

DIVISION OF SOCIAL SERVICES

VENDOR AGREEMENT AND AUTHORIZATION FOR PSYCHOLOGICAL SERVICES

1.

- a. This agreement, along with the DSS-1724 and DSS-1919, if required, is hereby entered into between the \_\_\_\_\_ County Department of Social Services, the "Department" and Dr. D. Robert Aiello, the "Provider", for the provision of psychological services as stipulated in Regulation 10 NCAC 35G of the North Carolina Administrative Procedure Code and in accordance with the policies, procedures, and standards contained in Volume VI, Chapter IV of the Division of Social Services' Family Services Manual.
- b. The individual named below is eligible to receive psychological services:
  - 1) Recipient Name: \_\_\_\_\_
  - 2) Recipient Category Code: \_\_\_\_\_
  - 3) Recipient ID#: \_\_\_\_\_
  - 4) Service Code: \_\_\_\_\_
  - 5) Period of Authorization: From \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_
  - 6) Person to Receive Service if different from b. 1) above: \_\_\_\_\_

2. The Provider is hereby authorized to provide psychological services for the period authorized to the individual stated above at the fixed rate of:

- a. \$\_\_\_\_\_ per hour for \_\_\_\_\_, and; \$\_\_\_\_\_ per hour for \_\_\_\_\_.
- b. Total reimbursement is not to exceed \$\_\_\_\_\_ (REIMBURSEMENT MAY NOT BE MADE PRIOR TO RECEIPT OF AGREEMENT SIGNED BY BOTH PARTIES.)
- c.
  - 1) **One-Time or Short-Term Services:** Claims for services lasting less than three months may be submitted monthly (by the fifth working day of the month following the month of service) or after all services have been provided in which case the total claim should be submitted to the Department within thirty days after services end.
  - 2) **Long-Term Services:** Claims for reimbursement should be submitted by the provider to the Department monthly. Normally, claims are due by the fifth working day of the month following the month services were rendered.

3. Insurance: Is there health insurance that would cover all or part of the cost of service?

Yes       No

If Yes, the Provider must bill for insurance and note payment on claim.

If insurance payment is not received within 45 days, the Provider is to proceed with filing a claim under this Agreement noting that the insurance claim has been filed.

4. A psychological services report must be supplied quarterly, unless stipulated differently in 5. h., to the Department addressing the issues described in the Psychological referral Form (DSS-1724) and the progress of the person receiving services. An initial report for psychological evaluations/studies/consultations must be made to the Department by \_\_\_/\_\_\_/\_\_\_ (date).

5. In addition, the Provider will:

- a. Comply with Titles VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 which prohibit discrimination against the recipient and/or employees on the basis of race, sex, religion, color, national origin or disability; and,
- b. Keep confidential any information about a client which is shared by the Department or the client, and will share such information only with authorized Department or Provider staff who need to know in order to coordinate and manage service delivery to the client; and,
- c. Comply with all applicable licensing standards, by Division of Social Services or State Law.

- d. Maintain appropriate program records and appropriate case files to document the provision of the agreed upon service(s) to individuals determined eligible by the Department and authorized as eligible to Provider by the Department; and,
- e. Accept fiscal responsibility for deviations from the terms of this agreement as a result of acts of the Provider or any of its officers, employees, agents or representatives.
- f. Retain all books, records and other documents relevant to this agreement for three years after final payment or until all audits continued beyond this period are completed. Federal auditors and any persons authorized by the Division of Social Services of the Department shall have the right to examine any of these materials.
- g. CHARGE NO FEE NOR COLLECT ANY MONEY FROM THE RECIPIENT FOR THE SERVICES AUTHORIZED BY THIS AGREEMENT.
- h. Other Stipulations:

6. Each party hereto agrees to be responsible for its own liabilities and that of its officers, employees, agents or representatives arising out of this agreement.

Department of Social Services	Provider
Signature:	Signature:
Title:	Title: Licensed Health Services Provider-Psychologist
Address:	Address: 8520 Six Forks Road – Suite 204 Raleigh, NC 27615
Date:	Date:

**INSTRUCTIONS**

**I. Purpose**

This form serves both as the instrument through which the county department of social services contracts to purchase psychological services, and as the authorization to the Provider (in lieu of DSS-1360) for services to a specific individual. Therefore, a separate agreement must be negotiated for each individual who is to receive the service.

**II. Instructions for Completing the Form**

**Item 1:**

b.4.) Refer to Appendix A of Chapter II, Volume VI, Family Services Manual or to Appendix B of SIS User's Manual to assure that psychological services is a part of service definitions to be used and to obtain service codes. Show period of authorization (b.5.). This is the period during which the provider is authorized to provide services and may be different from the eligibility period. The beginning date of the period of authorization must be on or after the beginning date of the client's period of eligibility. The ending date of the period of authorization must be on or before the ending date of the eligibility period. For clients with open-ended eligibility, the county department of social services may put an ending date or leave the space blank. In the latter case, the provider will be authorized to provide services until notified otherwise.

**Item 2:**

The amount of the fixed rate is entered in 2.a. Space for two rates is provided in case the provider will be reimbursed a different amount for any of their services. For example, the Provider may be paid the standard fixed rate for treatment and a lower, negotiated rate for consultation.

**Item 3:**

Clients should be advised by the county department of social services to have the name of the Insurance carrier and policy number at the time of the first visit to the provider.

**III. Routing Instructions**

Complete and sign two originals of the form. A copy of the original is to be retained by the county department of social services and placed in the recipient's service record. The two originals are to be sent to the Provider. The Provider signs both originals and keeps one in his records. The second original is to be returned to the county department of social services with the psychological report and billing statement prior to reimbursement for any services.

**IV. Signatures**

The form must be signed in accordance with policy set forth in Volume VI, Chapter IV of the Family Services Manual.