Affiliation Agreement

Between

The Monmouth Local System of Care and ____

Agency/Provider Name

This Affiliation Agreement serves to define the roles and responsibilities of each agency as we work in partnership to provide services to children and families served through the New Jersey Division of Child Behavioral Health Services (DCBHS) System of Care.

This Agreement applies to the delivery of services from the Agency/Provider to children receiving care management through MonmouthCares, Inc. (CMO), or Youth Case Management (YCM) through Catholic Charities. This agreement is effective as of ___________________ and continues ongoing unless terminated in writing by either party and will apply to all services delivered to or on behalf of a child/family documented on the child's Individual Service Plan (ISP) created by the Child and Family Team through the CMO, and the child's Service Plan/Plan of Care created through YCM, and all services arranged directly by the family/caretaker or other entity involved with the child or family enrolled in the System of Care.

A Shared Commitment to Children and Families

One of the primary goals of the Monmouth Local System of Care is to work in partnership with children and their families and the local provider network to coordinate, improve and expand the services families receive from their local community. We are committed to providing the highest quality of services by upholding the values of the DCBHS System of Care. These values define our promise to the community: Our services are family-driven; community-based; strength-based, culturally competent; individualized, and easily accessible. Our mission is to keep children at home, in school & out of trouble. Our intention is to help families to find or develop sustainable resources that will allow the family to function as normally as possible. As one of our partners in the delivery of services, we expect that Agency/Provider will share our commitment to these values through all of your work with the children and families we assist.

Roles and Responsibilities

Care Management Organization (MonmouthCares, Inc.)

The CMO has the responsibility of developing an Individual Service Plan (ISP) for children enrolled in the DCBHS System of Care through a Child and Family Team process. While the ISP authorizes services paid through DCBHS, its' primary function is to create one unified plan that incorporates all services being delivered to and on behalf of the child. One child – one plan is a primary tenet of the System of Care for Children.

Everyone providing service to a child/family enrolled in the CMO is a member of the Child and Family Team organized with the family on behalf of the child. As a Team member, you have the opportunity to offer input and assistance in the care of the child. Your opinion is valued and needed to ensure the child receives the highest quality of services.

As a member of the Child and Family Team, it is important that you attend all ISP meetings. The meetings are held at least every 60 days, although in some cases they are held more often to respond to the particular needs of a child. If unable to attend, the provider may send a supervisor; attendance may also be possible via telephone conferencing.

The CMO will provide advance notice to Child and Family Team members of the ISP meeting date, time, and location. The CMO Care Manager is responsible for keeping you informed, obtaining your advice, inviting you to Team meetings and coordinating your efforts with other Team members. The Care Manager will keep you updated on the child's progress and expects the same from you. All members of the Child and Family Team are contacted regularly to share information and get advice.

Each Child and Family Team member will receive a copy of the ISP. This ISP serves as the document that indicates the services that are being delivered. The ISP contains a Crisis Plan for the child and family. The CMO Crisis Plan includes phone numbers, supports, and a detailed plan outlining the appropriate steps for responding to a crisis experienced by the family and child. The ISP (including the Crisis Plan) will be updated at each Child and Family Team meeting. The updated ISP will be mailed out to each Team member.

As a Team member, it is important to provide progress reports on a regular basis. Services paid by Medicaid or DCBHS flexible funding require written reports before a service can be renewed. Free services or those paid by other sources are requested to provide reports before each Team meeting. Accurate and up-to-date information is crucial to the successful functioning of the Team. Any significant issues or crisis should be reported immediately to the CMO Care Manager or Supervisor.

Youth Case Management (Catholic Charities)
YCM provides face-to-face case management services to children and families referred by DCBHS. Youth Case Managers coordinate services on behalf of children and families by means of a Service Plan/Plan of Care developed with the child and family designed to help the child participate in the community and remain stable in their home. YCM provides services to children and families through linkages to local providers. These services are coordinated through a team approach regardless of payment method. The team is comprised of family members, service providers, formal and informal support systems working in collaboration in order to develop individualized plans for the child/family.

The Youth Case Manager documents the service plan including treatment goals, strengths of the child/family, criteria for discharge and use of service providers**. The Youth Case Manager will discuss family/child needs directly with the provider**, and will maintain phone contact regularly to discuss progress and changing needs.

Providers giving service through YCM will receive a copy of the Service Plan/Plan of Care. It is important to provide progress reports regarding these services to YCM on a regular basis. Services paid by Medicaid or DCBHS flexible funding require written reports before a service can be renewed. Any significant issues or crisis should be reported immediately to the Youth Case Manager or Supervisor.

