



**BUREAU FOR CHILDREN & FAMILIES**  
**Socially Necessary Services**  
**UTILIZATION MANAGEMENT GUIDELINES**

12/2/14

## Table of Contents

<b>CPS FAMILY SUPPORT SERVICES .....</b>	<b>1</b>
Needs Assessment/Service Plan 110165.....	2
Case Management Services 110400.....	5
<b>CPS FAMILY PRESERVATION SERVICES .....</b>	<b>8</b>
Safety Services 120450 .....	9
Emergency Respite 120210 .....	14
Supervision 120175 .....	17
CAPS Family Assessment 120190 and CAPS Case Management 120410.....	20
Adult Life Skills 120310.....	25
General Parenting 120305 .....	29
Individualized Parenting 120300 .....	33
Individual Review 120650 .....	36
Agency Transportation 120106 .....	38
Transportation Time 120104 .....	41
Family Crisis Response 120215.....	44
Respite 120200.....	47
Home Maker Services 120325 .....	49
Supervised Visitation One 120171 .....	51
Supervised Visitation Two 120170 .....	55
MDT Attendance 120455 .....	60
In State Home Study 120150 .....	<b>Error! Bookmark not defined.</b>
Out of State Home Study 120155.....	66
Private Transportation 120100 .....	68
Intervention Travel Time 120105.....	70
Public Transportation 120110.....	72
Lodging 120120 .....	74
Meals 120125 .....	76
<b>CPS FOSTER CARE SERVICES .....</b>	<b>78</b>
CAPS Family Assessment 130190 and CAPS Case Management 130410.....	79
Adult Life Skills 130310 .....	84
General Parenting 130305 .....	88
Individualized Parenting 130300 .....	92
Family Crisis Response 130215.....	96
Connection Visit 130206 .....	99
Situational or Behavioral Respite 130210.....	101
Daily Respite 130205 .....	104
Tutoring 130375.....	106
Lodging 130120 .....	108
Meals 130125 .....	110
Supervised Visitation One 130171 .....	112
Supervised Visitation Two 130170 .....	115
Private Transportation One 130101.....	120
Private Transportation Two 130102.....	123
Private Transportation Three 130103.....	125
Public Transportation One 130111 .....	127

Public Transportation Two 130112.....	129
Public Transportation Three 130113.....	131
Agency Transportation One 130107.....	133
Agency Transportation Two 130108.....	136
Agency Transportation Three 130109.....	138
Intervention Travel Time 130105.....	140
Transportation Time 130104.....	142
Intensive Therapeutic Recreation Experience 130360.....	145
Individual Review 130650.....	148
In State Home Study 130150.....	150
Out of State Home Study 130155.....	154
MDT Attendance 130455.....	156
Pre-Reunification Support 130440.....	158
Away From Supervision Support 130600.....	161
Lodging Pre-Adoption Visit 130121.....	165
Meals Pre-Adoption Visit 130126.....	167
<b>CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.....</b>	<b>169</b>
Chafee Foster Care Independence Program: Transitional Living Placement- Pre- placement Activities 135500.....	170
Chafee Foster Care Independence Program: Transitional Living Placement 135501.....	174
Agency Transportation Chafee 135106.....	179
<b>CPS REUNIFICATION SERVICES.....</b>	<b>181</b>
Safety Services 140450.....	182
Supervision 140175.....	187
Supervised Visitation One 140171.....	191
Supervised Visitation Two 140170.....	195
Adult Life Skills 140310.....	200
General Parenting 140305.....	204
Individualized Parenting 140300.....	208
Family Crisis Response 140215.....	212
Emergency Respite 140210.....	215
Respite 140200.....	218
Home Maker Services 140325.....	220
MDT Attendance 140455.....	222
Lodging 140120.....	224
Meals 140125.....	226
Private Transportation 140100.....	228
Public Transportation 140110.....	230
Agency Transportation 140106.....	232
Intervention Travel Time 140105.....	235
Transportation Time 140104.....	237
<b>CPS ADOPTION PRESERVATION SERVICES.....</b>	<b>240</b>
CAPS Family Assessment 150190.....	241
CAPS Case Management Services 150410.....	244
Case Management Services 150400.....	247
Family Crisis Response 150215.....	251
Crisis Respite 150207.....	254
Individualized Parenting 150300.....	257

Public Transportation- 150110 .....	260
Private Transportation- 150100 .....	262
Lodging 150120 .....	264
Meals 150125 .....	266
Agency Transportation 150106 .....	268
<b>YS FAMILY PRESERVATION SERVICES .....</b>	<b>271</b>
CAPS Family Assessment 220190 and CAPS Case Management 220410.....	272
Safety Services 220450 .....	277
Supervision 220175 .....	281
Individualized Parenting 220300 .....	284
Adult Life Skills 220310 .....	288
Family Crisis Response 220215.....	292
Emergency Respite 220210 .....	295
Individual Review 220650 .....	297
In State Home Study 220150 .....	<b>Error! Bookmark not defined.</b>
Out of State Home Study 220155.....	303
MDT Attendance 220455 .....	305
Supervised Visitation One 220171 .....	307
Private Transportation 220100 .....	310
Public Transportation 220110.....	312
Agency Transportation 220106 .....	314
Intervention Travel Time 220105.....	317
Transportation Time 220104 .....	319
Lodging 220120 .....	322
Meals 220125 .....	324
<b>YS FOSTER CARE SERVICES.....</b>	<b>326</b>
CAPS Family Assessment 230190 and CAPS Case Management 230410.....	327
Adult Life Skills 230310 .....	332
Individualized Parenting 230300 .....	336
Family Crisis Response 230215.....	340
Situational or Behavioral Respite 230210.....	343
Daily Respite 230205 .....	346
MDT Attendance 230455 .....	348
Individual Review 230650 .....	350
In State Home Study 230150 .....	<b>Error! Bookmark not defined.</b>
Out of State Home Study 230155.....	356
Tutoring 230375.....	358
Lodging 230120 .....	360
Meals 230125 .....	362
Supervised Visitation One 230171 .....	364
Supervised Visitation Two 230170 .....	367
Connection Visit 230206 .....	371
Intensive Therapeutic Recreation Experience 230360 .....	373
Pre-Reunification Support 230440 .....	375
Agency Transportation One 230107.....	378
Agency Transportation Two 230108.....	381
Intervention Travel Time 230105.....	384
Transportation Time 230104 .....	386
Private Transportation One 230101.....	389

Private Transportation Two 230102.....	392
Public Transportation One 230111.....	395
Public Transportation Two 230112.....	397
Away From Supervision Support 230600 .....	399
<b>YS CHAFEE FOSTER CARE INDEPENDENCE PROGRAM .....</b>	<b>402</b>
Chafee Foster Care Independence Program: Transitional Living Placement- Pre- placement Activities 235500.....	403
Chafee Foster Care Independence Program: Transitional Living Placement 235501 ...	407
Agency Transportation Chafee 235106 .....	412
<b>YS REUNIFICATION SERVICES.....</b>	<b>414</b>
Safety Services 240450 .....	415
Supervision 240175 .....	419
Adult Life Skills 240310 .....	422
Individualized Parenting 240300 .....	426
Family Crisis Response 240215.....	430
Emergency Respite 240210 .....	434
Respite 240200.....	437
Lodging 240120 .....	440
Meals 240125 .....	442
MDT Attendance 240455 .....	444
Private Transportation 240100 .....	446
Public Transportation 240110.....	449
Agency Transportation 240106 .....	452
Intervention Travel Time 240105.....	455
Transportation Time 240104 .....	457
Supervised Visitation One 240171 .....	460
<b>APPENDIX 1 .....</b>	<b>463</b>
Socially Necessary Crimes and Waivers Protocol .....	464

# **CPS Family Support Services**

## Needs Assessment/Service Plan 110165

**Definition:** Face-to-face interview to develop a service plan for a family for which a Family Functioning Assessment (FFA) has been completed by the Department of Health and Human Resources. In the FFA, maltreatment was substantiated, but no Impending Dangers were indicated. The provider must see the home. Identification of short and/or long term services the family needs is also required to establish a short-term case plan. The administration and scoring of functional skills assessments are included. Provider will evaluate information from the Family Functioning Assessment (FFA) and meet with the family. Once the provider has completed these tasks, he/she will determine what community services the family requires. The needs assessment/service plan must be completed within thirty (30) days of the generation of the Referral for Socially Necessary Services.

\*\*\*\*\*NOTE: Agency Transportation from the CPS Family Preservation service category may be used with this service.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Support
<b>Initial Authorization</b>	92 Days Unit= One hour Maximum of four units Registration Only
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS referred family/child for assessment after completing a CPS Family Functioning Assessment or a Continuing Safety Evaluation (only used on backlog cases) due to an allegation of abuse and/or neglect.</li> <li>• Maltreatment was substantiated but no Impending Dangers were indicated.</li> <li>• DHHR worker and supervisor agree that due to the nature of the complaint, the child can be safely served in their home/community with supportive services.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Family refuses assistance</li> <li>• Child(ren) are no longer in the home</li> <li>• A case is formally opened for CPS or YS ongoing case management.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• This program option can't be accessed if family is</li> </ul>

	formally open for CPS or YS ongoing case management.
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> <li>• Copy of the CPS Family Functioning Assessment or a Continuing Safety Evaluation (only used on backlog cases).</li> <li>• Copy of the service plan signed by the family and given to the DHHR worker.</li> <li>• Notice to DHHR if family accepted or refused services based on provider-generated assessment and service plan.</li> <li>• Notice to DHHR that family will not cooperate and list of attempts.</li> </ul>

**Additional Service Criteria:**

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.



- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB. See Appendix 1 **and**
- An APS/CPS screen completed with no negative information (See Appendix 1).
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Case Management Services 110400

**Definition:** Case Management services are defined as those services which assist child welfare recipients to gain access to needed medical, behavioral health, social, educational and other services. Case Management Services are to be provided at a level of intensity required by the recipient. Services must be provided in settings accessible to the recipient. The individual must be given the option of whether or not to utilize case management services. Within case management there are a number of activities that are recognized as components of case management. These components include linkage/referral, advocacy; family crisis response planning and service plan evaluation.

**Linkage/Referral:** Case managers assure linkage to all internal and external services and supports that have been identified in the recipient's service plan. Provider will link family to agencies other than DHHR for services.

**Advocacy:** Case management advocacy refers to the actions undertaken on behalf of the recipient in order to ensure continuity of services, system flexibility, integrated services, proper utilization of facilities and resources and accessibility to services. Case management advocacy includes assuring that the recipient's legal and human rights are protected.

**Family Crisis Response Planning:** The case manager must assure that adequate and appropriate crisis response procedures are available to the recipient and identified in the individual service plan.

**Service Plan Evaluation:** The case manager will continually evaluate the appropriateness of the individual's service plan and make appropriate modifications, establish new linkages or engage in other dispositions as necessary. The case manager will have face-to-face contact with the recipient.

\*\*\*\*\*NOTE: Agency Transportation from the CPS Family Preservation service category may be used with this service.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Support
<b>Initial Authorization</b>	92 Days Unit =15 min. 36 units per 92 days
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>CPS Family Functioning Assessment or a Continuing Safety Evaluation (only used on backlog cases) was completed and maltreatment was substantiated, but no Impending Dangers were</li> </ul>

	<p>indicated.</p> <ul style="list-style-type: none"> <li>Needs assessment indicates that there are unmet needs that could be met through community services.</li> <li>DHHR worker and supervisor agree that due to the nature of the complaint, the child can be safely served in their home/community with supportive services.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Goals and objectives have substantially been met.</li> <li>Case closure/removal of child(ren).</li> <li>Another service is warranted by change in the family's condition.</li> <li>No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>No outlook for improvement with this level of service.</li> <li>Service can now be provided through a community resource.</li> <li>Family has developed a social support system capable of providing the service to the identified client.</li> <li>Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>Child(ren) are no longer in the home</li> <li>A case is formally opened for CPS or YS ongoing case management.</li> <li>Consumer need is not indicated based on the family/need assessment.</li> <li>This program option can't be accessed if family is formally open for CPS or YS ongoing case management.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>Code or service name</li> <li>Summary of the intervention</li> <li>Client's response to the intervention</li> <li>Relation to the service plan</li> <li>Location where service occurred</li> <li>Duration</li> <li>Start/stop time</li> <li>Signature of the provider and his/her title or credentials</li> </ul>

	<p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Copy of the CPS Family Functioning Assessment or a Continuing Safety Evaluation (only used on backlog cases)</li> <li>• Copy of the needs assessment/service plan signed by the family</li> <li>• Notice to DHHR if family accepted or refused services based on provider-generated assessment/service plan</li> <li>• Notice to DHHR that family will not cooperate and list of attempts</li> </ul> <p>Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</p>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB. See Appendix 1 **and**
- An APS/CPS screen completed with no negative information (See Appendix 1)
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

# **CPS Family Preservation Services**

## Safety Services 120450

**Definition:** A grouping of services for families to assist in assuring safety for children by controlling impending dangers identified during the CPS Family Functioning Assessment. The bundled services must be carefully coordinated with other formal and informal safety services to assure that the impending danger is controlled at the level necessary for the child to remain with their caregivers. The Safety Bundle includes supervision, parenting assistance, family crisis response, social/emotional support and crisis home management services. The mix of these services and other services provided is based upon the in-home safety plan completed by the DHHR. Eighty percent of the services must occur in the family's home or community. The remaining twenty percent of the activities may be administrative functions/activities that directly relate to the control of the impending dangers. These activities correspond to the services identified in the bundle and target controlling the behavior and conditions that immediately threaten the child. This service must commence within 24 hours of referral and must be available 24 hours a day, seven days a week, and the provider must be available to respond to crisis within the family during business and non-business hours. Community refers to the places that are natural locations the family would be together, not office settings. Provider must have contact with the DHHR caseworker, (telephone, mail or face-to-face) at least once each week to discuss and determine whether identified impending dangers are being controlled by the safety services.

**Supervision:** "Eyes on" oversight of the child or family which provides an active, ongoing assessment of stressors which affect safety and may result in necessary action. The emphasis here is that the provision of supervision will assist in controlling one or more of the identified impending dangers in the CPS Family Functioning Assessment. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency, and wellbeing. The service controls for conditions created by a parent's reaction to stress, parents being inconsistent about caring for children, parents being out of control, parents reacting impulsively and parents having detrimental expectations of children. This service can't be used for spot checks, surprise visits, safety checks or unannounced visits.

**Parenting Assistance:** Direct face-to-face service to assist caregivers in performing basic parental duties or responsibilities which caregiver has been unable or unwilling to perform. Basic parental duties and responsibilities include such activities as feeding, bathing, basic medical care, basic social/emotional attention and supervision. The lack of these basic parenting skills must affect the child's safety. The services must have an immediate effect on controlling the impending dangers identified in the CPS Family Functioning Assessment. The service is different than parenting education in that it is strictly for controlling impending dangers. Only the areas directly relating to safety are to be addressed.

**Family Crisis Response:** Family crisis response is a face-to-face intervention in the consumer’s natural environment to assess and de-escalate a family crisis which affects child safety. The service helps control the impending dangers identified in the CPS Family Functioning Assessment. This service differs from traditional individual or family counseling in that the emphasis is to provide immediate relief and support from the crisis being experienced. A crisis is defined as a situation which involves disorganization and emotional upheaval. This service may target dysfunctional family interactions or environmental situations that have escalated to a point that affects the safety of the child or has resulted in the inability to adequately function and problem solve.

**Social/Emotional Support:** Provision of basic social connections and basic emotional support to caregivers. The lack of support must affect the child’s safety. The service must have an immediate impact on controlling the impending dangers that affect safety. Once formal linkage to community support systems or access to supportive services, such as therapy or counseling, has been established, this service ends.

**Crisis Home Management:** Service to provide assistance with general housekeeping/homemaking tasks caregivers must do in order to provide a safe environment for their child. Examples include meal preparation, grocery shopping, budgeting or cleaning and maintaining a physically safe residence. The emphasis is on controlling impending dangers identified in the CPS Family Functioning Assessment.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 Days Unit = One hour 200 hours direct contact
<b>Maximum Total Authorizations Available</b>	2 (additional request will go through the review process)
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment (FFA) and Safety Plan have been completed and child has been found to be unsafe and at imminent risk of removal from the home.</li> <li>• Open CPS case.</li> <li>• An in-home safety plan has been developed based on the Impending Dangers identified in the CPS Family Functioning Assessment.</li> <li>• Referral was received directly from DHHR staff.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Impending Dangers identified by the DHHR worker continue to impact the safety of the</li> </ul>

	<p>child and therefore a safety plan is still necessary.</p> <ul style="list-style-type: none"> <li>• DHHR Worker, family and DHHR Supervisor have reviewed the safety plan and agree that child can remain safely in the home with this level of service.</li> <li>• No less restrictive service/intervention is appropriate and available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• DHHR Worker, family and DHHR Supervisor have reviewed safety plan and agree that the child can remain safely in the home without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Service is not able to maintain safety in home environment resulting in removal of the child from the home.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• The only Socially Necessary codes that may be authorized in conjunction with Safety Services are Emergency Respite, Transportation (public, private, or agency), and Child-Oriented Activity for the first 30 days until DHHR Worker, family and DHHR Supervisor meet to review progress.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issue(s) precludes provision of services in this level of care.</li> <li>• Need for the service is not solely to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> </ul>



	<ul style="list-style-type: none"> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the current Safety Plan and the CPS Family Functioning Assessment and/or Protective Capacity Family Assessment must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

For parenting assistance, social/emotional support, and family crisis response:

- Staff providing this service at a minimum must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families.

- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If you are an agency with LBHC, child care or child-placing license, you can have 4 year degree and be supervised, but private providers must be licensed.

