



**Candice Broce**

Director DFCS

Agreement To Keep Our Children Feeling  
Happy, Safe, Secure and Loved.



# DHS RBWO FY23-FY24 Contracts



# FY24 (OCTOBER) RBWO Contracts Agenda

- RBWO Contract Periods
- Scope of Services/Deliverables
- DHS Contract Info/Contract Dates
- Rate Schedule
- Executed Contract Signatures
- Maintaining Insurance (***RENEWALS***)
- ***Amending Contracts***
  - Reasons/Approval Process
- Forms – Signers/ Vendor Management/W9





# FY24 Contracts



The Office of Provider Management established contract deadlines and effective dates.

There are two (2) contract lifecycles within a fiscal year:

- **July 1<sup>st</sup>** – Deadline closed for changes
- **October 1<sup>st</sup>**

# Scope Of Services/Deliverables

**The Contractor Agrees to review:**

**FY2023 - 28 DELIVERABLES**

**FY2024 – 28 DELIVERABLES**

**DELIVERABLES**

**DELIVERABLES**

**DELIVERABLES**

**DELIVERABLES**

**DELIVERABLES**



### SCOPE OF SERVICES

- A. The Contractor will provide the following services/deliverables in accordance with the terms and conditions of the Contract:
  1. Contractor's application, which was approved by DHS, is made a part of this contract, and is incorporated herein by reference. The Contractor's application is on file with DHS's, Division of Family and Children Services (DFCS), Office of Provider Management (OPM) unit.
  2. This is a Performance Based Placement (PBP). All performance scores will be published on the second Friday of the following month on the GA+SCORE website at [www.gascore.com](http://www.gascore.com) by DHS and used to facilitate placement decisions made by DHS. A detailed explanation of how scores will be determined is reflected in the RBWO Performance Based Placement Measurements and Standards Guide posted on the GA+SCORE website at [www.gascore.com](http://www.gascore.com) and, by reference, incorporated into this contract.
  3. Fully comply with the RBWO Performance Based Placement (PBP) Measurements and Standards Guide, which contains all PBP requirements. The guide can be accessed on the GA+SCORE website at [www.gascore.com](http://www.gascore.com). The Contractor agrees to also fully comply with the FY 2024 RBWO Minimum Standards posted on the GA+SCORE website at [www.gascore.com](http://www.gascore.com). The Contractor agrees to abide by any changes made to the RBWO Minimum Standards.
  4. Participate fully in Performance Based Placement goals and provide regular and timely documentation by the 10th of the following month into the GA + SCORE and Georgia SHINES portal. The Performance Based Placement goals can be accessed on the GA+SCORE website at [www.gascore.com](http://www.gascore.com). Scores will be provided quarterly. Goals and measures may be changed or modified throughout the contract year, with a minimum of 90 days written notice to Contractors. The Contractor further agrees to abide by any changes made to the RBWO Performance Based Placement Measurements and Standards Guide.

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# FY2024 Rate schedule

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**Department of Human Services**  
STRONGER FAMILIES FOR A STRONGER GEORGIA

**FY2024 – AMI Kids Savannah River Inc.**  
**Division of Family and Children Services – Room Board and Watchful Oversight**  
**ANNEX D**

**PAYMENT PROVISIONS**

Room, Board and Watchful Oversight (RBWO) Rate Schedule									
Contract ID # Pending	Provider Mailing Address	Program Name Site Location	Vendor Number	SRID	Phone Number	Applicable Program Rate Effective Date	Program Designation	Applicable Program Rate	MAX Capacity
	AMI Kids Savannah River 626 Old River Road Sylvania, GA 30467	AMI Kids Savannah River 626 Old River Road Sylvania, GA 30467	117807	16839551	912-829-5300	7/1/2023	MWO	\$ 213.10	25
Supplemental Notes									
1) Placement types are limited to the above approved/contracted program types. Waivers do not exist to override same. Consequently, there will be no retroactive payments associated with a placement whereby a provider accepts such which is not covered contractually herein.									
2) The above per diem rates are subject to change within no less than 120 days following the end of the provider's fiscal year end. Any such change will be totally at the Department's discretion and will based on the adjusted cost per diem as submitted in the provider's cost report (due 90 days following the end of the provider's									





**SIGNATURES TO CONTRACT BETWEEN THE DEPARTMENT OF HUMAN SERVICES**

AND

**Chamberlain Children, Inc**

**CONTRACTS WITH FOR PROFIT CORPORATIONS**

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures on the dates indicated.

The Contractor certifies by signature hereon that the named corporation is registered with the Georgia Secretary of State to do business in the State of Georgia and that all required reports have been filed with that office, so as to ensure that the corporation is in good standing with the Georgia Secretary of State.

**CONTRACTOR EXECUTION:**

**Chamberlain Children, Inc**  
Name of Corporation

The person signing on behalf of Contractor has full power  
And has been properly authorized and empowered to  
Enter into this Contract.