Agency/Provider gives the following assurances:

1. Agency/Provider agrees to participate in Wraparound or Individual Service Plan (ISP) training sessions offered by the Local System of Care, other state contracted Care Management Organizations, or by the Division of Child Behavioral Health Services.
2. Agency/Provider shall work to assist the Local System of Care in the establishment of community support for the child/family, and assist in our overall mission of keeping children at home, in school and out of trouble.
3. As partners in the delivery of services to children and youth, Agency/Provider shall share in the commitment to children by adhering to the principle of "One child – one plan" for children enrolled in the System of Care.
4. Agency/Provider shall endeavor to put the needs of the child above the needs of the service/program. This shall be accomplished by ensuring that no decision to terminate service, even temporarily, is made without holding a problem-solving session with the Child and Family Team/Youth Case Manager and Family, that makes an open and honest effort to find ways to meet the needs of both the child and the service/program
5. Agency/Provider shall adhere to the philosophy that "Children & families don't fail – plans fail."
6. Agency/Provider recognizes that children are vulnerable to severe emotional damage when they are removed from their living situation, even for reasons of safety, and Agency/Provider will endeavor to create and support plans and services that "wrap" a child in their living situation in order to avoid placement.
7. Agency/Provider agrees that when practice model or philosophical conflicts arise between the System of Care agencies and their own, ________________________________ will be able to resolve the conflict for the Agency/Provider directly with MonmouthCares Executive Director.
8. Agency/Provider attests that they have a policy requiring background checks on staff/volunteers working directly with individuals or families and a policy requiring driving record checks for staff/volunteers transporting individuals or families.
9. Agency/Provider attests that they have all required insurance coverage and will provide proof of same.

MonmouthCares, Inc.
CMO

____
Signature of Executive Director or Designate *Date*

____
Print Name and Title

Agency/Provider

____
Authorized Signature *Date*

____
Print Name and Title

Catholic Charities
YCM

____
Signature of Executive Director or Designate *Date*

____
Print Name and Title

Provider Network Information for Agency/Provider

THIS INFORMATION IS FOR THE LOCAL SYSTEM OF CARE RESOURCE DIRECTORY
(Basic information will be available through the MonmouthResourceNet website)

General Information

Agency/Provider Name: ____

Primary Address: ____

City: ______________________________ State: __________ Zip: ____________________

Telephone: ____________________ Fax: ____________________ Cell: ______________

24/hr or Crisis or other Telephone/Fax: ____

Email: ______________________________ Website: ______________________________

Agency Director: ____

Contact Person: ______________________________ Phone: ____________________

Area Served: *please circle or fill in* Monmouth County Ocean County Central NJ State

If Limited to Specific Area/Town *please list* ____

Special Skills/Certifications (fire-setting, sexual victim, sexual offender, EMDR, etc.)

Areas of Expertise: ____

Special Certification: ____

Languages Spoken (in addition to English): ____

Additional Service Locations (other than primary address above):

Address 2: ______________________________City: ____________________Zip: __________

Telephone: ______________________________ Contact person at location: ______________________________

Services Offered at this location: ____

IF YOU HAVE MORE THAN TWO LOCATIONS, PLEASE ATTACH A LIST OF ADDITIONAL LOCATIONS & SERVICES AVAILABLE THERE

List of All Services That Are Offered By This Provider

1. Specific Service You Provide Population Served & Ages Service Location if different than primary

______________________________ ______________________________ ______________________________

Application Method ______________________________Days & Hours of operation: ____________________

Transportation Included as part of service: YES NO Documents needed to apply ______________________________

Payment methods: *(circle all that apply)* **Free Service** **Sliding Scale** **Self-Pay** **Medicaid** **Medicare** **Other** ____________

Commercial Insurance Accepted *(please list)* ____

Additional Service or Payment Information: ____

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2. Specific Service You Provide Population Served & Ages Service Location if different than primary

______________________ ______________________ ______________________

Application Method ______________________ Days & Hours of operation: ______________________

Transportation Included as part of service: YES NO Documents needed to apply ______________________

Payment methods: *(circle all that apply)* **Free Service** **Sliding Scale** **Self-Pay** **Medicaid** **Medicare** **Other** ____________

Commercial Insurance Accepted *(please list)* ______________________

Additional Service or Payment Information: ______________________

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3. Specific Service You Provide Population Served & Ages Service Location if different than primary

______________________ ______________________ ______________________

Application Method ______________________ Days & Hours of operation: ______________________

Transportation Included as part of service: YES NO Documents needed to apply ______________________

Payment methods: *(circle all that apply)* **Free Service** **Sliding Scale** **Self-Pay** **Medicaid** **Medicare** **Other** ____________

Commercial Insurance Accepted *(please list)* ______________________

Additional Service or Payment Information: ______________________

Any other information you would like included in the Resource Directory Database:

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Please attach additional pages as needed to clearly define the services you offer to the general community and the Local System of Care.

The information you provide on your services will be entered into the Resource Directory Database. This database is used by the Local System of Care to select services requested on behalf of the child. The information is also entered into the on-line recordkeeping system used by all levels of the DCBHS.

The database will also be available on the MonmouthCares website. If you do not want information about your services, or a particular service, available to the general public on the website, please initial the Opt-Out box and list what should not be included on the web.

Opt-Out ____________ *Please circle* ALL Services These Services: ______________________
Initials

Agency/Provider Signature: ______________________ Date: ______________________

Please print name: ______________________ Phone: ______________________