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A Scope of Services (SOS), or program description, is developed for each type of service that the Department funds through a consolidated Purchase of Service (POS) contract. The SOS, which becomes part of the actual contract, contains standard elements. This resource guide has been created to assist DCF Program leads in developing SOSs that are comprehensive enough to thoroughly set forth a funded provider’s responsibilities.

The DCF Division of Contract Management has staff who are available to help DCF Program Leads with the writing and editing of SOSs. Contact Pam Cranford (550-6623) or Steve Roe (560-5073).
I. THE PURCHASE OF SERVICE (POS) CONTRACT

Purchase of Service (POS) Contracts between DCF and private agencies have two major parts and Sections within each part.

**Contract Summary (page 1)**

**Part I   DEPARTMENT SPECIFIC PROVISIONS**

- **Scope of Services**
  - Face Page
  - Section A  Description, Contract Capacity, Unit of Service
  - Section B  Service Delivery Requirements
  - Section C  Data and Outcome Reporting Requirements

- **Other Department Specific Provisions (Specific to DCF)**
  - Section D  Department Specific Provisions
  - Section E  Financial Matters for non-fee for service contracts
  - Section F  Financial Matters for fee for service contracts

- **Budget and Budget Narrative**

**Part II   MANDATORY TERMS AND CONDITIONS (for all state agencies)**

A. Client-Related Safeguards
B. Contractor Obligations
C. Statutory and Regulatory Compliance (including HIPAA)
D. Miscellaneous Provisions
E. Revisions, Reductions, Default and Cancellation

**Signature Page—Also called Acceptance and Approvals (final page)**
II. SECTIONS AND SUB-SECTIONS OF A SCOPE OF SERVICES (SOS)

The “Scope of Services (SOS)” is the program description section of the contract. The following general outline for all Scopes of Services was given to DCF and other Departments by the Connecticut Office of Policy and Management (OPM).

Face Page
A. Description, Contract Capacity and Unit of Service
B. Service Delivery Requirements
C. Data and Outcome Reporting Requirements

Using these Sections, DCF Scopes have typically used the following sub-section headings, though the headings can be changed and others added to better describe the particular content of the program.

Face Page

A. Description, Contract Capacity and Unit of Service
   1. Service Description
   2. Contract Capacity
   3. Unit of Service
   4. Other as needed

B. Service Delivery Requirements
   1. Target Population
   2. Referral / Admission Process
   3. Operating Hours
   4. Staffing
   5. Services
   6. Other as needed

C. Data and Outcome Reporting Requirements
   1. Data Reporting
   2. Outcome Reporting
   3. Special Reporting Expectations (if any e.g. federal requirements)
III. SCOPE OF SERVICE SUB-SECTIONS DEFINED

A SOS should clearly set forth what the Department is purchasing and the manner in which that service is to be provided.

Note: Most Services purchased from private agencies by DCF have a designated DCF Program Lead who has the key DCF role in designing and monitoring the service. Consequently, these Program Leads have the responsibility of drafting the language for the Scope of Services, getting provider agreement and amending the Scope as needed.

Face page
As soon as one or more Contractors have been selected, the Scope’s “Face page” can be completed. This page has basic demographic information about the program. The provider should fill in the boxes on this page and the information should be reviewed by the DCF Program Lead.

Here are guidelines for completing this page:

- The “Service Type” is determined by DCF, while the Program Name is determined by the provider.
- The “Program Contact” person should be the primary contact for DCF staff regarding the services provided by this program.
- The "Fiscal Contact" person should be the primary contact for DCF staff regarding the budget for this program.
- In the “Towns Served” box, list all towns served … which may be all or selected towns in one DCF Area Office or a combination of towns from more than one DCF Area Office. In the “DCF Area Offices Served by Program” be certain to check the box of each Area Office that has one or more towns listed in the "Towns Served" box.
- Be sure that zip codes are added in the “Site Address” section.
**A. Service Description**
The sub-sections that are used are key building blocks to creating a SOS that is comprehensive and understandable. Below are guidelines for constructing each sub-section.

| Note: Some sub-sections are "required" while others are included only "if applicable". |

1. **Service Description (required)**
   This required sub-section is a brief, 1-3 sentence overview of the funded service or program. Start the first sentence with “This service is … “ or “This service provides….”. Additional narrative, such as, the agency’s philosophy or a description of the program model, should be placed into Section B: “Service Delivery Requirement” section.