By:   
By: Chamberlain (Jun 9, 2022 0624 807)

Executive Director  
Title

Jun 9, 2022  
Date signed by Contractor

**DEPARTMENTAL EXECUTION:**

**Department of Human Services**

  
Deputy Chief of Staff

Jun 9, 2022  
Date signed by the Department




# Authorized Signer & Approver Form

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At least one signature requires validating. Please fill out the following form. You can save data typed into this form. Signature Panel Highlight Existing Fields



Georgia Department of Human Services

## Authorized Signer & Approver Information Form

This form contains pertinent information for both authorized signer and approvers. You must upload this completed form in the Notes & Attachments eCAT CIF.

### Contract Information

Company Name	
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### Authorized Signer Information

Provide the list of authorized individuals in the order they should sign. If contract is a nonprofit, the authorized signer(s) must match the Corporate Resolution.

### Authorized Signer(s)

Authorized Signer #1		Email Address	
Title		Phone Number	
Authorized Signer #2		Email Address	
Title		Phone Number	
Authorized Signer #3		Email Address	
Title		Phone Number	

# Certificate Of Liability Insurance *Renewals*

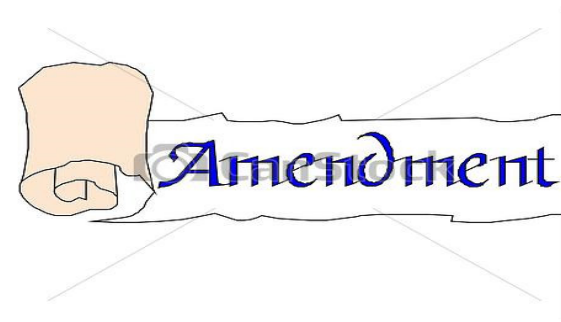
- **Malpractice/Professional Liability Policy**
  - \$1 million per occurrence/\$3 million aggregate policy limits
- **Commercial General Liability Policy**
  - \$1 million per occurrence/\$3 million dollar aggregate policy limits
- **Business Auto Policy**
  - \$1 million per occurrence/\$3 million dollar aggregate policy limits
- **Commercial Umbrella Policy**
  - \$1 million policy limits/\$3 million policy limits
- **Workers Compensation Insurance**
  - (If employs 3 or more employees)



# Reasons for Amending Contracts

- Program Designation (Additions/Changes)
  - Approval Process
- Capacity Changes
  - Approval Process
- New/Closing Locations
  - Approval Process

❖ Legal Name Changes



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# Approval Process

- Notify Office of Provider Management (OPM)
- Complete a Vendor Request Form
- Gain Approval from OPM Provider Relations Mgr
- If approved Contract Amended
- Amended Contract emailed via Adobe Sign for you to review, sign, email back. Signed by DHS leadership
- Amended Executed Contract emailed back to Provider





**SECTION 2 – SUPPLIER IDENTIFICATION** (Complete all applicable fields) *SUPPLIER USE ONLY*

FEI/SSN/TIN NUMBER:

SUPPLIER NAME:

PAYMENT ALT NAME: (IF PAYABLE TO A DIFFERENT NAME)

ADDRESS:

CITY:  STATE:  ZIP CODE:

COUNTRY:  DRIVERS LICENSE #:  DL STATE:

PRIMARY#:  EXT:  SECONDARY#:  EXT:

LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)      LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL:

**SECTION 3 – BANK ACCOUNT INFORMATION** (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) *SUPPLIER USE ONLY*

ROUTING #  ACCOUNT #

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE.

Describe specific purpose

**ACCOUNTS RECEIVABLE NOTIFICATION**

PYMT REMIT EMAIL:

PYMT REMIT EMAIL:

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

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**SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.**

<input type="checkbox"/>	Deactivate Supplier Profile <i>(Enter justification in Section 6)</i>
<input type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	Add <b>New</b> Bank Account <b>(Must complete Section 3)</b>
<input type="checkbox"/>	Change <b>Existing</b> Bank Account <b>(Must complete Sections 1 &amp; 3)</b>
<input type="checkbox"/>	FEI/TIN Change <b>(Cannot be changed if 1099 applicable)</b>
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add <b>Additional</b> Business Address <b>(Must complete Section 2)</b>
<input type="checkbox"/>	Change <b>Existing</b> Business Address <b>(Must complete Sections 1 &amp; 2)</b>
<input type="checkbox"/>	Non- 1099 Applicable <input type="checkbox"/> 1099 Applicable <input type="checkbox"/>
<input type="checkbox"/>	1099-M Enter Code <input type="checkbox"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N Code <input type="text" value="01"/> <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID# <input type="text"/> <i>(Enter Address ID # where to mail 1099)</i>
<input type="checkbox"/>	Other <i>(Provide Details in Section 6)</i>

**SECTION 5 – TYPE OF BUSINESS (Check All That Apply)**

<b>BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY</b>				<b>MINORITY BUSINESS ENTERPRISE (51% Owned):</b>					
<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Not Applicable

\*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.



**SECTION 6 – ADDITIONAL SUPPLIER COMMENTS** (Required if the "Other" or "Deactivate" boxes are checked in Section 1

**By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed below.**

Liaison Name:	<input type="text"/>	Agency BU#:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

# W-9

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**Form W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

See Spec

Other (see instructions) ▶ (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted,

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other





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