrollment link. The agency must complete the form which is the last page of the agreement and send it to GBI at the address shown. The agency must have an ORI or OAC number which should be entered in the ORI/OAC field on the form. **If your agency does not have an ORI or OAC, leave the field blank. When GBI receives the form an ORI or OAC will be affixed to the form and the form will be returned to the agency. The agency must wait until the form is returned by GBI with an ORI or OAC number before going to the next step.** If your agency already has an ORI or OAC you may continue to the next step after mailing the completed form to GBI.
- **Step 2** - The agency must complete the GAPS on-line enrollment form which is Step 2 on the Agency Enrollment screen. Once you complete the information on the on-line screen, click 'Save'. You must PRINT the form that is displayed, then have your agency head SIGN the form. The original form with the signature must be sent to Cogent Systems at the Dublin, Ohio address shown on Step 2 on the Agency Enrollment screen. For expedited enrollment you may fax a copy to Cogent Systems at 614-718-9694, but the original signed copy must be mailed to Cogent Systems within seven (7) days.
- **Step 3** – You should receive an email confirmation from Cogent Systems within 10 business days. The email confirmation will have any necessary Usernames and Passwords based on what your agency selected for enrollment type during the registration. **You can not continue to the next step until you receive the email confirmation from Cogent Systems.**
- **Step 4** – Once you receive email confirmation from Cogent Systems your enrollment process is completed. You can now begin to register applicants by clicking on Single Registration or Multiple Registration which is found on the main GAPS website page. **(DHR is requiring that all contractors register the applicants rather than the applicants registering themselves).**

Registering an Applicant:

All of the fields on the registration screen that have a **'red (*)** must be completed. Near the end of the registration screen you will see **'Transaction Information'**. You must click on the drop box next to **Reason** and select the appropriate reason for the applicant to be fingerprinted (refer to **DHR Reasons Fingerprinted** below for guidance).

DHR REASONS FINGERPRINTED GUIDELINES applicable to PSSF Contractors:

DHR Contractors/Health Agencies providing Direct Care should be selected if the applicant is being fingerprinted for an employment decision made by DHR **O.C.G.A. 49-12-14(A)** - All CCFA/WA Providers. (This applies to ALL PSSF Contractors.)

- You must click on the drop box next to **Payment** and select the appropriate payment option. If the applicant is paying, select credit card or money order. If your agency is paying and you enrolled as Agency Pay Only or Agency Pay and View Results, you should select Agency from the drop box. A field for Agency Code and Agency Password will appear if this option is selected. You should enter the Agency Code and Agency Password provided by Cogent Systems in the email confirmation (Ex: **R081PT0908**, Password— **P081PT0908**)
- You must enter your ORI or OAC in the field **ORI/OAC**. You should enter your agency's Verification Code in the **Verification field**. This code can also be found in the email confirmation.
- You must click the box **'Does another agency make the fitness determination? 'Choose Agency'** will appear, click the drop box, then select **DHR**. In the box next to **"If yes, enter determining agency's ORI**, you should enter **GA920280Z**.
- You should click **Next** at the bottom of the page, on the next screen, if all of the information that displays is correct, click **Next**. At the end of the registration a **Registration ID** number will be given. The **Registration ID** number should be given to the applicant to provide to the operator at the nearest GAPS Print Location.
- NOTE:** Some of you may have been using **GA920290Z** on the hard copy cards; DHR is now requiring everyone to use the **GA920280Z** when using GAPS.

Example of bottom portion of registration screen:

Transaction Information	
Reason	DHR Contractors/Health Agencies providing Direct Care *
Payment	Agency *
ORI/OAC	GAP12345 *
Verification Code	P123456 (case sensitive) *
Agency Code (Mandatory if Payment is Agency)	R081PT9099
Agency Password (Mandatory if Payment is Agency)	Abc123
Does another agency make the fitness determination?	<input checked="" type="checkbox"/>
Choose Agency :	DHR *
If yes, enter determining agency's ORI :	GA920280Z *

DHR Makes The Fitness Determination For Your Agency

NOTE: The search results should be available to DHR to retrieve from the GAPS website within 48 hours after the applicant is fingerprinted at the GAPS Print Location. This process does not mandate the amount of time it will take for DHR to send your agency a determination clearance letter. You may contact DHR to verify the results have been received. You must still submit your Office of Regulatory Services **notarized record check applications** to DHR before a determination clearance letter is sent to your agency. If you do not receive the determination clearance letter within seven (7) business days you must contact DHR at 404-463-7801 or 404-463-1884.