2. **Contract Capacity (if applicable)**
   A program's contract capacity will typically be the number of clients served in a year. This sub-section may also identify the methodology for determining the capacity using factors such as a caseload size, number of direct service staff / teams and the average length of service.

   Example: 12 slots serving 2 children annually per slot = contract capacity of 24.

   Do not list capacity beyond what DCF is funding. If the program serves 400, but the maximum DCF children to be served annually is "25", then "25" is the capacity.

3. **Unit of Service (if applicable)**
   The Unit of Service is a concise description of what each client receives. The focus is both a week of care and / or service and the core interventions expected to be delivered to each client during that time frame along with the average length of service established by the program.

   Example: 4 - 8 hours per week, minimum of 2 visits, including individual and family clinical interventions, behavior management and skill development for 12 weeks.

   Language like “The unit of service is an all inclusive range of services including…” is not specific enough for use under this heading.

   (Note: At this time not all service types can be described in terms of a “unit of service”.)
4. Payment Mechanism/Process (if applicable)
This sub-section should only be used if a payment process is different than the standard quarterly payment process articulated in the POS, PART I, Section E4. For example, if paid through DCF's LINK payment process the wording should be:
The payment mechanism and process for this "fee for service contract" is as described in Part I, Section F of this Agreement. In addition, DCF does not:
   a. provide funding for clients other than DCF clients,
   b. have liability for direct or indirect payment beyond the amount stipulated in this contract
   c. have obligation to pay for any shortfall of Medicaid funding resulting from failure of the Contractor to make proper and timely billings, or
   d. have responsibility for any refunds due to audit exceptions or recommendations.
   e. guarantee DCF or DDS client placement with the Contractor;
   f. provide funding for the day of discharge for DCF or DDS placed clients;
   g. provide funding for educational services to clients provided as part of this program.

5. Single Cost Accounting System (if applicable)
This is a unique sub-section. The Single Cost Accounting System (SCAS) only applies to certain residential treatment programs that also have special education schools. (As of June of 2010, only the Justice Resource Institute's RTC - Youth With Cognitive Limitations is a SCAS program.)

6. Payment for Absences (if applicable)
This sub-section would be appropriate for most residential programs and would identify the unusual circumstances for which DCF would pay for care when the client was residing in another location, e.g. in a hospital.

7. One-To-One Staffing Coverage (if applicable)
This sub-section would be appropriate for most residential programs and would identify the unusual circumstances when child / youth supervision is needed in an emergency. Such staffing is not covered in the Contractor's per diem rate and requires a DCF Area Office Director and/or a Parole Services Program Supervisor approval for reimbursement.

8. Third Party Reimbursement (if applicable)
This sub-section is appropriate where DCF wants or may at some point request the Contractor to negotiate a reimbursement rate from third party payers (e.g. Medicaid) for services offered through this contract.
(Section) B. Service Delivery Requirements

(Note: The SOS must describe all the services that DCF clients should be getting from the Contractor … even though the dollars awarded by DCF may be only a portion of the whole program budget. In other words, DCF dollars go toward the entire program not just a portion of the program. In addition, if a program element applies to non-DCF children only, do not list it in the Scope.)

1. Target Population (required where clients are served)
This subsection describes the persons (typically children, parents and/or families) for whom the service is to be provided. If appropriate, include information such as gender, ages and DCF status/involvement.

2. Referral / Admission Process (required where clients are served)
This section details how persons from the Target Population gain entry into the program/service. Here are questions to consider:
- What are the client characteristics that the program is designed to address, e.g. age, gender, diagnosis, clinical history, etc.
- Who is permitted to make a referral? (e.g., Central Office Liaison, Area Office Staff, parent provider, etc.). If the referral must, for example, come from an Area Office Program Director rather that a DCF Social Worker that should be noted.
- In what manner must the referral be made? Think about whether a specific form has to be used or if an oral request is acceptable. If other material is required to support a referral, that should be stated.
- Who can authorize access into the program? Does the provider select who enters the program of must a DCF staff person (e.g., DCF Gatekeeper) approve all referrals?
- What is the prioritization criteria for referrals? Some programs are full to capacity. It may be helpful to set forth how access to the program might be prioritized should a waitlist become necessary.
- What is the response time for a referral? For example, a service might require certain action within a given time frame (e.g., contact the family within 72 hours of a referral being accepted). If there are any time parameters to which the contractor will be held, those should be articulated.

