**DCS COMMUNITY BASED PROVIDER REQUEST TO EXPAND SERVICES**

This form should be used for providers with an already existing DCS contract to add counties/regions from a service standard already included in their Community Based contract.

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| Agency Name: |  |
| Person Requesting Expansion: |  |
| Primary Address: |  |
| Agency Director:  Clinical Director: |  |
| Contact Information: |  |
| Accreditations: |  |
| Community Based Contract Number: |  |
| Years as a DCS Contracted Service Provider: |  |
| Current Counties/Regions served: |  |
| Current number of DCS Clients: |  |
| Additional Funding Sources: |  |
| Request to Expand to County/Region (List): |  |
| Anticipated Start Date of Expanded Service: |  |
| Service Standard(s) to be provided in expanded area: |  |

All requests to expand contracted services should be submitted to the Child Welfare Plan mailbox as [Childwelfareplan@dcs.in.gov](mailto:Childwelfareplan@dcs.in.gov). All requests will be reviewed by the DCS Services Team and Regional Manager of the requested region. Upon review, an agency representative may be asked to present their request to add services to the appropriate Regional Services Council. Please direct any questions to your Regional Services Coordinator.

Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Representative Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Services Coordinator Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Manager Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Services Council Approval (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section I: Justification** |
| 1. Why do you want to expand into this region/county? |
| 1. How did you assess the need of the area to determine that your services are necessary? |
| **Section II: Logistics** |
| 1. What is the physical address of your office in the expanded region/county? |
| 1. Do you presently have staff in place in the office mentioned above, able and qualified to provide service under the DCS contract?    1. If not, what is the expected timeline to hire and train staff, and when can they begin to accept referrals?    2. What is your capacity to accept additional clients in the expanded area?    3. What will the staff to case (or client) ratio be? |
| 1. What will the structure of supervision be in the expanded office?    1. Will the supervisor(s) be located in the new office?    2. How often will clinical supervision occur?    3. How often will one-on-one supervision occur?    4. What is the ratio of supervisor to staff? |
| **Section III: Historical and Projected Service Delivery** |
| 1. What are your agency’s most recent audit findings?    1. Do you have a payback plan? What is the status?    2. Do you have any outstanding negative audit findings (unresolved)? |
| 1. How will expanding service into the proposed region/county impact the quality of services in your current contracted areas? |