For supervision, crisis home management and transportation,

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Emergency Respite 120210

**Definition:** Unplanned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of a child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Temporary relief from parenting responsibilities is provided to avoid an abuse, neglect or abandonment situation or a placement disruption.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 30 Units per 92 days Maximum 120 units (5 days) Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment was initiated and indicated a safety plan was needed to maintain the child in the home.</li> <li>• DHHR worker, family and DHHR supervisor agree that the children can be maintained safely in the home.</li> <li>• DHHR worker, family and DHHR supervisor recommend this service.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Parents/caretakers continue to display behaviors that were documented on the CPS Family Functioning Assessment that indicated the need for a safety plan.</li> <li>• DHHR worker, family and DHHR supervisor recommend the service continue.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Treatment plan identifies the current plan is for the child to remain in the identified home.</li> </ul>
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>• Parent requests discharge.</li> </ul>

<b>(Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Another service is warranted by change in the child's condition.</li> <li>• Service is not able to maintain safety in home environment, resulting in a change of placement.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Excludes placement at Emergency Shelters for children not in custody.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the current safety plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

Respite Provider Qualifications:

- Provider must be age eighteen (18) or older.
- Provider must have a high school diploma or GED.
- Provider must have a Criminal Investigation Bureau (CIB) background check meeting WV DHHR policy standards. See Appendix 1.
- An acceptable CIB and clear APS/CPS screen is completed. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, and the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Consumer Rights and Confidentiality Training.
- Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.

**Note:** If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

For agencies, staff must be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families

## Supervision 120175

**Definition:** “Eyes on” oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out Activities of Daily Living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency and well-being. This service can’t be used for spot checks, surprise visits, safety checks or unannounced visits.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Structure and environmental control is needed to monitor child or parent’s reaction to stress, inconsistent parenting techniques, impulsive reactions or detrimental expectations, and maintain safety; - or -</li> <li>• Structure and environmental control is needed to ensure safety of a child and the family due to the volatile, aggressive and/or self-harmful behaviors of a child or family member; -or-</li> <li>• Previous attempts at appropriate structure and environmental control are documented and have been unsuccessful; -and-</li> <li>• CPS Family Functioning Assessment was completed and it was determined a safety plan was needed; -and-</li> <li>• Supervision is identified on the Safety Plan that has been reviewed by the WVDHHR Worker, family and WVDHHR Supervisor; -and-</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the plan has been documented but not reasonably accomplished.</li> <li>• WVDHHR worker, family and WVDHHR supervisor have reviewed the safety plan and agree that family placement is still appropriate.</li> </ul>

	<ul style="list-style-type: none"> <li>• No less restrictive service/intervention is available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• Family continues to display behaviors documented on the CPS Family Functioning Assessment that indicated the need for a safety plan.</li> </ul>
<b>Discharge Criteria</b> <b>(Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the plan has been documented and reasonably accomplished.</li> <li>• WVDHHR Worker, family and WVDHHR Supervisor have reviewed the safety plan and agree that family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth/family's behavior.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's or adult's issues precludes provision of services in this level of care.</li> <li>• Need for the service is not solely due to clinically monitor for homicidal and/or suicidal behaviors.</li> <li>• This service cannot be implemented during school/day care hours if child is enrolled or should be enrolled and attending school.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment and the current safety plan and/or treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix



## CAPS Family Assessment 120190 and CAPS Case Management 120410

**Definition:** A comprehensive assessment of needs and strengths for individual children/youth and their families through face to face interview(s) designed to guide service planning and decision making with the primary objective of permanency, safety and improved quality of life, identify service gaps and promote resource development.

The Child and Adolescent Strengths and Needs WV Manual, i.e., WV CANS, is the primary assessment tool and is to be completed under this code.

The WV CANS focuses on the following areas:

- Trauma experiences
- Traumatic stress experiences
- Child strengths
- Life Domain Functioning
- Acculturation
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Development
- Life Skills
- Caregiver Needs and Strengths

### WV CAPS Providers Criteria:

- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory staff with Masters in Human Services field with applicable licensure to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Has proven experience working with children/youth at risk
- Agrees to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS
- Provider will accept only CAPS referrals that they have the ability to initiate within 72 hours of authorization

## Program Components:

---

**Referral:** DHHR will phone a CAPS referral to the provider and include (by mail or fax), when available, the information necessary to initiate the CAPS process. The CAPS provider will decide as to the appropriateness and ability to initiate a CAPS assessment and communicate this to the referring DHHR worker and family (if accepted) within 24 hours via phone or fax notification. Referral will not be considered active until all authorizations, consents and necessary information is received.

**Family Joining:** An orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members prior to beginning the interviews. A DHHR worker will partner with the WV CAPS provider to schedule the Family Joining meeting. Provider will notify the referring DHHR worker within 5 day(s) of authorization if unable to contact the family and/or if family is uncooperative.

**Information Review:** CAPS provider reviews the case record, interviews the child/youth and family, talks with collateral contacts and gathers service involvement and/or history. The DHHR worker will provide the CAPS provider with the following information if available:

- Youth Behavior Evaluation (YS)
- Family Functioning Assessment (CPS)
- Protective Capacities Family Assessment and Family Case Plan (CPS)
- Family Case Plan Evaluation (CPS)
- Continuing Safety Plan Evaluation (CPS)
- Copy of current Court Order
- Visitation Plan
- Birth Certificate, School Records (IEP or 504 as applicable)
- Social Security number
- Immunization Records and Medical Information
- Authorizations, SS-FC-40, SS-FC-40A
- Consent or access to review all pertinent past and present records

**Information Integration:** CAPS provider utilizes all available information to score the Child and Adolescent of Needs and Strengths (WV CANS).

**Family Conference:** CAPS provider communicates the initial CAPS findings with recommendations and indicates what additional assessments are needed in a written 14 Day report to the DHHR worker and family.

**Initial 14 Day Report:** CAPS provider communicates the CAPS findings, recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. if requested.

**Comprehensive Assessment Report (CAR):** The final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. as requested. The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Tier I 14 Days Unit= 1 hour 7 units CAPS Family Assessment 8 units CAPS Case Management Tier II Medicaid H0031 and 96101 1 unit of CAPS Family Assessment 28 units of CAPS Case Management
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Youth adjudicated as delinquent and referred to DHHR where court is considering placing youth in DHHR custody or out-of-home care at DHHR expense</li> <li>Any youth in an open YS or CPS case for whom a comprehensive assessment is needed and/or there is a risk of placement disruption/removal from home</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Final 14 day or 30 day Comprehensive Assessment Report(s) are completed</li> <li>CAPS provider communicates final CAPS findings in written report to DHHR for distribution to appropriate parties and is available to present results at the MDT</li> <li>MDT/case plan development (DHHR worker, family, and appropriate parties) has reviewed the CAR and uses the CAPS recommendations to guide decision making</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>Cannot bill Medicaid or other Socially Necessary</li> </ul>

	<p>service concurrently.</p> <ul style="list-style-type: none"> <li>• Other Socially Necessary Services and Medically Necessary Services may be authorized in conjunction with CAPS excluding what is in the CAPS bundled rate</li> <li>• CAPS cannot be authorized when child is in DJS custody</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations, HIPAA and agency record-keeping policies.</p> <p>The case record must contain documentation of the referral, Family Joining meeting, Family Conference meeting(s), collateral contacts including DHHR and the courts, MDT meeting(s) and all contacts with the youth/children, family and/or guardians.</p> <p>An Initial (14 Day) Comprehensive Assessment Report must be completed for each CAPS Report includes:</p> <ul style="list-style-type: none"> <li>• Youth and Caregiver information</li> <li>• Agency and Assessor information</li> <li>• Referral Source information</li> <li>• Court Information</li> <li>• Summary of Significant Findings</li> <li>• Referral information</li> <li>• Summary of Service Interventions</li> <li>• Identified Safety Issues</li> <li>• CANS Domain Summary of Findings, Needs &amp; Strengths Support</li> <li>• Recommendations for further Assessment(s), Treatment and/or Support</li> <li>• Sub-modules, WV Older Youth Checklist (youth over 16)</li> <li>• Signature of the provider and his/her title and/or credentials</li> </ul> <p>A copy of the FACTS referral sheet, service plan and/or safety plan for CPS or YBE for YS, all collateral information collected throughout the review process and the Comprehensive WV CANS must be present in the case record.</p> <p>The Comprehensive Assessment Report (CAR) accompanies the Initial 14 day CAPS report if:</p> <ul style="list-style-type: none"> <li>• Further clinical assessment(s) indicated by the CANS are required</li> <li>• Includes a summarization and integration of the</li> </ul>

	<p>assessments, the 14 day report and additional information obtained from clinical observations and interviews</p> <ul style="list-style-type: none"> <li>• Provides recommendations to assist the DHHR and the MDT in determining the appropriate service(s) and level of care for the youth and family</li> </ul>
--	--

Additional service criteria:

- Credentialing criteria must match Medicaid's Rehabilitation requirements for Clinical Evaluation and meet criteria for any other assessment provided
- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory Staff with Masters in Human Services field with applicable license to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Have proven experience working with children/youth at risk
- Agree to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS

The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

## Adult Life Skills 120310

**Definition:** Direct service in which the identified parent is assisted to develop basic home management skills and social/emotional support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult Life Skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include housekeeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records and personal care/hygiene. This service is implemented when there is a lack of skill knowledge not due to a mental health condition and implies that there is not a lack of motivation. Provider will work with client on the needs identified on the service plan.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 35 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment indicates parents' lack of basic life skills to maintain safety, health and well-being of children in their care are directly related to the child's involvement with Child Protective Services.</li> <li>• The treatment plan documents the need for the service with specific objectives targeting the identified areas of improvement.</li> <li>• Service recommended by the WVDHHR Worker, family and WVDHHR Supervisor.</li> <li>• Service cannot be met appropriately through other community resources such as adult education classes, personal care or Extension Services.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• WVDHHR Worker, family and WVDHHR Supervisor have reviewed case and determined family/ community placement is still appropriate.</li> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> </ul>

	<ul style="list-style-type: none"> <li>• WVDHHR Worker, family and WVDHHR Supervisor have reviewed the treatment plan and recommend the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• The caretaker continues to display behaviors documented on the CPS Family Functioning Assessment that indicate the need for a safety plan.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ol style="list-style-type: none"> <li>1. Goals and objectives have substantially been met and a safety plan is no longer required.</li> <li>2. Parent requests discharge.</li> <li>3. Another service is warranted by change in the family's condition.</li> <li>4. No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>5. No outlook for improvement with this level of service.</li> <li>6. Service can now be provided through a community resource.</li> <li>7. Family has developed a social support system capable of providing the service to the identified client.</li> </ol>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. These skills should be addressed through the parent's residential habilitation plan.</li> </ul>

<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>• Severity of the parent’s impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health professional should be consulted to evaluate the possibility of short term Day Treatment Services.</li> <li>• Severity of parent’s impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> <li>• Continued stay has been noted for cases in which a parent diagnosed with Borderline Intellectual Functioning or Mild Mental Retardation is not eligible for other service options. One additional authorization may be granted with documentation of the diagnosis.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to</p>



	<p>the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and**
- An APS/CPS screen completed with no negative information.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## General Parenting 120305

**Definition:** Direct face-to-face educational services to improve parental performance and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided in an individual or group setting consisting of multiple families and is based on a standard curriculum, which can be individualized to meet the parent's needs. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 15 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Parent must demonstrate two or more of the following:             <ol style="list-style-type: none"> <li>a. Inappropriate expectations of the child/ adolescent</li> <li>b. Inability to be empathetically aware of child/adolescent needs</li> <li>c. Difficulty assuming role of parent</li> <li>d. Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision – <b>and</b> -</li> </ol> </li> <li>2. Treatment plan reflects the need for the service with specific objectives and targets for improvement.</li> <li>3. Service recommended by the DHHR Worker, family and DHHR Supervisor.</li> <li>4. Service cannot be met through other community resources such as the United Way Programs.</li> <li>5. Family has explored social support system members to provide this service.</li> <li>6. CPS Family Functioning Assessment was completed and indicated a safety plan was needed to maintain the child in the home.</li> </ol>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service should continue and agree that placement in the home is still appropriate.</li> <li>• Family continues to explore social support system members to provide this service.</li> <li>• The caretaker continues to display behaviors documented on the CPS Family Functioning Assessment that indicated the need for a safety plan.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement within this level of service.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. This skill should be addressed in their residential habilitation plan.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Child's issues are so specific that provision of services at this level of care is inappropriate.</li> <li>• The family can be effectively and safely treated at a lower level of care.</li> <li>• Severity of the parent's impairment due to a mental health condition(s) and/or substance/alcohol abuse precludes provision of service in this level of care.</li> <li>• Severity of parent's impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies. A case note must be completed for each service event</p>

	<p>that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**

- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Individualized Parenting 120300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Discipline
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior of identified child

This service should be used to correct specific deficits in parenting. This service is provided in a one-on-one setting and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Parent must demonstrate one or more of the following:             <ol style="list-style-type: none"> <li>a. Inappropriate expectations of the child/adolescent</li> <li>b. Inability to be empathetically aware of child/adolescent needs</li> <li>c. Difficulty assuming role of parent</li> <li>d. Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision –<b>and</b> -</li> </ol> </li> <li>2. Treatment plan documents a need for the service with specific goals and objectives identifying areas for improvement.</li> <li>3. Service recommended by the DHHR Worker, family and DHHR Supervisor.</li> <li>4. Service cannot be met through other community resources (as in disability-specific support groups such as CHADD for those with ADHD) or family's support system.</li> <li>5. CPS Family Functioning Assessment was completed and indicated a safety plan was needed to maintain the child in the home.</li> </ol>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• DHHR worker, family and DHHR supervisor recommend the service continue and agree that placement in the home is still appropriate.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• The caretaker continues to display behaviors documented on the CPS Family Functioning Assessment that indicated the need for a safety plan.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No outlook for improvement within this level of service.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one parent in the same household is involved with this intervention, bill the service through one parent.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. These skills should be addressed in the residential habilitation plan.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Parent's individual mental health impairments and/or substance or alcohol abuse preclude provision of service in this level of care.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> </ul>

	<ul style="list-style-type: none"> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Individual Review 120650

**Definition:** A review done by a qualified clinician who assesses and evaluates a child’s needs based on a clinical review of the available records and interviews with the child. The purpose of the review is to evaluate a child at risk to be placed in an out-of-state placement. The reviewer will specifically evaluate the care currently being provided to the child in state and in-state programs that may meet the child’s needs. As part of the review the provider may be called upon to complete CANS upon a child and/or to evaluate any assessments that have already been completed. The reviewer will also be expected to review section 1 and complete section 2 of the Out of State Review Tool and forward those sections onto the Regional Clinical Coordinator.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	45 Days Unit= One Event Registration Only
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Regional Clinical Coordinator referred child</li> <li>• Child has already been placed</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Child continues to be at risk of being placed out of state.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Assessment completed.</li> <li>• Child is no longer at risk of being placed out of state.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Cannot bill Medicaid concurrently. (Or other Socially Necessary service).</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>Sections 1 and 2 of the Out of State Review Tool (including the CANS and related sub-modules) will be completed and forwarded onto the Regional Clinical Coordinator. Reviewer must complete required information online regarding out of state review.</p> <p>The “verification of services” form provided by the Regional</p>

	<p>Clinical Coordinator (and/or designee), a copy of the invoice submitted for payment and a copy of the completed Section 2 (including the initial CANS and related sub-modules) must be maintained in the case record.</p> <p>The provider will have on file all appropriate credentials.</p>
--	---

**Additional Service Criteria:** Provider shall have a Masters degree with applicable licensure in counseling, social work, or psychology.

Provider must be certified in use of CANS.

Provider must complete a training class provided by a Regional Clinical Review Team-approved trainer sanctioned by the Training Workgroup. The training will include information surrounding HIPAA and other confidentiality issues. The individual reviewer will sign a confidentiality statement that will be kept on file. Documentation of completion of successful training must be kept in individual reviewer's personnel file. A copy of the training certificate will be sent to the Regional Clinical Coordinators to assist them in assigning cases to be reviewed.

Reviewers must have access to the internet and have the ability to complete their information online.

All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

## Agency Transportation 120106

### **Definition:**

This code is utilized for providers' mileage encumbered when the following services from the Child Protective Services Family Preservation Program Option or the CPS Family Support Program Option have been implemented within the child/family's home and are explicitly documented on the child/family's service plan.

- Safety Services
- Supervision
- Adult Life Skills
- General Parenting
- Individualized Parenting
- Family Crisis Response
- Home Maker Services
- CAPS Family Assessment
- CAPS Case Management
- Child-Oriented Activity
- Supervised Visitation One
- Supervised Visitation Two
- Transportation Time
- MDT Attendance
- Needs Assessment
- Case Management

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit= 1 mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Safety plan and/or treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR worker and supervisor agree that due to the nature of the complaint, the child can be safely served in the home/community with supportive services.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward</li> </ul>

	<p>achievement of goals/objectives on the service plan.</p> <ul style="list-style-type: none"> <li>• No outlook for improvement within this level of service.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>• The only services that may be billed concurrently with this service are Transportation Time and Intervention Travel Time.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip, signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's current safety plan and/or treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have no negative findings on their CIB and APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Transportation Time 120104

**Definition:**

This code is for providers whose only service is transporting a DHHR client(s). These providers/transporters are not associated with their own provision of a socially or behavior health medically necessary service. The provider is not engaged in an otherwise billable activity. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR’s child/family’s service plan and all other natural supports/options have been explored including DHHR staff and are not available for this event.

**Activities:**

- Drugs Screens
- Not eligible for NEMT

The billable service begins when the provider leaves their identified place of business or home, whichever is shortest, and ends when provider returns to this location. Waiting time at the identified destination is included. The maximum number of hours this service may be provided in a 24 hour period is 12 hours or 48 units. Ten hours for when consumers are in the vehicle and up to 12 hours total. If an overnight trip is required, no more than 12 hours or 48 units may be invoiced. When not in the vehicle, the provider must remain at the location with the client.