DHR Office of Investigative Services
 Attn: Background Investigations Unit
 Two Peachtree Street, NW, Suite 30.466
 Atlanta, GA 30303-3142

Contractors are required to include in their contracts a certification warranting that LiveScan is utilized to do criminal background checks on all staff and volunteers for whom these are required and that OIS fitness determinations have been received. These notarized statements must be submitted to:

DHR - PSSF Contract Documents
 c/o Care Solutions, Inc.
 5555 Glenridge Connector
 Suite 150
 Atlanta, GA 30342

Deadline for submitting certifications has been extended to January 31, 2009.

Copies of results or list of staff and/or volunteers for whom this has been done are NOT required but must be maintained onsite and produced upon request.

CRITICAL INCIDENT REPORTING

PARA #403 CRITICAL INCIDENT REPORTING:

Contractor has the responsibility for ensuring the health and safety of Departmental clients/consumers/customers served under this contract is not placed in any jeopardy. Therefore, the Contractor shall have an effective response system when critical incidents occur. This responsibility includes, but is not limited to, any and all subcontractors employed by the Contractor to provide services pursuant to this contract.

- A. In the case of an emergency, Contractor shall call the appropriate local emergency medical services, police, or fire services (i.e., 9-1-1).
- B. Contractor shall have a formal written critical incident reporting procedure that is approved by the licensing or certification authority, if applicable, and by the Department.
- C. Contractor is responsible for taking necessary actions to protect Departmental clients from any possibility of harm. In doing this, Contractor should preserve possible evidence for an investigation if one is to be conducted.
- D. Contractor must notify the appropriate Departmental staff of the critical incident and results of any immediate action taken. Contractor is expected to notify local law enforcement authorities in any situation where there is a potential violation of criminal law.
- E. The Department will determine whether the Contractor's actions were appropriate and sufficient, and/or whether additional corrective actions are warranted. In investigating a Critical Incident, the Department will determine:

1. Whether or not client's health, safety and welfare are adequately protected;
 2. That the response to the situation and event was reasonable and appropriate;
 3. That the Contractor's procedures and system for responding to such incidents were adequate; and that relevant steps to prevent similar incidents were taken;
 4. That Contractor and/or its staff or subcontractors involved in the incident appear to be adequately trained or that additional training needed is to be provided pursuant to the Critical Incident Report.
- F. Contractor agrees to cooperate with the Department in its investigation of all Critical Incidents, and implement all corrective actions necessary to ensure the safety and well-being of the individuals served under this contract
- G. Each Contractor shall post a "Notice Concerning Critical Incident Reporting." The signage shall be produced by the Contractor and shall conform in content to the sample Annex I which is attached to this contract. The Notice must be posted in a conspicuous, common area accessible to clients/consumers, and the general public.

All other required reporting procedures (i.e., child abuse reporting, etc.) and the timelines of other required reports will remain in force and are not replaced or superseded by the CIR process.

Contractor shall not use or disclose any information received during the investigation of a critical incident for any purpose not connected with the administration of Contractor's or the Department's responsibilities under this contract, except with the informed, written consent of the client or the client's legal guardian, as required by law.

In addition to meeting the reporting requirements for any applicable incident, PSSF Contractors are required to produce and post a notice in a common area visible to the public that includes the following content (see next page):



Department of Human Resources
Notice Concerning Critical Incident Reporting

Georgia Department of Human Resources (DHR) requires that its contractors/service providers make every reasonable effort to ensure the safety of the individuals served through its programs.

To report an incident or situation that you feel may lead to serious injury or death to a DHR client or consumer, please contact

DHR Office of Inspector General

Telephone: 404-463-0121 (local Atlanta area)

Toll free outside of the Atlanta Area: 1-866-537-0109

Fax: 404-463-5496

Email: inspectorgeneralhotline@dhr.state.ga.us

Address: 2 Peachtree Street, NW, Suite 8-220

Atlanta, Georgia 30303