3. Operating Hours (required)
This section provides the times and days in which the service/program is to be in operation. Terms such as “typical / standard business hours” should be avoided. Instead, when possible, state the hours and days that the service will be open (e.g., Monday through Friday, 8am-6pm). List any special exceptions in the schedule due to holidays or summer. Most programs will operate 52 weeks each year, but some will not.
4. Staffing (required)
In many SOSs, this section is presented in a chart format. This is not a place to list all the staff positions for the program … which should, instead, appear in the budget. Here, whether by chart or not, is a list of the staff positions and their Full-Time-Equivalent (FTE), if any, that DCF has “required”. For example, the Therapeutic Group homes require both a full-time Director and a full-time therapist, a half-time APRN and a psychiatrist working 1 hour a week per client.

If the Program Lead wants, he/she can include details about any required staff positions and the minimum qualifications for persons to perform those duties. Avoid saying "preferably". Instead, for example, say "the preferred Supervisor will be a Masters Level staff but, with DCF agreement, may be a Bachelor Level."

In addition, if DCF has expectations about a supervisor’s qualifications and/or the number of staff that they may supervise and/or the number of hours of supervision that must be provided to individual staff and/or the type of supervision (e.g., individual, group, phone, etc.), these should be detailed.

5. Services (required)
This subsection will typically contain the key elements of the services to clients with explanations of each distinct service to be delivered by the contractor to clients.

- “Service Model” and " Assessment Tools” (if applicable)
Some programs are based on a particular philosophical and/or performance based model and it is DCF’s intention that the model be followed carefully. This may include training of program staff by model experts and collection and submission of certain data based on proscribed "assessment tools".

- Key / Core Services (required)

Sample list of key elements … from Intensive Home Based Services:

a. Clinical Services, including screening and referral, individual, group and family treatment, consultation, linkage to family substance abuse screening or other services, family sessions and age appropriate therapy. Clinical staff will coordinate their clinical interventions with community providers delivering services to the child and/or family. In addition, the Contractor will provide access to a psychiatrist to provide for timely consultation, assessment and evaluation of children warranting such clinical assistance.

b. Empowerment and Family Support Services, including parental guidance, empowerment and support, inclusion in transition/discharge planning and linkage to other community services and concert supports, parent education, instructional modeling. Hours of operation should accommodate family work schedules.

c. Medication Management, including consultation and assessment from a psychiatrist or an APRN under the direction of a psychiatrist

d. Crisis Intervention, including 24-hour emergency and crisis intervention through phone and/or pager availability. The Contractor will maintain close contact with its clients that allows for immediate identification of crisis and ongoing clinical follow-up services as necessary.

e. Case Management and Aftercare, including the development and implementation of a child specific transition plan.
In addition to the key service elements, The Program Lead may want to specify other elements that have direct impact upon the services.

- “Training or Certification Required of Program Staff” *(if applicable)*
- “Emergency Coverage” *(if applicable)*
- “Transportation” *(if applicable)*
- “Service Linkages” *(if applicable)*
- “Discharge Planning” *(if applicable)*
(Section) C. Data and Outcome Reporting Requirements

This section should set forth any data submission and reporting expectations including any federal requirements.

1. Data (required)
Many Service Types have the following in this sub-section:

The Contractor will submit individual, client level data to the Department’s Programs and Services Data Collection and Reporting System (PSDCRS), or other system as required by the Department. The Contractor will ensure that the data submitted under PSDCRS, or other system, is in conformance with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the Department to ensure accurate, unduplicated client counts. This data will, as set forth by DCF, be sent to the Department and/or the Department’s designated vendor(s) at an interval specified by DCF.

If no specific data or reporting requirements have been identified as the program begins, it is best to include a sentence such as … “The Contractor will provide data and reports as requested by the Department.” If you have one or more data or report formats but anticipate changes/additions, add a sentence in this section such as “The Contractor will provide additional data and reports as requested by the Department.” However, remember that additional data collection and reporting may increase costs to the Contractor. The manner in which the data is to be provided (e.g., emailed via Excel spreadsheets, using a specific data system, a DCF form, etc.) and the frequency of submission should be stated.