If Non-Emergency Transport (NEMT) is available, this service may not be used. It can’t replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.

Specialized/Therapeutic foster care agencies are not eligible to provide this service.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	208 units/92 days Unit= 15 minutes Maximum of 48 units within a 24 hour period Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent’s inability to transport him or herself or the child to a service necessary for safety, permanency or wellbeing for the child and the subsequent reason must be in the consumer’s record.</li> <li>• Documentation in the record that other sources,</li> </ul>

	<p>such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</p> <ul style="list-style-type: none"> <li>• Safety plan and/or treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR worker and supervisor agree that due to the nature of the complaint, the child can be safely served in the home/community with supportive services.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement within this level of service</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls and parking</li> <li>• NEMT is available</li> <li>• Does not replace the responsibility of parents, family</li> </ul>

	<p>members or family friends</p> <ul style="list-style-type: none"> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>• Service cannot be provided by a Specialized/Therapeutic foster care agency to a client that resides in their foster home</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip, signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's current safety plan and/or treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have no negative findings on their CIB and APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.



## Family Crisis Response 120215

**Definition:** Family crisis response is a face-to-face intervention in the consumer's natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to a point that safety (protection from abuse and/or neglect) of a child or the community may be at risk of imminent danger. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve. This service can only be used in the home where the child resides. Providers of this service are expected to contact the assigned DHHR worker every time they must respond to a call from a family. This contact must take place by the next business day after the provider has responded. This is considered by the DHHR to be a safety service only, meaning that it is not utilized for treatment of any condition.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 72 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment was completed and indicated a safety plan was needed to maintain the child in the home.</li> <li>• Parent and/or child are unable to resolve crisis situations and conflicts without risk of abuse and/or neglect.</li> <li>• Safety plan documents the need for the service with specific areas for improvement targeted.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service and agree the plan for the child to remain in their home is appropriate.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Parents/caretakers continue to display behaviors that were documented on the CPS Family Functioning Assessment that indicated the need for a safety plan.</li> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continues and agree that placement in the home is still appropriate.</li> </ul>

<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the child's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• When determining if a family member is homicidal or suicidal, a mental health evaluation should be completed.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, current safety plan and/or treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must</p>

	<p>contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with full social work licensure or a related four-year degree with full social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Respite 120200

**Definition:** Planned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care-giving and supervision of child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Service may also be utilized if the caretaker has a scheduled inpatient medical procedure.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 32 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Parent(s) are in need of a break from supervision and care-giving responsibilities due to continual stress or planned inpatient medical procedure.</li> <li>• Safety plan documents the need for the service with specific areas targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service.</li> <li>• Family has explored social support system members capable of providing service to the identified client and documentation is present in the record.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the safety plan.</li> <li>• Safety plan identifies the current plan is for the child to remain in the identified placement if possible.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Service can now be provided through the family support system.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case</li> </ul>

	<p>Management may be billed concurrently while this code is being utilized.</p> <ul style="list-style-type: none"> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> <li>•</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment and safety plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** Paraprofessional staff with a High School Diploma/GED Certificate and one year's experience providing direct service to families is the minimum requirement to provide this service. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

**Respite Provider Qualifications:**

- Provider must be age eighteen (18) or older.
- Provider must have a high school diploma or GED.
- Provider must have a Criminal Investigation Bureau (CIB) background check meeting WVDHHR policy standards. See Appendix 1.
- Child Protective Service/Adult Protective Services screen has been completed. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Consumer Rights and Confidentiality Training.
- Recognizing and Reporting Abuse and Neglect Training.
- Documentation Training.

Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

## Home Maker Services 120325

**Definition:** Service to provide assistance with general housekeeping/homemaking tasks caregivers must do in order to provide a safe environment for their child.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit= One hour 36 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The CPS Family Functioning Assessment was completed indicating that a parent has not completed general housekeeping/ homemaking responsibilities that are directly detrimental to the safety, health and well being of the children in the home. (Took out all language regarding physical inability as per Toby's concerns)</li> <li>• Failure to perform the housekeeping/homemaking responsibilities is not due to the parent's alcohol/substance abuse problem.</li> <li>• Safety plan reflects the need for the service with specific areas to be targeted for improvement.</li> <li>• Service recommended by the DHHR worker, family and DHHR supervisor.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• Family lacks a social support system capable of providing service to the identified client.</li> <li>• Identified family member must not be eligible for complementary services, such as personal care.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>

<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child is placed in custody.</li> <li>• Child’s case is closed.</li> <li>• Family has gained a social support system capable of providing service to the family.</li> <li>• Caregiver’s needs can now be met through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Adult Life Skills addressing identical areas are authorized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of parent’s issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client’s response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment and current safety plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor’s degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

## Supervised Visitation One 120171

**Definition:** Service in which visitation between family members (parent to child or child to child) is observed to ensure general safety and appropriate interaction is maintained during visitation. Visitation provider either looks in on visits between family members periodically (as determined by DHHR visitation plan) or observes the visit while sitting in the room with the family members. Visitation provider will observe to ensure that no abuse, either physical or emotional, takes place during visitation. Provider will also ensure that parents do not inappropriately try to influence the child to recant prior statement to CPS/police officers. Provider will further ensure that family member visiting with the child continues to interact with the child during visitation instead of stepping outside to smoke or take phone calls, falling asleep or carrying on a conversation with the visitation provider instead of the child. During events such as these, the visitation provider will either re-direct the adult family member or if severe enough, end the visit after consultation with the child's assigned DHHR worker. If the visitation provider needs to contact the DHHR worker, he/she should take precaution to ensure that the visit is covered so that no further inappropriate interaction takes place while the visitation provider is out of the room contacting the DHHR worker. This type of visitation can be done at the family's home, an outdoor recreational setting, or in an office, whichever provides the needed safety of the children and provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Children must have an open CPS case</li> <li>• The goal of visitation must be eventual reunification with parent named in the abuse/neglect petition and/or siblings or maintenance of family ties.</li> <li>• If maintenance of family ties is the goal, then an alternative plan for supervision of the visit involving an informal/unpaid provider must be arranged for as soon as possible.</li> <li>• MDT has reviewed the case and determined that visitation with parents must be supervised due to threats to child's safety</li> <li>• The visitation plan notes that supervision is required.</li> </ul>



	<ul style="list-style-type: none"> <li>The needs list indicates what specific issues are to be monitored/observed during the visitations.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Progress toward goals/objectives has been documented, but not achieved.</li> <li>MDT recommends the service continue.</li> <li>Child's abuse/neglect case remains open with no disposition regarding the respondent parent and issues that require partial or complete supervision continue to be present.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Goals and objectives have been substantially met.</li> <li>Child has been reunified with respondent parent named in petition.</li> <li>Parental rights have been terminated or are in the process of termination and no post-termination visitation is indicated.</li> <li>Child's case is closed.</li> <li>Visitation is deemed detrimental to the child's safety and well-being.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>In cases where more than one member of the family is receiving this service, bill under one identified consumer and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, DHHR visitation plan, and treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
----------------------	---

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**

- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

## Supervised Visitation Two 120170

**Definition:** Service in which visitation between parent and children is observed to evaluate appropriateness and level of interaction. The observer/assessor will intervene if abuse or inappropriate behavior is occurring. The purpose is to assess and monitor the appropriateness of family interaction and possibility of reunification. The service must be identified on the service plan. Before each visit the provider will complete the following tasks:

- Meet with the child's caseworker to learn the child's needs as identified in the CPS/YS Safety plan and to jointly develop a specified needs list to be met during the initial visits.
  - Actions the provider must take to keep the child safe during visitation will be part of the list (e.g., if parent has a history of fondling child when he/she tickles the child or holds the child on his/her lap, then DHHR worker will tell provider not to allow the parent to tickle the child or have the child sit on the parent's lap). Also, things that the parent should bring to the visit like a well-stocked diaper bag if infant, food if the visit takes place during the child's lunch time or snack time, books or toys the child likes to have present when visiting with the parent will be included on this needs list. The provider will always suggest that the visitation take place in the parent's home and as soon as possible after the child was removed from the home. If the DHHR worker does not agree that the visitation can take place in the parent's home, the provider will document reason why that is not possible. If face-to-face visitation is not possible, the provider should discuss what other types of contact are possible between the parent and child such as letters, text messages, emails, phone calls, etc (none of these can be supervised by the provider). Also, the provider will obtain the DHHR Visitation Plan from the DHHR worker. If the provider is unable to obtain the plan, the provider will write a visitation plan.
- Call the custodial parent to obtain information related to the impact of separation on the child and the child's behaviors in order to refine the list of needs to be met during visits. Provider will discuss any behaviors the child has been exhibiting leading up to the visit. Provider will inquire about what the custodial parent did to prepare the child for the visit each time. This preparation needs to be consistent with the court order, if it is specific.
- Contact parent to confirm the visit time and place, identify any barriers to visits and arrange to meet with the parent one hour before the visit. During this time, the provider will collect any letters or cards, gifts, etc. that the parent has brought for the child to inspect them and check for appropriateness. If any questions, provider will explain to parent that the item or items will be kept by provider until he/she has inspected them with the DHHR worker. If there are items from the last visit that were not approved by the worker, the provider will give them back and instruct the parent that if he/she has any questions why they are not approved, to contact the DHHR worker. Provider

and DHHR worker will meet with parent to explain what is expected of them during the visitation – such as not discussing the court case with the child, not speaking negatively about the custodial parent, showing up on time, calling to cancel well in advance if unable to attend the visit, the need to remain the parent during the visit meaning, that the parent is in charge of controlling his/her child during the visit, pacify the child if child becomes upset during the visit, no cell phone usage during the visit, no unapproved visitors, and in general making the most of the visit time. The provider will explain to the parent that the provider will not be interacting with the parent during the visit, only observing, so that the parent does not become upset if the provider does not “visit” with the parent.

- Notify the custodial parent of the planned visit and schedule transportation as needed. Provider will always ask if the custodial parent can transport the child to the visit or at least part of the way to the visit.

By the end of the first month, the provider will have arranged visitations to continue as documented in the Child’s Case Plan by:

- Clarifying what needs must be met during future visits.
- Deciding what special arrangements will be made for visits.
- Identifying the level of support the parent requires during visits and consider who might replace the visitation specialist in the future, such as custodial parent, family member, etc.
- Arranging for transportation as necessary, even in those cases when it is determined that continued supervision of visits is unnecessary.
- Maintaining weekly contact with the DHHR caseworker to update placement information.

The provider will perform the following functions for each visit:

- Meet with the parent before the visit to help the parent anticipate his/her own and the child’s reactions during the visit and to discuss the needs to be met during the visit.
- Assist the parent as necessary during the visit.
- Meet with the parent after the visit to discuss how the parent met the child’s needs and to plan changes in the next visit.
- Help the parent understand the importance of keeping his or her commitment to visit the child.
- Speak with the custodial parent after the visit to discuss any behaviors or for the child reactions the child may display.
- Prepare notes about the parent’s skill in meeting the child’s needs during the visit and continuously refine the needs list.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations</b>	3

<b>Available</b>	
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect petition has been filed in circuit court naming one respondent parent</li> <li>• Child is placed with one biological parent</li> <li>• MDT has reviewed the case and determined that visitation with parent needs to be supervised – and -</li> <li>• The visitation plan notes that supervision is required due to threats to child’s safety– and -</li> <li>• The treatment plan notes that assessment and recommendation regarding reunification are necessary.</li> <li>• The needs list indicates what specific issues are to be monitored/observed during the visitations.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• MDT recommends the service continue.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been substantially met.</li> <li>• Child has been reunified with respondent parent named in abuse/neglect petition.</li> <li>• Parental rights have been terminated or are in the process of termination.</li> <li>• Child’s case is closed.</li> <li>• Visitation is deemed detrimental to the child’s safety and well-being.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified consumer and reflect all present in the documentation.</li> <li>•</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, DHHR visitation plan, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
-----------------------------	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees

are:

- Sociology
- Psychology
- Counseling
- Interpersonal Communication
- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## MDT Attendance 120455

**Definition:** Re-imbursement for an agency/independent provider participating in the quarterly individual Multi-Disciplinary Team Meeting in person to present written reports of progress, answer questions and assist in establishing the appropriate plan for the identified child and/or family. Provider must be actively working with the client and submitting monthly summaries to the DHHR worker. For Family Preservation there **must be** court involvement with a petition filed and/or it is mandated in BCF Policy or WV Statute.

**Eligible for one representative per agency for:**

- ASO Providers actively providing a treatment or safety service
- Mental Health Professionals providing direct treatment (Example: Therapist)

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One Meeting One unit per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment was completed and indicated a safety plan was needed to maintain the child in the home.</li> <li>• There is circuit court involvement with a petition filed</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Child(ren) remain in the home of a biological parents with services</li> <li>• Case remains open</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Case is closed</li> <li>• Child(ren) are placed in the custody of the DHHR and are no longer placed with a biological parent.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Provider is not already receiving reimbursement for administrative case management through a Provider Agreement with DHHR.</li> <li>• No individual fee for service code including Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping

	<p>policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A monthly progress summary must be completed and presented to the MDT and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

## In-State Homestudy 130150

**Definition:** A homestudy is an assessment of an individual who has been identified as a potential foster/adoptive parent for a child who is in the custody of the department. A total assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability.

For Kinship/Relative Homestudies the assessment consists of three units and includes at a minimum:

- Criminal Background Checks
- Child Abuse/Neglect Checks
- Safety of the Home's Environment
- Ability to Provide Protection
- Child's Relationship with potential relative
- Physical Health
- Emotional Stability
- Ability and willingness to support placement goals
- Compliance with car seat safety
- Ability and willingness to participate with MDT, Assessment and Case Planning
- Understanding of and willingness to comply with DHHR's Discipline Policy
- References
- Recommendation

The following areas may also be added or requested at the time of referral to a Kinship/Relative Homestudy as directed by the DHHR worker and consists of four units:

- Personal history
- Education/preparation
- Family income
- Documentation of identity/status
- Employment status
- Support system
- Use of community resources

The DHHR will stipulate the extent of the information required for each Homestudy. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	30-92 days Registration Only Maximum of 4 Units = One Regular Study

	Maximum of 3 Units= One Relative Study
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a foster/adoptive parent.</li> <li>• Client has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p> <p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the referral for socially necessary services must be present in the case record.</p>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree with social work

licensure. Related degrees are:

- Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
  - Experience providing direct service to families
  - All providers must have an acceptable CIB **and**
  - An APS/CPS screen completed with no negative information.
    - Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

### **Contracted Homestudy Guidelines for Partial Payments of a total Homestudy:**

1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

2 Units Activities include:

- ❖ Contact with the family/individual through an interview for the study; and
- ❖ First home safety check; or
- ❖ Contact with references by mail, telephone, or in-person; and
- ❖ Family/individual withdraws application or agency withdraws request for study or the family/individual's study has been denied; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

3 Units Activities include:

- ❖ More than one in-person contact with the family/individual through an interview for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor provides a partial written home study report; and/or

- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

#### 4 Units Activities:

- ❖ All interviews completed with family/individual for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Homestudy report completed and submitted to Homefinding Supervisor (including both approved and denied home studies); and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, if the home was denied.

### **Contracted Kinship/Relative Homestudy Guidelines for Partial Payments**

#### 1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 2 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Some initial background check on family/individual completed; and
- ❖ Home safety checks completed;
- ❖ Assessment completed of the designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 3 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Criminal background check on family/individual completed; and
- ❖ Home safety checks completed; and
- ❖ Assessment completed of all ~~seven~~ designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a complete report to the Homefinding Supervisor.

## Out of State Home Study 120155

**Definition:** A home study is a multi-faceted assessment regarding a prospective family member or individual who desires to be a foster/adoptive parent for a child who is in the custody of the department. This assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Registration Only Units = 4
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a relative placement.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A completed home study adhering to DHHR policy as outlined in foster care policy and approved by the DHHR Home Finding Supervisor.</li> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Private Transportation 120100

**Definition:** Reimbursement for the provision of transportation services in a personal vehicle. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR safety plan or treatment plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, visitation, etc.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: non-emergency medical transportation (NEMT) is utilized for medically necessary services. NEMT is accessed through the Office of Family Assistance. NEMT must be used for transportation to and from medical and behavioral health appointments when the person has traditional Medicaid coverage.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit= One mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to pay for transportation (gas money, depreciation of vehicle, etc) and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Safety plan or treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a</li> </ul>

	<p>reliable means of transportation.</p> <ul style="list-style-type: none"> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker, family and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• NEMT can be accessed</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip.</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

## Intervention Travel Time 120105

**Definition:**

This code is for reimbursing providers who are traveling to a home to perform a Socially Necessary Service listed below. The time taken to travel from the providers business **exceeds one hour one way**. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR’s safety plan or treatment plan and all other natural supports/options have been explored.

