**DHS PSH Supportive Services (Case Management) Standards/Requirements**

*Organizational Qualifications:*

* Have previous experience as an organization delivering case management services.
* Have a good track record for delivering case management services.
* Employ staff that is qualified to deliver case management services (as indicated in this RFP).
* Be an incorporated and licensed organization in the District of Columbia in good standing with the District of Columbia Department of Consumer and regulatory Affairs.
* Have a clean track record for managing funds.

*Case Manager Qualifications:* All case managers must meet minimum qualification standards. These minimum qualifications for case managers are a bachelor’s degree in social work, psychology, sociology, counseling or other related social service/science disciplines and two (2) years experience providing case management services. Certification and/or licensure in a relevant discipline (e.g., certified additions counselor) may substitute for education requirement. Any/all staff supervising case managers providing services under this RFP must possess a Master’s Degree in social work, psychology, sociology, counseling or other related social service/science disciplines and two (2) years experience supervising case managers. Having the highest level of licensure as a social worker, psychologist or counselor may substitute for the supervisory experience.

*Assessments and Plans:* Case managers are required to have an assessment conducted for each client as well as a corresponding service plan. This plan shall be developed mutually with clients and shall be the basis of the case management/supportive services. Subsequent assessments and plan updates are required as necessary but no less than every six (6) months.

*Case Load Standards:* Caseloads for case managers serving single adults shall not exceed 17 adults. Caseloads for case managers serving families shall not exceed 12 families.

*Client Contact Standards:* Case managers are required to have a minimum of one (1) contact per week with single adults/families during the first three (3) months of providing services. This contact must be face-to-face and must take place in the home or community of the single adult/family. After the first three (3) months of services, case managers are required to have a minimum of two (3) contacts per month with single adults/families. Of these two (2) contacts, one (1) must be face-to-face and must take place in the home or community of the single adult/family.

*Standards for Client Connection to Supportive Services:* Case managers will be required to ensure that single adults/families are actually connected to, and engaged in, supportive services as outlined in their service plan and not simply referred to programs. Additionally, case managers will be required to evaluate the efficacy of supportive services their clients are receiving.

**Confidentiality**

Organizations providing services must keep information concerning clients strictly confidential and shall not be divulged to unauthorized persons. Organizations must demonstrate an ability to maintain the confidentiality of client’s information and adhere to all Federal and local laws related to confidentiality.

**Quality Assurance**

Organizations providing services shall monitor and evaluate activities of any/all staff performing services. At a minimum, this shall include a review of the appropriateness, quality and effectiveness of services. Organizations providing services shall be responsible for specific documentation of services provided to clients, updates on both progress as well as any issues which may arise. Organizations providing services shall involve clients in the development service evaluations. Additionally, organizations providing services shall develop and comply with, a process for receiving, investigating and addressing client complaints and client requests for reassignment of their case manager.

**Reports**

Organizations providing services shall submit monthly reports to DHS by the 10th day of each month (reflecting activities for the previous month). DHS will develop the specific format for the monthly report. This report will minimally include the following information.

* A listing of the organizations overall caseload.
* General demographic information on clients within the caseload.
* A description of the contact (frequency and type) with each client.
* A description of the services clients are engaged in and the efficacy of those services.
* Levels of client participation.
* Progress towards client service plan goals.
* A listing of all staff working under the contract and their individual caseloads.
* A listing and explanation of any/all concerns/issues related to clients or other matters.
* Financial expenditures and requests related to contract/program activity.
* Description of any/all unusual incidents.

In addition to the monthly reports, additional reports (annual reports, client specific reports, etc.) and client information shall be required upon request.

**Records**

Organizations providing services shall keep accurate and secure case records for assigned clients. These case records shall include client assessments, service plans, contact notes, progress notes, service referrals, documentation of client connection to (and engagement in) supportive services, unusual incidents, etc. Additionally, organizations shall keep records of overall activities, evaluations of supportive services, and files on all staff engaged in services. To ensure confidentiality and security, records should be kept in a locked file controlled by appropriate applicant staff. Organizations shall retain records for at least three (3) years following the termination of any contract. Organizations shall demonstrate an ability to ensure the confidentiality and security of records in their proposal(s).

**Monitoring & Evaluation**

DHS shall monitor and evaluate the performance of all organizations providing services according to the standards/requirements listed herein. DHS staff will make periodic scheduled and unscheduled monitoring visits to review records and discuss the services being rendered. Additionally, DHS staff will interview clients who receive services to get their feedback on the efficacy of the services provided.