2. Outcomes (required)
Client outcomes and their measurements are required by State law. In the context of DCF contracting, client outcomes are the planned benefits to the clients that should result from the implementation of the program. The "measure(s)" are the standards (e.g. % improvement or specified time without evidence of the presenting problem or ___) to be reached in order to determine whether or not the outcome has been accomplished satisfactorily.

Example: (from MDFT)
- 80% of children/youth, during the course of their participation in the MDFT program, will not require long-term placement in a more restrictive setting.
- 75% of children/youth served will not show a decrease of more than 5 points of the GAF during the course of their participation in the MDFT program.
- School attendance will be maintained or increased for 75% of the children/youth served.
- The number of juvenile justice arrests is maintained or decreased for 75% of the children served.

In addition, a Program Lead may want to establish and track certain expectations of the Contractor i.e. work to be done. These measurements, Process Outcomes, will be important especially if the Contractor is to adhere to a particular service model.
Example: The Contractor will have 1 - 3 or more clinical contacts per week with the child and family during the intensive phase of care. Measurement: Individual client files and program data will indicate the number of weekly clinical contacts during the intensive phase of treatment.

Note: Do not include "WORKPLANs" in Scopes. If appropriate, use that information as "Outcomes".

Other data requirements (if applicable)
Program Leads will have additional data requirements for certain programs … for example …
- TANF Reporting
- Weekly Census Report
- State Revenue Maximization (PNMI option)

RE: Dating a Scope (required)
In each Scope, following Section C., add the date that this scope for this provider is effective. e.g., "Effective 10/1/10"
IV. WRITING A “SCOPE OF SERVICES”

Here are a number of guidelines for writing a “Scope of Services”

A. Contracts are legal documents and great care should be exercised in the writing of the Scope of Services (SOS). What is written in the SOS is what DCF can expect a Contractor to provide. Conversely, if something DCF wants is not in the SOS, there is no legal recourse to DCF if it is not provided.

B. The key elements of a SOS would typically come from the "Goals" / "Scope of Work" described in the Request for Proposals (RFP) for this Service published by DCF.

C. Scope writing is driven by “legal sufficiency”. In the end, the language should be such that in a court of law, a judge will know what the words/sentences mean and could decide, based on evidence, whether or not the Contractor had fulfilled the contract. In order to support legal sufficiency, wording should be as specific as possible. For example:

<table>
<thead>
<tr>
<th>USE</th>
<th>AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>“… will provide …”</td>
<td>“… will seek to provide…”</td>
</tr>
<tr>
<td>“… submitted within 10 days of …”</td>
<td>“… submitted as soon as possible …”</td>
</tr>
<tr>
<td>“… must be approved by the DCF Central Office Program Lead.”</td>
<td>“…should be approved by DCF.”</td>
</tr>
</tbody>
</table>

D. The SOS should be clear, unambiguous and without “extra” words, but it must also thoroughly document what will be required of the Contractor. As you are writing the SOS, think about:

- **Who** (staff, credentials, FTE’s, clients to be served)
- **What** (deliverables, service requirements and expectations)
- **Where** (at the agency, in home, school, community, etc.)
- **When** (intervals, times, service days and/or frequency)

E. As you write, think about the “logical flow” of the program. Group like items together and use chronological progressions, e.g. “referral – admission criteria– service delivery - discharge.

F. Form is important, style is not. For example, faithfully use the term, “the Contractor will”, i.e. do not add variety to it by using “the provider”, “the agency”, “the program”, etc. .

G. Use the following format guidelines:

- The SOS should be written using “11” – point only and Arial Narrow font.
- Use 1” margins throughout.
- “Bullets” are not to be used.
• Using the header function, create pages numbers in each document starting on page 2.
• Using the footer function, create “Page ___ of ___”.
• When giving age criteria, use “through” e.g. “ages 12 through 17”
• Use “birth through age 10” … not “0 – 10”
• If referral criteria includes a town … use “resides in the town(s) of ___” … do not use “from the town(s) of ____”
• Use “medically complex”, not “medically fragile”
• Follow the letter (cap), number, letter sequence as in this example:

B. Service Delivery Requirements
  1. Target Population
     The Contractor is to serve DCF involved youth, ages 12 through 17. Youths eligible for this service must present with one or more of the following diagnoses:
        a. Oppositional Defiance Disorder
        b. Depression
           i. Major
              (a)
              (b)
        ii. NOS
        c. Attention Deficit Disorder

2. Referral and Admission Process

H. Check and check again for correct Information and consistency of information throughout the SOS. Note that programs with the same Service Type may not be mirror images. In particular, contract capacity numbers and staffing tables can vary based on the size of the program and funding level. For example, Therapeutic Group Home SOS documents differ as there are both 5 bed and 6 bed Homes. Within each SOS, for example, be sure to use the same “ages served” wherever that issue is mentioned.
V. CREATING A NEW SERVICE TYPE: SOS RESPONSIBILITY CHECK LIST

☐ The **Program Lead** drafts the Scope of Services (Scope) during the RFP process (recommended to be done prior to the Technical Assistance meeting). DCM will provide template and sample scope as requested.

☐ The **Program Lead** will send the draft Scope to DCM for review. DCM will complete any needed revisions after discussion with the **Program Lead** and place the draft scope into DCM’s SOSDRAFT folder in the J: Drive and send it as the approved working scope to the **Program Lead**.

☐ The **Program Lead** will share the draft Scope with the provider(s). Any changes requested will be discussed with DCM.

☐ The DRAFT Scope will be sent to the **Assistant Attorney General (AAG)** for review/approval. No changes can be made by DCF staff once the Scope has been sent to AAG. If the AAG requires revisions, DCM will work with the **Program Lead** and re-submit to the AAG.

☐ DCM will notify the **Program Lead** when AAG approval is received.

☐ The **Program Lead** will work with the contractor(s) to add contractor specific information to the Scope (e.g. Page 1, capacity, staffing, hours of operation) and return it to DCM.

☐ DCM will do a final review of the Scope, place it into the “SOS_Approved_Provider” folder in the J: Drive and notify the **Program Lead** and DCM staff that the completed Scope is ready for inclusion into the contract itself.

☐ The **Program Lead** will then send the Contract / Amendment Request to Diane Gjede.

☐ The DCM Fiscal Lead will take the Scope from the J: Drive for use in the Contract process.
VI. AMENDING AN EXISTING SERVICE TYPE:
SOS RESPONSIBILITY CHECK LIST

☐ The Program Lead requests a blank copy of the approved scope for the Service Type from DCM. Using “Track changes” in Word, the Program Lead then makes revisions in the Scope. DCM staff is available for assistance.

☐ The Program Lead sends the draft Scope to DCM for review. DCM will discuss any recommended revisions with the Program Lead.

☐ When DCM and the Program Lead have agreed on the revised language, the Program Lead shares the Scope with the appropriate contractor(s). The Contractor also enters the program specific information at that time.

☐ DCM will do a final review of the Scope, place it into the “SOS_Approved_Provider” folder in the J: Drive and notify the Program Lead and DCM staff that the revised Scope is ready.

☐ The Program Lead will then send the Contract / Amendment Request to the Fiscal Administration Supervisor.

☐ Having received the Amendment Request from the Fiscal Administration Supervisor, the DCF Fiscal Lead will take the Scope from the J:Drive for use in the Contract process.
VII. POCKET GUIDE TO SCOPE WRITING

Revising an Existing or Writing a New Scope of Service

1. **The writer will be** the DCF Program Lead with help from Division of Contract Management (DCM)
2. **Writing will begin** early in the RFP process so it is complete by the time a contractor is selected
3. Follow the **outline/guidelines** provided by DCM (back side)
4. Share the Scope with the provider(s) for their agreement
5. Final **approval** must come from DCM and the Attorney General’s Office
6. Once final approval is given, the Scope becomes part of the contract packet that is sent to the provider for signatures and then back to DCF for numerous signatures.

Scope of Service, cont.

7. **Scope of Service Writing Guidelines**
   a. Be complete but not wordy.
   b. Tell who, how, what, where, when, but not “why”.
   c. Test the wording by asking … Would a judge know what this means?
   d. Write in a “logical and chronological” flow.
   e. Form and consistency are important, style is not.
   f. Re-check provider specific information for accuracy.
   g. When first sited, do not abbreviate titles of agencies, programs, models and professionals roles

**Remember:** Your Contracts Unit can help and must review all scopes before they are “final”