**Service Codes:**

- Safety Services
- Individualized Parenting
- Adult Life Skills
- Supervision
- Family Crisis Response
- Supervised Visitation One
- Supervised Visitation Two
- MDT Attendance
- Homestudy Codes

This service covers actual time traveled using the shortest and/or quickest practical route to the traveler’s destination. The billable service begins after the provider leaves their identified place of business and ends when provider reaches the family’s home or identified location. If the provider is doing concurrent home visits, the time traveling from one home to the next must exceed one hour one way to be billed. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties. Maximum of 16 units per day are allowable.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit= 15 min 416 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Provider has been referred one of the designated services</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to be provided</li> <li>• Progress towards goals noted on DHHR safety plan and/or treatment plan has been documented</li> <li>• DHHR worker/supervisor agrees to continue service</li> </ul>

<b>Discharge Criteria</b> (Any element may result in discharge or transfer)	<ul style="list-style-type: none"> <li>• No progress has been made</li> <li>• Case is closed</li> <li>• Family refuses in-home services</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Excludes tolls and parking</li> <li>• Does not replace the responsibility of parents, family members or family friends</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>•</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's current safety plan and/or treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have no negative findings on their CIB and APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Public Transportation 120110

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental cars, tolls if a rental car is used, taxi fares and parking are also included in this service. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR's treatment plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, visitation, etc. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit= Event Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> </ul>

	<ul style="list-style-type: none"> <li>• DHHR Worker and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes waiting time</li> <li>• NEMT can be accessed</li> <li>•</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR's intranet

## Lodging 120120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available up to \$70. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Unit = One night
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must have a case in circuit court where rights of one parent are at issue.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been adopted or reunified with family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the visitation plan must be present in the case record.</li> <li>• A copy of the receipt and invoice must be present.</li> </ul>
-----------------------------	---

**Additional Service Criteria:**



## Meals 120125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Unit = One Day Cannot exceed three meals per one day
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must have a case in circuit court where rights of one parent are at issue.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objective has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been adopted or reunified with family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li><li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li><li>• A copy of the visitation plan must be present in the case record.</li><li>• A copy of the receipt and invoice must be present.</li></ul>
----------------------	--

# **CPS Foster Care Services**

## CAPS Family Assessment 130190 and CAPS Case Management 130410

**Definition:** A comprehensive assessment of needs and strengths for individual children/youth and their families through face to face interview(s) designed to guide service planning and decision making with the primary objective of permanency, safety and improved quality of life, identify service gaps and promote resource development.

The Child and Adolescent Strengths and Needs WV Manual, i.e., WV CANS, is the primary assessment tool and is to be completed under this code.

The WV CANS focuses on the following areas:

- Trauma experiences
- Traumatic stress experiences
- Child strengths
- Life Domain Functioning
- Acculturation
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Development
- Life Skills
- Caregiver Needs and Strengths

### **WV CAPS Providers Criteria:**

- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory staff with Masters in Human Services field with applicable licensure to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Has proven experience working with children/youth at risk
- Agrees to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS
- Provider will accept only CAPS referrals that they have the ability to initiate within 72 hours of authorization

## Program Components:

---

**Referral:** DHHR will phone a CAPS referral to the provider and include (by mail or fax), when available, the information necessary to initiate the CAPS process. The CAPS provider will decide as to the appropriateness and ability to initiate a CAPS assessment and communicate this to the referring DHHR worker and family (if accepted) within 24 hours via phone or fax notification. Referral will not be considered active until all authorizations, consents and necessary information is received.

**Family Joining:** An orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members prior to beginning the interviews. A DHHR worker will partner with the WV CAPS provider to schedule the Family Joining meeting. Provider will notify the referring DHHR worker within 5 day(s) of authorization if unable to contact the family and/or if family is uncooperative.

**Information Review:** CAPS provider reviews the case record, interviews the child/youth and family, talks with collateral contacts and gathers service involvement and/or history. The DHHR worker will provide the CAPS provider with the following information if available:

- Youth Behavior Evaluation (YS)
- Family Functioning Assessment (CPS)
- Protective Capacities Family Assessment and Family Case Plan (CPS)
- Family Case Plan Evaluation (CPS)
- Continuing Safety Plan Evaluation (CPS)
- Copy of current Court Order
- Visitation Plan
- Birth Certificate, School Records (IEP or 504 as applicable)
- Social Security number
- Immunization Records and Medical Information
- Authorizations, SS-FC-40, SS-FC-40A
- Consent or access to review all pertinent past and present records

**Information Integration:** CAPS provider utilizes all available information to score the Child and Adolescent of Needs and Strengths (WV CANS).

**Family Conference:** CAPS provider communicates the initial CAPS findings with recommendations and indicates what additional assessments are needed in a written 14 Day report to the DHHR worker and family.

**Initial 14 Day Report:** CAPS provider communicates the CAPS findings, recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. if requested.

**Comprehensive Assessment Report (CAR):** The final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. as requested. The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	Tier I 14 Days Unit= 1 hour 7 units CAPS Family Assessment 8 units CAPS Case Management Tier II Medicaid H0031 and 96101 1 unit of CAPS Family Assessment 28 units of CAPS Case Management
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Admission to emergency shelter placement without an identified discharge plan to a specific placement</li> <li>• Change of custody from parent/guardian to BCF</li> <li>• Youth adjudicated as delinquent and referred to DHHR where court is considering placing youth in DHHR custody or out-of-home care at DHHR expense</li> <li>• Disrupted placements in Youth Services (YS) and/or Child Protective Services (CPS)</li> <li>• Any youth in an open YS or CPS case for whom a comprehensive assessment is needed and/or there is a risk of placement disruption</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Final 14 day or 30 day Comprehensive Assessment Report(s) are completed</li> <li>• CAPS provider communicates final CAPS findings in written report to DHHR for distribution to appropriate parties and is available to present results at the MDT</li> <li>• MDT/case plan development (DHHR worker, family, and appropriate parties) has reviewed the CAR and</li> </ul>

	uses the CAPS recommendations to guide decision making
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Cannot bill Medicaid or other Socially Necessary service concurrently.</li> <li>• Other Socially Necessary Services and Medically Necessary Services may be authorized in conjunction with CAPS excluding what is in the CAPS bundled rate</li> <li>• CAPS cannot be authorized when child is in DJS custody</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations, HIPAA and agency record-keeping policies.</p> <p>The case record must contain documentation of the referral, Family Joining meeting, Family Conference meeting(s), collateral contacts including DHHR and the courts, MDT meeting(s) and all contacts with the youth/children, family and/or guardians.</p> <p>An Initial (14 Day) Comprehensive Assessment Report must be completed for each CAPS Report includes:</p> <ul style="list-style-type: none"> <li>• Youth and Caregiver information</li> <li>• Agency and Assessor information</li> <li>• Referral Source information</li> <li>• Court Information</li> <li>• Summary of Significant Findings</li> <li>• Referral information</li> <li>• Summary of Service Interventions</li> <li>• Identified Safety Issues</li> <li>• CANS Domain Summary of Findings, Needs &amp; Strengths Support</li> <li>• Recommendations for further Assessment(s), Treatment and/or Support</li> <li>• Sub-modules, WV Older Youth Checklist (youth over 16)</li> <li>• Signature of the provider and his/her title and/or credentials</li> </ul> <p>A copy of the FACTS referral sheet, service plan and/or safety plan for CPS or YBE for YS, all collateral information collected throughout the review process and the Comprehensive WV CANS must be present in the case record.</p> <p>The Comprehensive Assessment Report (CAR) accompanies</p>

	<p>the Initial 14 day CAPS report if:</p> <ul style="list-style-type: none"> <li>• Further clinical assessment(s) indicated by the CANS are required</li> <li>• Includes a summarization and integration of the assessments, the 14 day report and additional information obtained from clinical observations and interviews</li> <li>• Provides recommendations to assist the DHHR and the MDT in determining the appropriate service(s) and level of care for the youth and family</li> </ul>
--	---

Additional service criteria:

- Credentialing criteria must match Medicaid's Rehabilitation requirements for Clinical Evaluation and meet criteria for any other assessment provided
- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory Staff with Masters in Human Services field with applicable license to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Have proven experience working with children/youth at risk
- Agree to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS

The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.



## Adult Life Skills 130310

**Definition:** Direct service in which the identified parent, as part of the reunification plan, is assisted to develop basic home management skills and in developing social/emotional support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult life skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include house-keeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records, and personal care/hygiene. This service is implemented when there is a lack of skill knowledge not due to a mental health condition and implies that there is not a lack of motivation. This service is for parents of children with a permanency plan of reunification and targets the family members of the expected discharge placement. Provider will work with client on the needs identified on the service plan.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit= One hour 35 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment/Protective Capacity Family Assessment indicated parents' lack of basic life skills to maintain safety, health and well being of children in their care is directly related to the children's placement into family foster care with Child Protective Services.</li> <li>• The identified parent's children were removed from the home due to abuse, neglect or abandonment issues.</li> <li>• The plan is for family reunification.</li> <li>• Treatment plan documented the need for the service with specific objectives targeting the identified areas of improvement.</li> <li>• Service recommended by the MDT.</li> <li>• Service cannot be met appropriately through other community resources such as adult education classes, personal care or Extension Services.</li> <li>• Family has explored social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT reviews case and determines reunification is still appropriate.</li> </ul>

	<ul style="list-style-type: none"> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• MDT has reviewed the treatment plan and recommends the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• The caretakers continue to lack skills required to ensure safety, permanency and well being of the children removed from their care as initially displayed on the CPS Family Functioning Assessment.</li> <li>• Caretaker has demonstrated an acceptance that the changes are necessary.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Reunification is no longer an appropriate option for the family.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of the parent's impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>• Severity of the parent's impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health</li> </ul>

	<p>professional should be consulted to evaluate the possibility of short term Day Treatment Services.</p> <ul style="list-style-type: none"> <li>Severity of parent's impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>Code or service name</li> <li>Summary of the intervention</li> <li>Client's response to the intervention</li> <li>Relation to the service plan</li> <li>Location where service occurred</li> <li>Duration</li> <li>Start/stop time</li> <li>Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the CPS Family Functioning Assessment, Protective Capacities Family Assessment, current safety and treatment plans must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>A list of dates of service and the specific services rendered and/or attempts</li> <li>Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>Plan for further interventions</li> <li>Any identified unmet concrete or service needs</li> <li>Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling

- Interpersonal Communication
- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## General Parenting 130305

**Definition:** Direct face-to-face educational services to improve parental performance and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age-appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided in a group setting consisting of multiple families or one on one setting and is based on a standard curriculum, which can be individualized to meet the parent's needs. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula. Examples include Parent Effectiveness Training and Active Parenting. This service is for children whose plan is for reunification and targets the family members of the expected discharge placement.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = 1 hour 15 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment and/or the Protective Capacities Family Assessment indicate parents' lack of basic parenting skills to maintain safety, health and well being of children in their care is directly related to the child's placement into family foster care with Child Protective Services.</li> <li>• Parent must demonstrate two or more of the following:             <ul style="list-style-type: none"> <li>○ Inappropriate expectations of the child/adolescent</li> <li>○ Inability to be empathetically aware of child/adolescent needs</li> <li>○ Difficulty assuming role of parent</li> <li>○ Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision</li> </ul> </li> <li>• The plan is for reunification.</li> <li>• Treatment plan reflects the need for the service with specific objectives and targets for improvement.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service recommended by the MDT.</li> <li>• Service cannot be met through other community resources such as the United Way Programs.</li> <li>• Family has explored social support system members to provide this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT reviews case and determines reunification is still appropriate.</li> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• MDT has reviewed the service plan and recommends the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• The caretakers continue to lack skills required to ensure safety, permanency and well-being of the children removed from their care as initially displayed on the CPS Family Functioning Assessment.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the treatment plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Reunification is no longer an appropriate option for the family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of the identified parent's issues precludes provision of services in this level of care.</li> <li>• Severity of the parent's impairment due to a mental health condition(s) or substance abuse/alcohol abuse problems preclude provision of service in this</li> </ul>

	<p>level of care.</p> <ul style="list-style-type: none"> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, Protective Capacities Family Assessment, current safety plan and treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p>
<p><b>Documentation continued</b></p>	<ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology

- Psychology
- Counseling
- Interpersonal Communication
- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Individualized Parenting 130300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Discipline
- Appropriate supervision
- Encouragement of child/adolescent care, age-appropriate development
- Realistic expectations and standards of child/adolescent behavior of identified child

This service should be used to correct specific deficits in parenting. This service is provided in a one-on-one setting and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting. This service is for children whose plan is for reunification and targets the family members of the expected discharge placement.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = 1 hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment indicated parents' lack of basic parenting skills to maintain safety, health and well being of children in their care is directly related to the child's placement into family foster care with Child Protective Services.</li> <li>• The plan is for family reunification.</li> <li>• Parent must demonstrate one or more of the following:             <ul style="list-style-type: none"> <li>○ Inappropriate expectations of the child/adolescent</li> <li>○ Inability to be empathetically aware of child/adolescent needs</li> <li>○ Difficulty assuming role of parent</li> <li>○ Lack of knowledge in feeding, bathing, basic medical care, and basic supervision</li> </ul> </li> <li>• Treatment plan documents a need for the service</li> </ul>

	<p>with specific goals and objectives identifying areas for improvement.</p> <ul style="list-style-type: none"> <li>• Service recommended by the MDT.</li> <li>• Service cannot be met through other community resources (as in disability specific support groups such as CHADD for those with ADHD) or family's support system.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT reviews case and determines reunification is still appropriate.</li> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• MDT has reviewed the treatment plan and recommends the service continue.</li> <li>• Family continues to lack a social support system capable of providing service to the identified client.</li> <li>• The caretakers continue to lack skills required to ensure safety, permanency and well being of the children removed from their care as initially displayed on the CPS Family Functioning Assessment.</li> <li>• The caretaker has demonstrated the acceptance that change is needed.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the treatment plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Reunification is no longer an appropriate option for the family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one parent in the same household is involved with this intervention, bill the service</li> </ul>

	through one parent.
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of identified parent's issues precludes provision of services in this level of care.</li> <li>• Severity of the parent's impairment due to a mental health condition(s) or substance abuse/alcohol abuse problem(s) precludes provision of service in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, the Protective Capacity Family Assessment and treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p>

<p><b>Documentation continued</b></p>	<ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> <li>• If more than one parent present, document all participants in the intervention within the note.</li> </ul>
---------------------------------------	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Family Crisis Response 130215

**Definition:** Family crisis response is a face-to-face intervention in the consumer's natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to the point that placement is at risk of disruption. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve. This service can only be used in the home where the child resides. Providers of this service are expected to contact the assigned DHHR worker every time they must respond to a call from a family. This contact must take place by the next business day of the provider has responded. This is considered by the DHHR to be a safety service only, meaning that it is not utilized for treatment of any condition.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One hour 72 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The foster family placement is at risk of disruption due to severe behavioral issues documented in the case record that is detrimentally affecting the foster family's functioning.</li> <li>• Foster parent and/or child are unable to resolve crisis situations and conflicts.</li> <li>• MDT recommends the service and agrees the plan for the child to remain in the foster family home is appropriate. (If the MDT has not convened, a WV DHHR Supervisor can approve this service).</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Placement continues to be at risk of disruption due to severe behavioral issues documented in the case record that are detrimentally interfering with the foster family's functioning.</li> <li>• DHHR treatment plan documents the need for the service with specific areas for improvement targeted.</li> <li>• Progress towards the identified goals/objectives on the treatment plan has been documented, but not reasonably accomplished.</li> <li>• MDT has reviewed treatment plan and agrees that foster family placement is still appropriate.</li> </ul>

	<ul style="list-style-type: none"> <li>• No less restrictive service/intervention is available.</li> <li>• Service cannot be provided through a community resource or the foster family's support system.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress towards the identified goals/objectives on the service plan has been documented and reasonably accomplished.</li> <li>• MDT has reviewed the treatment plan and agrees that foster family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth/family's behavior.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Therapeutic Foster Care and Specialized Family Care (Medley) Homes (Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one child within the same household is involved with this intervention, bill the service through one child.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• When determining if a family member is homicidal or suicidal, a mental health evaluation should be completed.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the WV Family Functioning Assessment,</p>

	<p>treatment plan and/or safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

Specialized Family Care Homes (Medley) through WVU CED are eligible for this service.

## Connection Visit 130206

**Definition:** These visits are face-to-face visits for the purpose of preserving the connections between children/youth who are in the custody of the DHHR and living in a foster family home, group home or who are college students living on campus. They can be used for the child to visit with their siblings, relatives, or former foster parents or for pre-placement visits. Examples include a child in group care going to a former foster family for a holiday weekend, a college student returning to a former foster family for Thanksgiving or to visit a sibling group who are unable to be reunified in one placement. Service can also be used for a child in a foster care placement or residential facility, PRTF, etc. to do a trial visit with a possible adoptive home or less restrictive foster care placement.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 Days Unit= One day 7 units maximum per month unless otherwise approved Registration Only
<b>Maximum Total Authorizations Available</b>	As necessary
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• MDT has reviewed the case and determined that sibling visitation is safe and appropriate without formal supervision.</li> <li>• The visitation plan notes that the siblings are to visit with one another and denotes frequency and duration of such visits.</li> <li>• The siblings are placed in two or more separate placements where they are unable to visit with one another due to distance between placements or</li> <li>• Child usually resides on campus at college but wants to return to a previous placement that they consider home for holidays and/or the summer or</li> <li>• Child residing in a facility is allowed home visit for holidays and wants to return to a previous placement for the holiday.</li> <li>• Child residing in facility wants to do trial visit with a foster home that will possibly lead to a placement after completion of treatment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Siblings continue placement in separate homes or</li> <li>• Child continues to reside on college campus during weekdays and non-holidays or</li> <li>• Child continues to reside in facility.</li> </ul>
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>• Siblings are placed together.</li> </ul>



<b>(Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Child(ren) achieve permanent placement through reunification, adoption, legal guardianship, etc.</li> <li>• Child who is in college turns 21 years of age and is no longer in voluntary custody of DHHR.</li> <li>• Child is discharged from facility and goes to live with the family he/she has been visiting.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the visitation plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and have no history of legal offenses that may endanger the passengers.

Foster parents automatically eligible once they have been approved by the supervising agency

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Situational or Behavioral Respite 130210

**Definition:** Unplanned or planned break for primary caretakers who are in challenging situations in which a trained provider assumes caregiving and supervision of child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Temporary relief from parenting responsibilities is provided to avoid a placement disruption.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One hour 30 units per 92 days Maximum of 120 Units (5 days) Registration Only
<b>Maximum Total Authorizations Available</b>	As Necessary
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The foster family placement is at risk of disruption due to severe behavioral issues documented in the case record that are detrimentally affecting the foster family's functioning.</li> <li>• MDT agrees that the child(ren) can be maintained safely in the foster family home. If the MDT has not convened, a WV DHHR Supervisor may approve this service.</li> <li>• DHHR's service plan reflects the need for the service.</li> <li>• Family has explored social support systems whose members are capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Placement continues to be at risk of disruption due to severe behavioral issues, documented in the case record, that are detrimentally interfering with the foster family's functioning.</li> <li>• MDT had determined the placement is viable.</li> <li>• Service continues to be needed to provide support to maintain THE child's placement as identified on the service plan.</li> <li>• Service plan INCLUDES A PLAN FOR for the child to remain in the foster family home.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or</b>	<ul style="list-style-type: none"> <li>• Foster parent requests child's removal.</li> <li>• Disruptive behavior is no longer present.</li> </ul>

<b>transfer)</b>	
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No other socially necessary services may be billed concurrently while the child remains in emergency respite.</li> <li>• Therapeutic Foster Care and Specialized Family Care (Medley Homes supervised by Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment and the current treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** Specialized Family Care Homes (Medley) through **WVU CED** are eligible for this service if child does not have Waiver.

A respite provider must meet the following safety requirements to become certified to provide substitute care for a foster/adoptive family:

- Provider must be age eighteen (18) or older
- Medical Care/First Aid;
- Discipline/Supervision;
- Car Safety;
- Food/Nutrition;
- Bathrooms/Bedrooms;
- Home Safety;
- Health Status;
- Capacity;
- \*High School Diploma or GED,
- \*CPR Certification (current),
- \*Training in: Overview of Behavioral Health Conditions & Developmental Disabilities, Consumer Rights & Confidentiality, Recognition & Reporting Abuse and Neglect, and Documentation.
- An acceptable CIB and a CPS/APS screen with no negative findings. See Appendix 1.

NOTE: If the prospective respite provider is an existing foster/adoptive provider, a relative or non-custodial friend of the family, these \* items are not required for credentialing.

The respite provider must meet the following family assessment criteria to become certified:

1. A home assessment to determine the suitability of the family's home, resources, and capacity, by the Regional Homefinder;

2. At least one interview with the prospective applicants in their home, by the Regional Homefinder;
3. Reference checks of at least three (3) individuals, not more than one (1) of which may be a relative, and one (1) of which must be interviewed in person, by the Regional Homefinder;
4. Criminal records and CPS/APS checks to assure that the individual does not have a criminal or abusive background. See Appendix 1. These will be obtained by the Regional Homefinder for respite providers identified by foster/adoptive families, kinship/relative families, and home finding staff. All other respite providers must obtain their own criminal background checks and request a CPS/APS background check through the DHHR.

\*This type of respite does not exhaust the 14 days of respite allowed per foster parent per foster child per year.

## Daily Respite 130205

**Definition:** Planned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of a child(ren) for a brief period of time. Service may be provided in or out of the natural home on a daily basis. Service may also be utilized if the caretaker has a scheduled inpatient medical procedure.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One day 3 units per 92 days 14 units Maximum within 12 month period per provider Registration Only
<b>Maximum Total Authorizations Available</b>	As Necessary
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Parent(s) are in need of a break from supervision and care giving responsibilities.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Treatment plan identifies the current plan is for the child to remain in the identified foster home placement if possible.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Child's case is closed.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No other fee-for-service Socially Necessary Service may be billed concurrently with this service</li> <li>• Therapeutic Foster Care and Specialized Family Care (Medley Homes supervised by Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the</li> </ul>

	<p>intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</p> <ul style="list-style-type: none"> <li>• A copy of the referral must be present in the case record.</li> </ul>
--	---

**Additional Service Criteria:** Specialized Family Care Homes (Medley) through WVU CED are eligible for this service if child does not have Waiver.

A respite provider must meet the following safety requirements to become certified to provide substitute care for a foster/adoptive family:

- Provider must be age eighteen (18) or older
- Medical Care/First Aid;
- Discipline/Supervision;
- Car Safety;
- Food/Nutrition;
- Bathrooms/Bedrooms;
- Home Safety;
- Health Status;
- Capacity;
- \*High School Diploma or GED,
- \*CPR Certification (current),
- \*Training in: Overview of Behavioral Health Conditions & Developmental Disabilities, Consumer Rights & Confidentiality, Recognition & Reporting Abuse and Neglect, and Documentation.
- An acceptable CIB and a CPS/APS screen with no negative findings. See Appendix 1.

\*NOTE: If the prospective respite provider is an existing foster/adoptive provider, a relative or non-custodial friend of the family, these items are not required for credentialing.

The respite provider must meet the following family assessment criteria to become certified:

1. A home assessment to determine the suitability of the family's home, resources, and capacity, by the Regional Homefinder;
2. At least one interview with the prospective applicants in their home, by the Regional Homefinder;
3. Reference checks of at least three (3) individuals, not more than one (1) of which may be a relative, and one (1) of which must be interviewed in person, by the Regional Homefinder;
4. Criminal records and child/adult protective services checks to assure that the individual does not have a criminal or abusive background. See Appendix 1. These will be obtained by the Regional Homefinder for respite providers identified by foster/adoptive families, kinship/relative families, and homefinding staff. All other respite providers must obtain their own criminal background checks and request a child/adult protective services background check through the DHHR.

## Tutoring 130375

**Definition:** Structured individualized or small group setting of three or fewer in which a child is taught or guided on an academic area to enhance skills to avoid failing a core educational requirement. Provider must have demonstrated competence in the area of academics being tutored. A high school diploma is required to provide this service to elementary school age children and an Associate's degree or higher for students in middle school or above. This service is time-limited and the child's academic functioning level/ability must be considered. Tutoring is to build upon a targeted academic skill in which the student has a documented deficit. Tutoring is not to be used for regular homework completion.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = one hour 17 units per 92 days
<b>Maximum Total Authorizations Available</b>	2 per year
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Consumer has a noted deficit in school functioning on a formalized assessment of role performance.</li> <li>• Child must have the need documented on the treatment plan with specific areas targeted for improvement.</li> <li>• MDT recommends the service.</li> <li>• Consumer does not qualify for an IEP or a 504 plan.</li> <li>• Documentation from educational staff is present to substantiate the need.</li> <li>• Caregiver is unable to meet the educational needs of the child.</li> <li>• Service cannot be met appropriately through other community resources, family support system and/or agency.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward treatment plan goals/objectives has been documented, but has not been achieved.</li> <li>• Service continues to be needed to maintain consumer's progress until an IEP can be established to meet the individual's needs.</li> <li>• MDT recommends the service continue.</li> <li>• Services cannot be met appropriately through other community resources, such as workforce investment or literacy groups, family support system and/or agency.</li> </ul>

<b>Discharge Criteria</b> <b>(Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• An IEP or a 504 plan has been established to address the child's needs.</li> <li>• Service can now be met through a community resource, family support system and/or agency.</li> <li>• Child is now passing the academic target area</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Client's needs are identified and provided for through special education services as identified on the IEP or 504 plan.</li> <li>• Those receiving Waiver, ICF/MR or group foster care services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can be effectively served at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment and a current treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

Providers not associated with a childcare agency must have demonstrated competence in the area of academics being tutored. A high school diploma is required to provide this service to elementary school age children and an Associates degree or higher for students in middle school or above.



## Lodging 130120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available up to \$70. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	Unit = One night
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must be in foster care placement with a permanency plan. Child must have an authorization in place for Transportation One, Two or Three.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child's has been adopted or reunified with family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the visitation plan must be present in the case record.</li> <li>• A copy of the receipt and invoice must be present.</li> </ul>
-----------------------------	---

**Additional Service Criteria:**

## Meals 130125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	Unit = One Day Cannot exceed three meals per one day
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must be in foster care placement with a permanency plan.</li> <li>• Child must have an authorization in place for Transportation One, Two or Three.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objective has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been adopted or reunified with family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li><li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li><li>• A copy of the visitation plan must be present in the case record.</li><li>• A copy of the receipt and invoice must be present.</li></ul>
----------------------	--

## Supervised Visitation One 130171

**Definition:** Service in which visitation between family members (parent to child or child to child) is observed to ensure general safety and appropriate interaction is maintained during visitation. Visitation provider either looks in on visits between family members periodically (as determined by DHHR visitation plan) or observes the visit while sitting in the room with the family members. Visitation provider will observe to ensure that no abuse, either physical or emotional, takes place during visitation. Provider will also ensure that parents do not inappropriately try to influence the child to recant prior statement to CPS/police officers. Provider will further ensure that family member visiting with the child continues to interact with the child during visitation instead of stepping outside to smoke or take phone calls, falling asleep or carrying on a conversation with the visitation provider instead of the child. During events such as these, the visitation provider will either re-direct the adult family member or if severe enough, end the visit after consultation with the child's assigned DHHR worker. If the visitation provider needs to contact the DHHR worker, he/she should take precaution to ensure that the visit is covered so that no further inappropriate interaction takes place while the visitation provider is out of the room contacting the DHHR worker. This type of visitation can be done at the family's home, an outdoor recreational setting, or in an office, whichever provides the needed safety of the children and provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Children must have an open CPS case</li> <li>• The goal of visitation must be eventual reunification with parents and/or siblings or maintenance of family ties.</li> <li>• If maintenance of family ties is the goal, then an alternative plan for supervision of the visit involving an informal/unpaid provider must be arranged for as soon as possible.</li> <li>• MDT has reviewed the case and determined that visitation with parents/relatives should be supervised due to threats to the child's safety</li> <li>• The visitation plan notes that supervision is required.</li> <li>• The needs list indicates what specific issues are</li> </ul>

	to be monitored/observed during the visitations.
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• MDT recommends the service continue.</li> <li>• Child remains in the custody of the DHHR and safety threats that require supervision continue to be present.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been substantially met.</li> <li>• Child has been reunified with biological family.</li> <li>• Parental rights have been terminated or are in the process of termination.</li> <li>• Child's case is closed.</li> <li>• Visitation is deemed detrimental to the child's safety and well-being.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified consumer and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul>

<p><b>Documentation continued</b></p>	<p>A copy of the CPS Family Functioning Assessment, the current treatment plan, and the DHHR visitation plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
---------------------------------------	--

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

## Supervised Visitation Two 130170

**Definition:** Service in which visitation between parents and children is observed to evaluate appropriateness and level of interaction. The observer/assessor will intervene if abuse or inappropriate behavior is occurring. The purpose is to assess and monitor the appropriateness of family interaction and possible reunification. The service must be identified on the service plan. Before each visit the provider will complete the following tasks:

- Meet with the child's caseworker to learn the child's needs as identified in the CPS/YS Safety plan and to jointly develop a specified needs list to be met during the initial visits.
  - Actions the provider must take to keep the child safe during visitation will be part of the list (e.g., if parent has a history of fondling child when he/she tickles the child or holds the child on his/her lap, then DHHR worker will tell provider not to allow the parent to tickle the child or have the child sit on the parent's lap). Also, things that the parent should bring to the visit like a well-stocked diaper bag if infant, food if the visit takes place during the child's lunch time or snack time, books or toys the child likes to have present when visiting with the parent will be included on this needs list. The provider will always suggest that the visitation take place in the parent's home and as soon as possible after the child was removed from the home. If the DHHR worker does not agree that the visitation can take place in the parent's home, the provider will document reason why that is not possible. If face-to-face visitation is not possible, the provider should discuss what other types of contact are possible between the parents and child such as letters, text messages, emails, phone calls, etc (none of these can be supervised by the provider). Also, the provider will obtain the DHHR Visitation Plan from the DHHR worker. If the provider is unable to obtain the plan, the provider will write a visitation plan.
- Call foster parents to obtain information related to the impact of separation on the child and the child's behaviors in order to refine the list of needs to be met during visits. Provider will discuss any behaviors the child has been exhibiting leading up to the visit. Provider will inquire about what the foster parent did to prepare the child for the visit each time. This preparation needs to be consistent with the court order, if it is specific.
- Contact parent(s) to confirm the visit time and place, identify any barriers to visits and arrange to meet with the parent one hour before the visit. During this time, the provider will collect any letters or cards, gifts, etc. that the parent has brought for the child to inspect them and check for appropriateness. If any questions, provider will explain to parent that the item or items will be kept by provider until he/she has inspected them with the DHHR worker. If there are items from the last visit that were not approved by the worker, the provider will give them back and instruct the parent that if he/she has any questions why they were not approved, to contact the DHHR worker. Provider and



DHHR worker will meet with parents to explain what is expected of them during the visitation – such as not discussing the court case with the child, not speaking negatively about the foster parents, showing up on time, calling to cancel well in advance if unable to attend the visit, the need to remain the parent during the visit meaning that the parent is in charge of controlling his/her child during the visit, pacify the child if child becomes upset during the visit, no cell phone usage during the visit, no unapproved visitors, and in general making the most of the visit time. The provider will explain to the parent that the provider will not be interacting with the parent during the visit, only observing, so that the parent does not become upset if the provider does not “visit” with the parent.

- Notify the foster parent(s) of the planned visit and schedule transportation as needed. Provider will always ask if the foster parents can transport the child to the visit or at least part of the way to the visit.

By the end of the first month, the provider will have arranged visitations to continue as documented in the Child’s Case Plan by:

- Clarifying what needs must be met during future visits.
- Deciding what special arrangements will be made for visits.
- Identifying the level of support the parent requires during visits and consider who might replace the visitation specialist in the future, such as foster parent, family member, etc.
- Arranging for transportation as necessary, even in those cases when it is determined that continued supervision of visits is unnecessary.
- Maintaining weekly contact with the DHHR caseworker to update placement information.

The provider will perform the following functions for each visit:

- Meet with the parent before the visit to help the parent anticipate his/her own and the child’s reactions during the visit and to discuss the needs to be met during the visit.
- Assist the parent as necessary during the visit.
- Meet with the parent after the visit to discuss how the parent met the child’s needs and to plan changes in the next visit.
- Help the parent understand the importance of keeping his or her commitment to visit the child.
- Speak with the foster parent after the visit to discuss any behaviors or for the child reactions the child may display.
- Prepare notes about the parent’s skill in meeting the child’s needs during the visit and continuously refine the needs list.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total</b>	2

<b>Authorizations Available</b>	
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• MDT has reviewed the case and determined that visitation with parents/relatives needs to be supervised due to threats to child's safety.</li> <li>• The visitation plan notes that supervision is required.</li> <li>• The treatment plan indicates what specific issues are to be observed during the visitations.</li> <li>• Case requires that provider make assessment and recommendation as to if reunification is possible/advisable.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• MDT recommends the service continue.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been substantially met.</li> <li>• Child has been reunified with biological family.</li> <li>• Parental rights have been terminated or are in the process of termination.</li> <li>• Child's case is closed.</li> <li>• Visitation is deemed detrimental to the child's safety and well-being.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified consumer and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment, current treatment plan and DHHR visitation plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
----------------------	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology

- Psychology
- Counseling
- Interpersonal Communication
- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Private Transportation One 130101

**Definition:** Private Transportation One is designed to provide reimbursement for foster parents who attend Multidisciplinary Treatment Team meetings, reviews, and court hearings explicitly documented on the DHHR service plan.

Private Transportation One is also for reimbursement of biological parent(s) for mileage traveled to participate in visitation with child, services/treatment, office visits, Multi-Disciplinary Treatment Team meetings, reviews, and court hearings explicitly documented on the DHHR treatment plan.

This service can be used for transportation of a foster child to medical services in which NEMT could **not** be accessed. Please note: non-emergency medical transportation (NEMT) is utilized for medically necessary services. NEMT is accessed through the Office of Family Assistance. It is the primary source for reimbursement for taking foster children to medical and behavioral health appointments.

This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent's/biological parent's inability to access NEMT and the subsequent reason must be in the consumer's record.</li> <li>• Documentation of the parent's inability to financially bear the cost of travel associated with visitation with child, MDT's, court hearings.</li> <li>• Documentation in the record that other sources, such as the foster family support system, public transportation or non-emergency medical transportation services, have been explored/</li> </ul>

	<p>exhausted.</p> <ul style="list-style-type: none"> <li>• Treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family continues to explore their social support system to provide the service.</li> <li>• Biological parent continues to need financial assistance in order to attend treatment services, visitations with child, etc.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the consumer.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Child is returned.</li> <li>• Child is adopted or legal guardianship is completed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee-for-service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• NEMT can be accessed.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> </ul>

<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip.</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

Foster parents automatically eligible once they have been approved by the supervising agency

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Private Transportation Two 130102

**Definition:** Reimbursement for transportation of children related to visitation with parents. Those eligible for this service must be documented in the visitation plan completed by the DHHR worker and visitation must be explicitly documented on the DHHR child/family's treatment plan.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate reunification or that there is a court order mandating visitation</li> <li>• Documentation that the family of origin/foster family is unable to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation, have been explored/exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family of origin/foster family still does not have a reliable means of transportation.</li> <li>• The family of origin/foster family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family of origin/foster family lacks support</li> </ul>



	<p>system to provide the service.</p> <ul style="list-style-type: none"> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains reunification or there is a court order mandating visitation.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Permanency has been obtained.</li> <li>• Family of origin/foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

Foster parents automatically eligible once they have been approved by the supervising agency

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Private Transportation Three 130103

**Definition:** Reimbursement for transportation for the purpose of the identified child attending visitation with pre-adoptive parents or adoption related activities explicitly documented on the DHHR child’s case plan.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler’s destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	As needed
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate adoption.</li> <li>• Documentation in the record that other sources, such as the family support system or public transportation, have been explored/exhausted.</li> <li>• Case plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains adoption.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child’s case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>

	<ul style="list-style-type: none"> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family or potential adoptive parents all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

Foster parents automatically eligible once they have been approved by the supervising agency

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Public Transportation One 130111

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental Cars, tolls if a rental car is used, taxi fares and parking are also included in this service. This service can be used for bus passes for a parent attending visitation with his/her child. This service is for transportation to medical services in which NEMT could **not** be accessed and/or to participate in services/treatment, office visits, Multidisciplinary Treatment Team meetings, reviews, and court hearings explicitly documented on the DHHR's service plan. The least costly means available must be utilized. An example includes a monthly bus pass instead of paying on a trip-by-trip basis. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = event Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent's inability to access NEMT and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the foster family support system, public transportation or non-emergency medical transportation services, have been explored/exhausted.</li> <li>• Documentation in the record that other sources, such as the family's support system, public transportation or non-emergency medical transportation services, have been explored/exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Foster Family lacks support system to provide the service.</li> <li>• Family lacks support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the consumer.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• NEMT can be accessed.</li> <li>• Excludes waiting time.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation. .

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR's intranet site.

## Public Transportation Two 130112

**Definition:** Reimbursement for transportation of children related to visitation with parents in which tickets must be purchased for buses, planes, and/or trains. This code may be used for local bus passes or long distance bus trips. Rental Cars tolls if a rental car is used, taxi fares and parking are also included in this service. Those eligible for this service must be documented in the visitation plan completed by the DHHR worker and visitation must be explicitly documented on the DHHR child/family's service plan. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = event Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate reunification or there must be a court order mandating visitation.</li> <li>• Documentation that the foster family of origin is unable to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system have been explored/exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but foster family still does not have a reliable means of transportation.</li> <li>• The foster family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family of origin lacks support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains reunification or there is a court order mandating visitation.</li> </ul>

<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Permanency has been obtained.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes waiting time</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR intranet site.

## Public Transportation Three 130113

**Definition:** Reimbursement for transportation for the purpose of the identified child attending visitation with pre-adoptive parents or adoption related activities explicitly documented on the DHHR's child case plan in which tickets must be purchased for buses, planes, and/or trains. This code may be used for local bus passes or long distance bus trips. Rental Cars, tolls if a rental car is used, taxi fares and parking are also included in this service. This code may also be used if the foster family is transporting the child/youth to activities to promote adoption such as attachment therapy.

The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = event Registration Only
<b>Maximum Total Authorizations Available</b>	As needed
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate adoption.</li> <li>• Documentation in the record that other sources, such as the family support system or public transportation, have been explored/exhausted.</li> <li>• DHHR worker must request this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains adoption.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• May not be used for visits prior to placement in Specialized and Therapeutic Foster Homes.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>



	<ul style="list-style-type: none"> <li>• Excludes waiting time.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR's intranet site.

## Agency Transportation One 130107

**Definition:**

This code may be utilized for providers' mileage encumbered when the following services from the Child Protective Services Foster Care Program Option have been implemented within the child/family's home and the permanency plan is reunification:

- Adult Life Skills
- General Parenting
- Individualized Parenting
- CAPS Family Assessment
- CAPS Case Management
- Supervised Visitation One
- Supervised Visitation Two
- Family Crisis Response
- Intensive Therapeutic Recreation Experience
- Pre Reunification Support
- Homestudy codes
- Transportation Time
- MDT Attendance
- Tutoring

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only

<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent’s inability to access NEMT and the subsequent reason must be in the consumer’s record.</li> <li>• Documentation in the record that other sources, such as the foster family support system, public transportation or non-emergency medical transportation services, have been explored/ exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family continues to explore their social support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the consumer.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child’s case is closed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee-for-service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• NEMT can be accessed.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• For group residential and crisis support providers, the mileage provided in excess of the limit noted in the respective provider agreement is to be reflected through the cost reporting process.</li> </ul>

<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client’s response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR’s treatment plan must be present in the case record.</li> </ul>

- **Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB and APS/CPS screen with no negative findings. See Appendix 1. Transportation Providers must have valid Driver’s licenses from employee’s state of residence and insurance.

## Agency Transportation Two 130108

**Definition:** Reimbursement for transportation related to visitation with the parent when the child is in the car. Those eligible for this service must be documented in the visitation plan completed by the DHHR worker and visitation must be explicitly documented on the DHHR child/family's case plan.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate reunification or that there is a court order mandating visitation</li> <li>• Documentation that the foster family or kinship/relative provider is unable to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation, have been explored/exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but foster family or kinship/relative provider still does not have a reliable means of transportation.</li> <li>• Family of origin lacks support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains reunification or there is a court order mandating visitation.</li> </ul>

<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Permanency has been obtained.</li> <li>• Foster family or kinship/relative provider now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's treatment plan must be present in the case record.</li> </ul>

- **Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB and APS/CPS screen with no negative findings. See Appendix 1. Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Agency Transportation Three 130109

**Definition:** Reimbursement for transportation for the purpose of the identified child attending visitation with pre-adoptive parents or adoption related activities explicitly documented on the DHHR child’s service plan.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler’s destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	As needed
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child is a state ward</li> <li>• Permanency plan must indicate adoption.</li> <li>• DHHR worker must request this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains adoption.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Permanency obtained- ex. adoption or legal guardianship.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes tolls, parking and waiting time.</li> </ul>

	<ul style="list-style-type: none"> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the Referral for Socially Necessary Services must be present in the case record.</li> </ul>

- **Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB and APS/CPS screen with no negative findings. See Appendix 1. Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Intervention Travel Time 130105

### **Definition:**

This code is for reimbursing providers who are traveling to a MDT or to complete a home visit in which a Socially Necessary Service is being provided when the time to reach the home from the providers business **exceeds one hour one way**. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR's child/family's service plan and all other natural supports/options have been explored.

### **Service Codes:**

- Pre-Reunification Support
- Individualized Parenting
- Adult Life Skills
- Family Crisis Response
- Supervised Visitation One
- Supervised Visitation Two
- MDT Attendance
- Homestudy Codes

This service covers actual time traveled using the shortest and/or quickest practical route to the traveler's destination. The billable service begins after the provider leaves their identified place of business and ends when provider reaches the family's home or identified location. If the provider is doing concurrent home visits, the time traveling from one home to the next must exceed one hour one way to be billed. It can't replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties. Maximum of 16 units per day are allowable.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit= 15 min 416 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Provider has been referred one of the designated services</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to be recommended by the MDT</li> <li>• Progress towards goals noted on DHHR family case plan has been documented</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or</b>	<ul style="list-style-type: none"> <li>• No progress has been made</li> <li>• Case is closed</li> <li>• Family refuses in-home services</li> </ul>

<b>transfer)</b>	<ul style="list-style-type: none"> <li>• Goals on the DHHR family case plan have been substantially met</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Excludes tolls and parking</li> <li>• Does not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.</li> <li>• Specialized/Therapeutic foster care agencies can not provide this service.</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB and APS/CPS screen with no negative findings. See Appendix 1. Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Transportation Time 130104

### **Definition:**

This code is for providers whose only service is transporting a DHHR client(s). These providers/transporters are not associated with their own provision of a socially or behavior health medically necessary service. The provider is not engaged in an otherwise billable activity. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR's treatment/safety plan and all other natural supports/options have been explored including DHHR staff and are not available for this event.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination.

### **Activities:**

- Drugs Screens
- Visitations with extenuating circumstances for foster parents
- Not eligible for NEMT

The billable service begins when the provider leaves their identified place of business or home, whichever is shortest and ends when provider returns to this location. Waiting time at the identified destination is included. The maximum number of hours this service may be provided in a 24 hour period is 12 hours or 48 units. Ten hours for when consumers are in the vehicle and up to 12 hours total. If an overnight trip is required, no more than 12 hours or 48 units may be invoiced. When not in the vehicle, the provider must remain at the location with the client.

If Non-Emergency Transport (NEMT) is available, this service may not be used. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	208 units/92 days Unit= 15 minutes Maximum of 48 units within a 24 hour period Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent's inability to access NEMT and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the foster family support system, public</li> </ul>

	<p>transportation or non-emergency medical transportation services, have been explored/exhausted.</p> <ul style="list-style-type: none"> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family continues to explore their social support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the consumer.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls and parking</li> <li>• NEMT is available</li> <li>• Does not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>• For group residential and crisis support providers, the mileage provided in excess of the limit noted in the respective provider agreement is to be reflected through the cost reporting process.</li> <li>• Service cannot be provided by a Specialized/Therapeutic foster care agency to a client that resides in their foster home</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's treatment plan must be present in the case record.</li> </ul>
-----------------------------	---

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB and APS/CPS screen with no negative findings. See Appendix 1. Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Intensive Therapeutic Recreation Experience 130360

**Definition:** Structured games and activities conducted under adult supervision that are either physically or mentally stimulating for the purpose of practicing positive social skills, reinforcing positive risk taking behaviors, and enhancing self-image. These activities should offer the child some tangible social successes and contribute to positive behavior change. The service is comprehensive in nature and designed to meet individualized needs of the consumer. This service assists with the financial cost of short-term overnight or day camps such as Camp Gizmo, asthma camp, and diabetes camp.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days One unit = One dollar 100 units = 92 days
<b>Maximum Total Authorizations Available</b>	Maximum 200 units within a year
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child's lack of access to recreational activities as documented in the case record has a negative effect on the child's functioning.</li> <li>• Child lacks ability to manage free time in positive manner as noted in the case record.</li> <li>• Child's case plan reflects need for service with a formalized structure.</li> <li>• MDT recommends the service.</li> <li>• Individual's needs are directly addressed by the program provided in specific areas of the service plan.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward case plan goals/objectives has been documented, but has not been achieved.</li> <li>• Service continues to be needed to provide support to maintain consumer's progress.</li> <li>• MDT has reviewed and recommends the service continue.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Consumer requests a discharge or the recreation experience ends.</li> <li>• Another service is warranted by a change in the consumer's condition.</li> </ul>

<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Therapeutic Foster Care and Specialized Family Care (Medley Homes supervised by Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment and/or treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> </ul>

	<ul style="list-style-type: none"><li>• Any identified unmet concrete or service needs</li><li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li></ul>
--	---

**Additional Service Criteria:**



## Individual Review 130650

**Definition:** A review done by a qualified clinician who assesses and evaluates a child's needs based on a clinical review of the available records and interviews with the child and agency where the child is placed. The purpose of the review is to review children in out of state placement. The reviewer will specifically evaluate the care being provided to the child, the facility's program in regards to how it provides for the child's needs, the degree to which the family/legal guardian are involved with the child's treatment, and the quality of discharge planning for the child. As part of the review the provider may be called upon to complete the CANS upon a child and/or to evaluate any assessments that have already been completed. The reviewer will also be expected to review section 1 for completeness and complete section 2 of the Out of State Review Tool and forward those sections onto the Regional Clinical Coordinator.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	45 Days Unit= One Event Registration Only
<b>Maximum Total Authorizations Available</b>	<ul style="list-style-type: none"> <li>One authorization per authorization period for residential placement</li> </ul>
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Regional Clinical Coordinator referred child</li> <li>Child has not already been placed</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Child remains in out-of-state placement and continues to progress toward reintegration into home community</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Assessment completed.</li> <li>Child is no longer in need of this service due to returning to state of WV.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>Cannot bill Medicaid concurrently. (Or other Socially Necessary service).</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>Sections 1 and 2 of the Out of State Review Tool (including the CANS and related sub-modules) will be completed and forwarded onto the Regional Clinical Coordinator. Reviewer must complete required information online regarding out of state review.</p>

	<p>The “verification of services” form provided by the Regional Clinical Coordinator (and/or designee), a copy of the invoice submitted for payment and a copy of the completed Section 2 (including the initial CANS and related sub-modules) must be maintained in the case record.</p> <p>The provider will have on file all appropriate credentials.</p>
--	--

- Additional Service Criteria:** At a minimum, the individual reviewer will have the following credentials:
- Master’s level degree in Psychology, Counseling or Social Work **and**
  - Master’s level license in Psychology, Counseling (LPC) or Social Work (LGSW, LCSW or LICSW) **or**
  - Be actively under supervision as defined by the corresponding board to obtain a master’s level license and
  - Be certified to administer the Child and Adolescent Needs and Strengths (CANS)

Provider must be certified in use of CANS.

Provider must complete a training class provided by an approved Regional Clinical Review Team approved trainer sanctioned by the Training Workgroup. The training will include information surrounding HIPAA and other confidentiality issues. The individual reviewer will sign a confidentiality statement that will be kept on file. Documentation of completion of successful training must be kept in individual reviewer’s personnel file. A copy of the training certificate will be sent to the Regional Clinical Coordinators to assist them in assigning cases to be reviewed.

Reviewers must have access to the internet and have the ability to complete their information online.

Provider will have acceptable CIB and APS/CPS screen with no negative findings. See Appendix 1.

## In-State Homestudy 130150

**Definition:** A homestudy is an assessment of an individual who has been identified as a potential foster/adoptive parent for a child who is in the custody of the department. A total assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability.

For Kinship/Relative Homestudies the assessment consists of three units and includes at a minimum:

- Criminal Background Checks
- Child Abuse/Neglect Checks
- Safety of the Home's Environment
- Ability to Provide Protection
- Child's Relationship with potential relative
- Physical Health
- Emotional Stability
- Ability and willingness to support placement goals
- Compliance with car seat safety
- Ability and willingness to participate with MDT, Assessment and Case Planning
- Understanding of and willingness to comply with DHHR's Discipline Policy
- References
- Recommendation

The following areas may also be added or requested at the time of referral to a Kinship/Relative Homestudy as directed by the DHHR worker and consists of four units:

- Personal history
- Education/preparation
- Family income
- Documentation of identity/status
- Employment status
- Support system
- Use of community resources

The DHHR will stipulate the extent of the information required for each Homestudy. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	30-92 days Registration Only

	<p>Maximum of 4 Units = One Regular Study  Maximum of 3 Units= One Relative Study</p>
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a foster/adoptive parent.</li> <li>• Client has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p> <p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the referral for socially necessary services must be present in the case record.</p>

**Additional Service Criteria:**

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 151 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

- Staff providing this service must have a BSW or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and**
- An APS/CPS screen completed with no negative information.
  - Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

### **Contracted Homestudy Guidelines for Partial Payments of a total Homestudy:**

#### 1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 2 Units Activities include:

- ❖ Contact with the family/individual through an interview for the study; and
- ❖ First home safety check; or
- ❖ Contact with references by mail, telephone, or in-person; and
- ❖ Family/individual withdraws application or agency withdraws request for study or the family/individual's study has been denied; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

#### 3 Units Activities include:

- ❖ More than one in-person contact with the family/individual through an interview for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and

- ❖ Contractor provides a partial written home study report; and/or
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

#### 4 Units Activities:

- ❖ All interviews completed with family/individual for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Homestudy report completed and submitted to Homefinding Supervisor (including both approved and denied home studies); and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, if the home was denied.

### **Contracted Kinship/Relative Homestudy Guidelines for Partial Payments**

#### 1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 2 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Some initial background check on family/individual completed; and
- ❖ Home safety checks completed;
- ❖ Assessment completed of the designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 3 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Criminal background check on family/individual completed; and
- ❖ Home safety checks completed; and
- ❖ Assessment completed of all ~~seven~~ designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a complete report to the Homefinding Supervisor.

## Out of State Home Study 130155

**Definition:** A home study is a multi-faceted assessment regarding a prospective family member or individual who desires to be a foster/adoptive parent for a child who is in the custody of the department. This assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Registration Only 4 Units = One study
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a foster/adoptive parent.</li> <li>• Client has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p>

	<ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## MDT Attendance 130455

**Definition:** Re-imbursement for an agency/independent provider participating in the quarterly individual Multi-Disciplinary Team Meeting in person to present written reports of progress, answer questions and assist in establishing the appropriate plan for the identified child and/or family. Provider must be actively working with the client and submitting monthly summaries to the DHHR worker. For Foster Care the child **must be** in WV DHHR custody and/or it is mandated in BCF Policy or WV Statute.

**Eligible for one representative per agency for:**

- ASO Providers actively providing a treatment or safety service
- Mental Health Professionals providing direct treatment (Example: Therapist)

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 days Unit = One Meeting One unit per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The identified parent's child was removed from the home due to an inability to control the youth's behavior.</li> <li>• Youth is in the custody of the DHHR</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Youth remains in the DHHR's custody.</li> <li>• Youth or family is actively receiving services from a provider described as eligible from the above definition.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Reunification has occurred and services were not ordered to continue after reunification</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Residential Placements/Foster Care Agencies already receiving reimbursement for administrative case management through a Provider Agreement with DHHR.</li> <li>• A potential provider(s) considering possible placement of a youth.</li> <li>• No individual fee for service code including Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>

<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A monthly progress summary must be completed and presented to the MDT and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>

**Additional Service Criteria:**

## Pre-Reunification Support 130440

**Definition:** This service is for children who are still placed in foster care settings, but are beginning transitional overnight visits to the home from which they were removed. The purpose is to observe the interactions of the family as they adjust to being re-united in their own home and report to the DHHR worker and/or court regarding the family dynamics and give recommendations regarding the children being reunified. These observations are to be scheduled as well as random as determined by the MDT. The provider must be available to the family if assistance/modeling is needed including Saturday and Sunday. If a crisis arises that would require the possible removal of the child(ren) the DHHR worker must be notified immediately. Behavioral health services, preferably family therapy, should also be arranged for the family to support their adjustment to the re-unification. If possible, the same agency/individual that is providing services to the parents should be used to support the transition.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	92 Days Unit= One hour Maximum of four units per day 104 units
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child remains in the custody of the WV DHHR and in foster care placement</li> <li>• MDT has reviewed the case and determined that reunification is appropriate and eminent.</li> <li>• Service is noted on the DHHR treatment plan</li> <li>• Provider has established a written plan for the implementation of the service and co-ordination of behavioral health services with the Department and the DHHR worker</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Pre-reunification visits were not sustainable</li> <li>• Parental rights terminated</li> <li>• Child(ren) achieve permanent placement through reunification</li> <li>• Case is closed</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management</li> </ul>

	<p>may be billed concurrently while this code is being utilized.</p> <ul style="list-style-type: none"> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the DHHR treatment plan and provider's plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:

- Sociology
- Psychology
- Counseling
- Interpersonal Communication
- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Away From Supervision Support 130600

**Definition:** A Socially Necessary Service provided in conjunction with behavioral health medically necessary services to provide the needed assistance to a youth identified as a chronic runaway in order to stabilize the youth's dangerous running behaviors during residentially based treatment. This service is for one on one staffing of a chronic runner until the behavior is stabilized. The youth must participate/ be included in all regular activities within the program including but not limited to meals, school, therapeutic interventions, recreational activities/outings (inside and outside), spiritual activities such as church and daily housekeeping activities as per the program's regular schedule. A chronic runner is defined as:

- A youth for whom the Department Of Health and Human Services is legally responsible –**and-**
- Has at least two documented elopements of a significant duration occurring within the last 60 days–**and-**
- The elopements pose a very serious risk for the youth and his/her community-**and-**
- Has been documented from structured settings-**and-**
- Elopements have been identified as a coping mechanism for psychological stressors-**and-**
- Runaway behavior has impacted success of previous behavioral health and socially necessary interventions-**and-**
- Is noted to be distrustful, impulsive, angry, lacking in interpersonal communication skills and self-control, oppositional, unconfident, and/or a victim of sexual abuse, physical abuse and/or neglect.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Group Foster Care
<b>Initial Authorization</b>	3 Units/Three (3) Days One Unit= One Day
<b>Maximum Total Authorizations Available</b>	6 - All requests exceeding the total 18 days will be reviewed on a case specific basis
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth must meet the criteria established in the definition of a chronic runner</li> <li>• Youth must be currently placed in group residential foster care placement (Residential Level II or III with an on grounds educational program or Crisis Support/Shelter) that is receiving both payments from the West Virginia Department of Health and Human Resources, Bureau for Medical Services for on-site behavioral health services and the Bureau for Children and Families for board, care and supervision.</li> <li>• Youth must meet criteria for medical necessity for the level of service the placement is offering.</li> </ul>

	<ul style="list-style-type: none"> <li>• An individualized behavior management plan must be created and implemented within 30 days (Therapeutic Behavioral Services-Development and Implementation)</li> <li>• The Away From Supervision Protocols and Planning must be in place</li> <li>• MDT must be notified of service at time of admission</li> <li>• Provider must be pre-approved and credentialed with the Bureau for Children and Families</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Youth continues to meet the definition of a chronic runner</li> <li>• Youth remains placed in group residential foster care placement (Residential Level II or III with an on grounds educational program or Crisis Support/Shelter) that is receiving both payments from the West Virginia Department of Health and Human Resources, Bureau for Medical Services for on-site behavioral health services and the Bureau for Children and Families for board, care and supervision.</li> <li>• Youth must continue to meet criteria for medical necessity for the level of service the placement is offering</li> <li>• The individualized behavior management plan has been fully implemented with review as required (Therapeutic Behavioral Services-Development and Implementation)</li> <li>• MDT must review and continue to approve the service</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Youth no longer meets the definition of a chronic runner</li> <li>• Behavior has stabilized</li> <li>• Youth's running behavior has not stabilized despite extra support</li> <li>• MDT agrees service is no longer needed</li> <li>• Youth no longer meets medical necessity for level of service the placement is offering</li> <li>• Youth has met the goals and objectives of the individualized behavior management plan and has moved to a protocol.</li> </ul>
<b>Service Exclusions</b>	May only be implemented in shelters and level II and III residential
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Service may not be used to monitor for homicidal and/or suicidal behaviors</li> <li>• Service may not be used to replace program's standard away from supervision or AWOL</li> </ul>

	procedures/protocols
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the CPS Family Functioning Assessment, current treatment plan and/or safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> </ul> <p>Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</p>

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor’s degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver’s licenses from employee’s state of residence and insurance.

Residential placements without on ground educational services will be considered on a case-by-case basis





## Lodging Pre-Adoption Visit 130121

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

For transportation use Private Transportation Three under foster care.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care (pre-adoption)
<b>Initial Authorization</b>	92 Days Unit = One night
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate adoption.</li> <li>• Documentation in the record that other sources, such as the family support system or public transportation, have been explored/exhausted.</li> <li>• DHHR worker must request this service.</li> <li>• MDT must recommend this service.</li> <li>• To receive reimbursement, family must be selected by adoption review committee.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains adoption.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are</li> </ul>

	<p>not eligible for this service.</p> <ul style="list-style-type: none"> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one sibling/child is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services.</li> <li>• Copy of receipts.</li> </ul>

## Meals Pre-Adoption Visit 130126

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food.

For transportation use Private Transportation Three under foster care.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Foster Care (pre-adoption)
<b>Initial Authorization</b>	92 Days Unit = One meal
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate adoption.</li> <li>• Documentation in the record that other sources, such as the family support system or public transportation, have been explored/exhausted.</li> <li>• DHHR worker must request this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains adoption.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• A copy of the Referral for Socially Necessary Services.</li><li>• Copy of receipts</li></ul>
----------------------	--

# **Chafee Foster Care Independence Program**

## Chafee Foster Care Independence Program: Transitional Living Placement- Pre-placement Activities 135500

A transitional living placement is a grouping or bundle of services targeted for those youth seventeen or older that are likely to remain in foster care who wish to practice living semi-independently prior to final discharge from the foster care system. Experiential learning opportunities are available for these youth through the transitional living placement option in which foster care youth establish their own household, complete educational goals and/or enter the work force in the community and are supplied with the following support, supervision and services: ongoing social casework; continued life skills instruction; assistance with career planning, employment, and job maintenance; scheduled face-to-face contact between the youth and caseworker in addition to regular phone contact; weekly planned and unannounced home visits; and linkage to medical and behavioral health services. As the tasks and responsibilities are achieved, youth gain more autonomy and require less supervision. The program serves to support the transition and to complement the individual's own efforts to achieve self-sufficiency. Supports are provided to the participants through the following activities: monitoring, adult life skills, crisis response and transportation. The provision of this group of services will be detailed in the youth's Transitional/ Learning Plan and individualized to meet their unique strengths and/or needs. Youth's participation in this service must be voluntary.

Pre-placement activities include assistance in locating housing, furniture and other household items, connecting utilities and developing the youth's budget. Other activities directly related to helping the youth with the move from foster care to the community are also completed within this service. This service begins thirty (30) days before the actual TL placement occurs.

*\*If the youth presents with a need for Targeted Case Management or supportive counseling, refer to service definition in the Medical UM and when youth is ready to continue life skills, you can refer back to this service.*

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Chafee Foster Care Independence Program
<b>Initial Authorization</b>	30 days Unit = one hour 60 units per 30 days
<b>Maximum Total Authorizations Available</b>	Not Applicable

<p><b>Admission Criteria</b></p>	<ul style="list-style-type: none"> <li>• Youth meets eligibility criteria for Chafee Program by being between 17 and 21 with the department making boarding care payments to an approved foster care provider at the time of referral <b>–or–</b> youth is former foster care child who left care after the age of 18.</li> <li>• Youth is demonstrating responsible behavior in present placement (e.g. no acute behavior problems, no recent or current charges for assault or violent behavior, etc.).</li> <li>• Youth is pursuing an educational or vocational goal or has completed an educational and/or vocational program, but continues to need assistance with housing, employment placement and retention of health benefits (under this situation placement is limited to six months).</li> <li>• Youth is capable/willing to learn how to keep a weekly planner to document forty hours of structured and planned activities per week that focus on improving chances of self-sufficiency.</li> <li>• Youth has successfully completed the required Ansell Casey Assessment and accompanying modules necessary for placement or will do so within first thirty days of the placement.</li> <li>• Permanency plan is independence.</li> <li>• Transitional /Learning Plan provides specific objectives to be met and skills to be addressed with the Ansell Casey (based on the Ansell Casey Assessment.)</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Youth has been established within their transitional living placement.</li> <li>• Youth has turned 21 years old.</li> <li>• Another more appropriate service has been identified due to the child’s behavior or lack of ability to reasonably accomplish identified objectives.</li> <li>• Youth exits foster care system.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> <li>• If crisis services are assessing danger to self or others, Medicaid Crisis Intervention should be utilized.</li> <li>• If skill deficits are not age appropriate or the youth previously had the skill, but lost it due to a chronic</li> </ul>



	<p>and persistent mental illness, an assessment to determine if Medicaid Basic Living Skills is appropriate should occur.</p>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the service plan/Transitional Learning Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client receiving the service. Please include if client continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month if client is in DHHR custody and under 18</li> </ul>

**Additional Service Criteria:**

Agency must have a child-placing license

For adult life skills and family crisis response,

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 172 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

- Counseling
- Interpersonal Communication
- Human Services
- Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

For Paraprofessional staff providing Chafee oversight and transportation

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Chafee Foster Care Independence Program: Transitional Living Placement 135501

This is a grouping or bundle of services targeted for those youth seventeen or older that are likely to remain in foster care who wish to practice living semi-independently prior to final discharge from the foster care system. Experiential learning opportunities are available for these youth through the transitional living placement option in which foster care youth establish their own household, complete educational goals and/or enter the work force in the community, and are supplied with the following support, supervision and services: ongoing social casework; continued life skills instruction; assistance with career planning, employment, and job maintenance; scheduled face-to-face contact between the youth and caseworker in addition to regular phone contact; weekly planned and unannounced home visits; and linkage to medical and behavioral health services. As the tasks and responsibilities are achieved, youth gain more autonomy and require less supervision. The program serves to support the transition and to complement the individual's own efforts to achieve self-sufficiency. Supports are provided to the participants through the following activities: monitoring, adult life skills, crisis response and transportation. The provision of this group of services will be detailed in the youth's Transitional /Learning Plan and individualized to meet their unique strengths and/or needs. Youth's participation in this service must be voluntary.

**Chafee Oversight** is the process of observing a youth through scheduled and unannounced face-to-face visits or phone calls to check for progress and adherence to the service plan. Monitoring for a brief time period will be done in the youth's home, educational/vocational setting, or community. The service plan must indicate the explicit purpose as well as dictate the exact behaviors/objectives to be monitored.

**Crisis Response** is a face-to-face or phone intervention in the consumer's environment to assess and/or de-escalate an emergency. This service may target environmental situations that have escalated to the point that safety, permanency and/or well-being of a child or the community may be at risk. This service is available twenty-four hours a day, seven days a week. This service responds to the current crisis, identifies ways to address issues in the future, and is used when the youth is unable to resolve an emergency situation.

**Transportation:** Provision of transportation services for the purpose of attending school or work in rural areas without public transportation. Note: Apartments are to be located so as to provide reasonably convenient access to schools, places of employment, transportation, and other services required by the youth. The client must be present in the vehicle for this service to be provided. Transporting a client is not considered a part of the required monitoring.

**Adult Life Skills:** Direct service in which the child is assisted to enhance home management skills, life skills and social/emotional support networks through hands-

on implementation and role modeling.\* This service continues to enhance the skills needed to meet adult role expectations and carry out activities of daily living acquired through previous foster care placements (residential or family setting). Adult life skills are intended to improve the capacity for solving problems and resolving conflicts. Activities include career planning skills, life skills development, home management (includes budgeting, how to do laundry, etc.), food management, health/wellness, personal appearance/ hygiene, interpersonal skills, legal skills, and community awareness. The youth's areas of skill deficit are identified through the Ansell Casey Assessment. The youth, with assistance, develops a Transitional Learning Plan to improve these skills unless there is documentation that the youth has previously mastered certain areas. Calculation of productivity hours is also to be included. This service is intended to increase self-sufficiency. Note: Budgeting is required at least one time monthly to review financial statements, passbook information, and to prepare and submit youth's subsidy budget to DHHR.

*\*If the youth presents with a need for Targeted Case Management or supportive counseling, refer to service definition in the Medical UM and when youth is ready to continue life skills, you can refer back to this code.*

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Chafee Foster Care Independence Program
<b>Initial Authorization</b>	92 days Unit = one hour 60 units per 92 days
<b>Maximum Total Authorizations Available</b>	Until youth's 21 <sup>st</sup> birthday
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Youth meets eligibility criteria for Chafee Program by being between 17 and 21, and the department is making boarding care payments to an approved foster care provider at the time of referral <b>-or-</b> youth is former foster care child who left care after the age of 18 years.</li> <li>Youth is demonstrating responsible behavior in present placement (e.g. no acute behavior problems, no recent or current charges for assault or violent behavior, etc.).</li> <li>Youth is pursuing an educational or vocational goal or has completed an educational and/or vocational program, but continues to need assistance with housing, employment placement and retention of health benefits (under this situation placement is limited to six months).</li> <li>Youth is capable/willing to learn how to keep a weekly planner to document forty hours of structured and planned activities per week that focus on improving chances of self-sufficiency.</li> </ul>

	<ul style="list-style-type: none"> <li>Youth has successfully completed the required Ansell Casey modules necessary for placement or will do so within the first thirty days of the placement.</li> <li>Permanency plan is for emancipation.</li> <li>Transitional/Learning Plan specifies the objectives to be met, and skills to be addressed with the Ansell Casey modules</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Progress toward the identified goals/objectives on the Transitional/ Learning Plan has been documented, but not reasonably accomplished.</li> <li>MDT has reviewed service plan or if no MDT exists, service was reviewed by DHHR worker and supervisor.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Progress toward the identified goals/objectives on the Transitional/ Learning Plan has been documented and reasonably accomplished <b>–or–</b></li> <li>Youth has turned 21 years old.</li> <li>Another more appropriate service has been identified due to the client’s behavior or lack of ability to reasonably accomplish identified objectives.</li> <li>Youth exits foster care system.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child’s issues precludes provision of services in this level of care.</li> <li>In assessing danger to self or others, Crisis Services should use Medicaid Crisis Intervention.</li> <li>If skills are not age appropriate or the youth previously had the skill, but lost it due to a chronic mental illness, Medicaid Basic Living Skills should be used.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>Code or service name</li> </ul>

	<ul style="list-style-type: none"> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the service plan/Transitional Learning Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client receiving the service. Please include if client continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month if client is under 18 and in DHHR custody</li> </ul>
--	---

**Additional Service Criteria:**

Agency must have a child-placing license

For adult life skills and family crisis response

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.

- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.

For Chafee Oversight and Transportation

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Agency Transportation Chafee 135106

**Definition:** This code may be utilized for providers' mileage encumbered when Child Protective Services Chafee Services have been implemented within the child/youth's home and the permanency plan is Independence and/or emancipation.

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the youth being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services or Youth Services
<b>Program Option</b>	Chafee Foster Care Independence Program
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units
<b>Maximum Total Authorizations Available</b>	Until youth's 21 <sup>st</sup> birthday
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth meets eligibility criteria for Chafee Program by being between 17 and 21 with the department making boarding care payments to an approved foster care provider at the time of referral <b>–or–</b> youth is former foster care child who left care after the age of 18 years.</li> <li>• Youth is pursuing an educational or vocational goal or has completed an educational and/or vocational program, but continues to need assistance with housing, employment placement and retention of health benefits (under this situation placement is limited to six months).</li> </ul>



	<ul style="list-style-type: none"> <li>• Permanency plan is independence.</li> <li>• MDT reviews the service or if no MDT, DHHR worker and supervisor reviewed the service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented, but not reasonably accomplished.</li> <li>• MDT has reviewed service plan or if no MDT, DHHR worker and supervisor reviewed the service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented and reasonably accomplished</li> <li>• Youth has turned 21 years old.</li> <li>• Another more appropriate service has been identified due to the youth's behavior or lack of ability to reasonably accomplish identified objectives.</li> <li>• Youth exits foster care system.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• NEMT is available for Medical Appointments</li> <li>• Public Transportation is accessible for youth</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> </ul> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the DHHR's service plan/Youth Transitional/Learning Plan must be present in the case record.</p>

**Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a valid Driver's license from employee's state of residence, insurance and have an acceptable CIB and no negative findings on APS/CPS screen. See Appendix 1.

# CPS Reunification Services

## Safety Services 140450

**Definition:** A grouping of services for families to assist in assuring safety for children by controlling impending dangers identified during the CPS Family Functioning Assessment. The bundled services must be carefully coordinated with other formal and informal safety services to assure that the impending danger is controlled at the level necessary for the child to remain with their caregivers. The safety bundle includes supervision, parenting assistance, family crisis response, social/emotional support and crisis home management services. The mix of these services and other services provided is based upon the in-home safety plan completed by the DHHR. Eighty percent of the services must occur in the family's home or community. The remaining twenty percent of the activities may be administrative functions/activities that directly relate to the control of the impending dangers. These activities correspond to the services identified in the bundle and target controlling the behavior and conditions that immediately threaten the child. This service must commence within 24 hours of referral and must be available 24 hours a day, seven days a week, and the provider must be available to respond to crisis within the family during business and non-business hours. Community refers to the places that are natural locations the family would be together, not office settings. Provider must have contact with the DHHR caseworker, (telephone, mail or face-to-face) at least once each week to discuss and determine whether identified impending dangers are being controlled by the safety services.

**Supervision:** "Eyes on" oversight of the child or family which provides an active, ongoing assessment of stressors which affect safety and may result in necessary action. The emphasis here is that the provision of supervision will assist in controlling one or more of the identified impending dangers in the CPS Family Functioning Assessment. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency, and wellbeing. The service controls for conditions created by a parent's reaction to stress, parents being inconsistent about caring for children, parents being out of control, parents reacting impulsively and parents having detrimental expectations of children. This service can't be used for spot checks, surprise visits, safety checks or unannounced visits.

**Parenting Assistance:** Direct face-to-face service to assist caregivers in performing basic parental duties or responsibilities which caregiver has been unable or unwilling to perform. Basic parental duties and responsibilities include such activities as feeding, bathing, basic medical care, basic social/emotional attention and supervision. The lack of these basic parenting skills must affect the child's safety. The services must have an immediate effect on controlling the impending dangers identified in the CPS Family Functioning Assessment. The service is different than parenting education in that it is strictly for controlling impending dangers. Only the areas directly relating to safety are to be addressed.

**Family Crisis Response:** Family crisis response is a face-to-face intervention in the consumer's natural environment to assess and de-escalate a family crisis which

affects child safety. The service helps control the impending dangers identified in the CPS Family Functioning Assessment. This service differs from traditional individual or family counseling in that the emphasis is to provide immediate relief and support from the crisis being experienced. A crisis is defined as a situation which involves disorganization and emotional upheaval. This service may target dysfunctional family interactions or environmental situations that have escalated to a point that affects the safety of the child or has resulted in the inability to adequately function and problem solve.

**Social/Emotional Support:** Provision of basic social connections and basic emotional support to caregivers. The lack of support must affect the child’s safety. The service must have an immediate impact on controlling the impending dangers that affect safety. Once formal linkage to community support systems or access to supportive services, such as therapy or counseling, has been established, this service ends.

**Crisis Home Management:** Service to provide assistance with general housekeeping/homemaking tasks caregivers must do in order to provide a safe environment for their child. Examples include meal preparation, grocery shopping, budgeting or cleaning and maintaining a physically safe residence. The emphasis is on controlling impending dangers identified in the CPS Family Functioning Assessment.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 Days Unit = One hour 200 hours (at least 80% direct contact)
<b>Maximum Total Authorizations Available</b>	2 (additional request will go through the review process)
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety has been completed and child has been found to be unsafe and at imminent risk of removal from the home.</li> <li>• Open CPS case.</li> <li>• An in-home safety plan has been developed based on the Impending Dangers identified in the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety.</li> <li>• Referral was received directly from DHHR staff.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Impending Dangers identified by the DHHR worker continue to impact the safety of the</li> </ul>

	<p>child and therefore a safety plan is still necessary.</p> <ul style="list-style-type: none"> <li>• DHHR Worker, family and DHHR Supervisor have reviewed safety plan and agree that child can remain safely in the home with this level of service.</li> <li>• No less restrictive service/intervention is appropriate and available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• DHHR Worker, family and DHHR Supervisor have reviewed safety plan and agree that the child can remain safely in the home without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Service is not able to maintain safety in home environment resulting in removal of the child from the home.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Treatment services may be provided to the family concurrently with Safety Services Bundle if the Protective Capacity Family Assessment and Treatment Plan have been completed and identify those treatment services.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child’s issue(s) precludes provision of services in this level of care.</li> <li>• Service cannot be used solely to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> </ul>

	<ul style="list-style-type: none"> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the Safety Plan and the CPS Family Functioning Assessment/Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

For parenting assistance, social/emotional support, and family crisis response:

- Staff providing this service at a minimum must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families.
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no

- negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

\*\*\*\*If you are an agency with LBHC, child care or child-placing license, staff providing service can have 4 year degree and be supervised, but providers who do not meet this criterion must be licensed.

For supervision, home crisis management and transportation,

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Supervision 140175

**Definition:** “Eyes on” oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out Activities of Daily Living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency and well-being. This service can’t be used for spot checks, surprise visits, safety checks or unannounced visits.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Structure and environmental control are needed to monitor child or parent’s reaction to stress, inconsistent parenting techniques, impulsive reactions or detrimental expectations, and to maintain safety.</li> <li>• Structure and environmental control are needed to ensure safety of a child and the family due to the volatile, aggressive and/or self-harmful behaviors of a child or family member; <b>-or-</b></li> <li>• Previous attempts at appropriate structure and environmental control are documented and have been unsuccessful; <b>-and-</b></li> <li>• CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was previously completed and it was determined the youth could not remain safely in the home, resulting in the child’s removal from the home; <b>-and-</b></li> <li>• Court and/or MDT have reviewed and agreed reunification is now possible.</li> <li>• Supervision is identified on the service plan that has been reviewed by the MDT; <b>-and-</b></li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• The case record indicates the family displayed</li> </ul>



	<p>behaviors, as noted on the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety that indicate a need for supportive services to reunify the family safely.</p> <ul style="list-style-type: none"> <li>• Child has returned to biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the treatment plan has been documented, but not reasonably accomplished.</li> <li>• MDT and/or Court has reviewed service plan and agrees that family placement is still appropriate.</li> <li>• No less restrictive service/intervention is available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented and reasonably accomplished.</li> <li>• MDT and/or court have reviewed treatment plan and agrees that family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth/family's behavior.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If supervision need relates directly to the child's behavior only, Behavior Management Planning and Implementation must have been denied through the Medicaid Option.</li> <li>• This service cannot be implemented during school/day care hours if child is enrolled or if child should be enrolled in school.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Need for the service is not just to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>
<b>Documentation</b>	There must always be a permanent case record

	<p>maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment/ Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment and/or the current treatment or safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor’s degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**

- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Supervised Visitation One 140171

**Definition:** Service in which visitation between family members (parent to child or child to child) is observed to ensure general safety and appropriate interaction is maintained during visitation. Visitation provider either looks in on visits between family members periodically (as determined by DHHR visitation plan) or observes the visit while sitting in the room with the family members. Visitation provider will observe to ensure that no abuse, either physical or emotional, takes place during visitation. Provider will also ensure that parents do not inappropriately try to influence the child to recant prior statement to CPS/police officers. Provider will further ensure that family member visiting with the child continues to interact with the child during visitation instead of stepping outside to smoke or take phone calls, falling asleep or carrying on a conversation with the visitation provider instead of the child. During events such as these, the visitation provider will either re-direct the adult family member or if severe enough, end the visit after consultation with the child's assigned DHHR worker. If the visitation provider needs to contact the DHHR worker, he/she should take precaution to ensure that the visit is covered so that no further inappropriate interaction takes place while the visitation provider is out of the room contacting the DHHR worker. This type of visitation can be done at the family's home, an outdoor recreational setting, or in an office, whichever provides the needed safety of the children and provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Children must have an open CPS case</li> <li>• The goal of visitation must be eventual reunification with parent named in the abuse/neglect petition and/or siblings or maintenance of family ties.</li> <li>• If maintenance of family ties is the goal, then an alternative plan for supervision of the visit involving an informal/unpaid provider must be arranged for as soon as possible.</li> <li>• MDT has reviewed the case and determined that visitation with parents must be supervised due to threat to child's safety</li> <li>• The visitation plan notes that supervision is required.</li> </ul>

	<ul style="list-style-type: none"> <li>The needs list indicates what specific issues are to be monitored/observed during the visitations.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Progress toward goals/objectives has been documented, but not achieved.</li> <li>MDT recommends the service continue.</li> <li>Child's case remains open with no disposition regarding the respondent parent and issues that require supervision continue to be present.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Goals and objectives have been substantially met.</li> <li>Child has been reunified with parent.</li> <li>Parental rights have been terminated or are in the process of termination and no post-termination visitation is indicated.</li> <li>Child's case is closed.</li> <li>Visitation is deemed detrimental to the child's safety and well-being.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>In cases where more than one member of the family is receiving this service, bill under one identified consumer and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment/ Continuing Formal Evaluation of Child Safety and/or the Protective Capacity Family Assessment, DHHR visitation plan, and treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
-----------------------------	--

**Additional Service Criteria:**

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 193 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

## Supervised Visitation Two 140170

**Definition:** Service in which visitation between parent and children is observed to evaluate appropriateness and level of interaction. The observer/assessor will intervene if abuse or inappropriate behavior is occurring. The purpose is to assess and monitor the appropriateness of family interaction and possibility of reunification. The service must be identified on the service plan. Before each visit the provider will complete the following tasks:

- Meet with the child's caseworker to learn the child's needs as identified in the CPS/YS Safety plan and to jointly develop a specified needs list to be met during the initial visits.
  - Actions the provider must take to keep the child safe during visitation will be part of the list (e.g., if parent has a history of fondling child when he/she tickles the child or holds the child on his/her lap, then DHHR worker will tell provider not to allow the parent to tickle the child or have the child sit on the parent's lap). Also, things that the parent should bring to the visit like a well-stocked diaper bag if infant, food if the visit takes place during the child's lunch time or snack time, books or toys the child likes to have present when visiting with the parent will be included on this needs list. The provider will always suggest that the visitation take place in the parent's home and as soon as possible after the child was removed from the home. If the DHHR worker does not agree that the visitation can take place in the parent's home, the provider will document reason why that is not possible. If face-to-face visitation is not possible, the provider should discuss what other types of contact are possible between the parent and child such as letters, text messages, emails, phone calls, etc (none of these can be supervised by the provider). Also, the provider will obtain the DHHR Visitation Plan from the DHHR worker. If the provider is unable to obtain the plan, the provider will write a visitation plan.
- Call the custodial parent to obtain information related to the impact of separation on the child and the child's behaviors in order to refine the list of needs to be met during visits. Provider will discuss any behaviors the child has been exhibiting leading up to the visit. Provider will inquire about what the custodial parent did to prepare the child for the visit each time. This preparation needs to be consistent with the court order, if it is specific.
- Contact parent to confirm the visit time and place, identify any barriers to visits and arrange to meet with the parent one hour before the visit. During this time, the provider will collect any letters or cards, gifts, etc. that the parent has brought for the child to inspect them and check for appropriateness. If any questions, provider will explain to parent that the item or items will be kept by provider until he/she has inspected them with the DHHR worker. If there are items from the last visit that were not approved by the worker, the provider will give them back and instruct the parent that if he/she has any questions why they were not approved, to contact the DHHR worker. Provider and



DHHR worker will meet with parent to explain what is expected of them during the visitation – such as not discussing the court case with the child, not speaking negatively about the custodial parent, showing up on time, calling to cancel well in advance if unable to attend the visit, the need to remain the parent during the visit meaning that the parent is in charge of controlling his/her child during the visit, pacify the child if child becomes upset during the visit, no cell phone usage during the visit, no unapproved visitors, and in general making the most of the visit time. The provider will explain to the parent that the provider will not be interacting with the parent during the visit, only observing, so that the parent does not become upset if the provider does not “visit” with the parent.

- Notify the custodial parent of the planned visit and schedule transportation as needed. Provider will always ask if the custodial parent can transport the child to the visit or at least part of the way to the visit.

By the end of the first month, the provider will have arranged visitations to continue as documented in the Child’s Case Plan by:

- Clarifying what needs must be met during future visits.
- Deciding what special arrangements will be made for visits.
- Identifying the level of support the parent requires during visits and consider who might replace the visitation specialist in the future, such as custodial parent, family member, etc.
- Arranging for transportation as necessary, even in those cases when it is determined that continued supervision of visits is unnecessary.
- Maintaining weekly contact with the DHHR caseworker to update placement information.

The provider will perform the following functions for each visit:

- Meet with the parent before the visit to help the parent anticipate his/her own and the child’s reactions during the visit and to discuss the needs to be met during the visit.
- Assist the parent as necessary during the visit.
- Meet with the parent after the visit to discuss how the parent met the child’s needs and to plan changes in the next visit.
- Help the parent understand the importance of keeping his or her commitment to visit the child.
- Speak with the custodial parent after the visit to discuss any behaviors or for the child reactions the child may display.
- Prepare notes about the parent’s skill in meeting the child’s needs during the visit and continuously refine the needs list.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations</b>	3

<b>Available</b>	
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Abuse/neglect petition has been filed in circuit court naming one respondent parent</li> <li>• Child is placed with one biological parent</li> <li>• MDT has reviewed the case and determined that visitation with parent needs to be supervised due to threats to child's safety–<b>and</b> -</li> <li>• The visitation plan notes that supervision is required – <b>and</b> -</li> <li>• The treatment plan notes that assessment and recommendation regarding reunification are necessary.</li> <li>• The needs list indicates what specific issues are to be monitored/observed during the visitations.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• MDT recommends the service continue.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been substantially met.</li> <li>• Child has been reunified with parent.</li> <li>• Parental rights have been terminated or are in the process of termination.</li> <li>• Child's case is closed.</li> <li>• Visitation is deemed detrimental to the child's safety and well-being.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified consumer and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment/ Continuing Formal Evaluation of Child Safety and/or the Protective Capacity Family Assessment, DHHR visitation plan and treatment plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
----------------------	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Adult Life Skills 140310

**Definition:** Direct service in which the identified parent is assisted to develop basic home management skills and social/emotional support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult Life Skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include housekeeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records and personal care/hygiene. This service is implemented when there is a lack of skill knowledge not due to a mental health condition and implies that there is not a lack of motivation. Provider will work with client on the needs identified on the service plan.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 35 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment/Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment indicates parents' lack of basic life skills to maintain safety, health and well being of children in their care are directly related to the child's involvement with Child Protective Services.</li> <li>• The treatment plan documents the need for the service with specific objectives targeting the identified areas of improvement.</li> <li>• Service recommended by the WVDHHR Worker, family and WVDHHR Supervisor.</li> <li>• Service cannot be met appropriately through other community resources such as adult education classes, personal care or Extension Services.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• WVDHHR Worker, family and WVDHHR Supervisor have reviewed case and determined family/community placement is still appropriate.</li> <li>• Progress toward treatment plan goals/objectives is</li> </ul>

	<p>documented, but has not been achieved.</p> <ul style="list-style-type: none"> <li>• Service cannot be met appropriately through other community resources.</li> <li>• WVDHHR Worker, family and WVDHHR Supervisor have reviewed the treatment plan and recommend the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• The caretaker continues to display behaviors documented on the CPS Family Functioning Assessment/Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment that indicate the need for a safety plan.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ol style="list-style-type: none"> <li>1. Goals and objectives have substantially been met and a safety plan is no longer required.</li> <li>2. Parent requests discharge.</li> <li>3. Another service is warranted by change in the family's condition.</li> <li>4. No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>5. No outlook for improvement with this level of service.</li> <li>6. Service can now be provided through a community resource.</li> <li>7. Family has developed a social support system capable of providing the service to the identified client.</li> </ol>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. These skills should be addressed through the parent's residential habilitation plan.</li> </ul>

<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>• Severity of the parent’s impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health professional should be consulted to evaluate the possibility of short term Day Treatment Services.</li> <li>• Severity of parent’s impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> <li>• Continued stay has been noted for cases in which a parent diagnosed with Borderline Intellectual Functioning or Mild Mental Retardation is not eligible for other service options. One additional authorization may be granted with documentation of the diagnosis.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment/ Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and</p>

	<p>received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and**
- An APS/CPS screen completed with no negative information.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## General Parenting 140305

**Definition:** Direct face-to-face educational services to improve parental performance and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided in an individual or group setting consisting of multiple families and is based on a standard curriculum, which can be individualized to meet the parent's needs. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 15 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Parent must demonstrate two or more of the following:               <ul style="list-style-type: none"> <li>○ Inappropriate expectations of the child/adolescent</li> <li>○ Inability to be empathetically aware of child/adolescent needs</li> <li>○ Difficulty assuming role of parent</li> <li>○ Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision – <b>and</b></li> </ul> </li> <li>• Treatment plan reflects the need for the service with specific objectives and targets for improvement.</li> <li>• Service recommended by the DHHR Worker, family and DHHR Supervisor.</li> <li>• Service cannot be met through other community resources such as the United Way Programs.</li> <li>• Family has explored social support system members to provide this service.</li> <li>• CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was completed and indicated a safety plan was needed to maintain the child in the home.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service should continue and agree that placement in the home is still appropriate.</li> <li>• Family continues to explore social support system members to provide this service.</li> <li>• The caretaker continues to display behaviors documented on the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety that indicated the need for a safety plan.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement within this level of service.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. This skill should be addressed in their residential habilitation plan.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Child's issues are so specific that provision of services at this level of care is inappropriate.</li> <li>• The family can be effectively and safely treated at a lower level of care.</li> <li>• Severity of the parent's impairment due to a mental health condition(s) and/or substance/alcohol abuse precludes provision of service in this level of care.</li> <li>• Severity of parent's impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> <li>• Continued stay has been noted for cases in which a parent diagnosed with Borderline Intellectual Functioning or Mild Mental Retardation is not eligible for other service options. One additional authorization may be granted with documentation of the diagnosis.</li> </ul>

<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
----------------------	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication

- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Individualized Parenting 140300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Discipline
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior of identified child

This service should be used to correct specific deficits in parenting. This service is provided in a one-on-one setting and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Parent must demonstrate one or more of the following:               <ol style="list-style-type: none"> <li>a. Inappropriate expectations of the child/adolescent</li> <li>b. Inability to be empathetically aware of child/adolescent needs</li> <li>c. Difficulty assuming role of parent</li> <li>d. Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision –<b>and</b> –</li> </ol> </li> <li>2. Treatment plan documents a need for the service with specific goals and objectives identifying areas for improvement.</li> <li>3. Service recommended by the DHHR Worker, family and DHHR Supervisor.</li> <li>4. Service cannot be met through other community resources (as in disability-specific support groups such as CHADD for those with ADHD) or family's support system.</li> <li>5. CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was completed and indicated a safety plan was needed to maintain the</li> </ol>

	child in the home.
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward treatment plan goals/objectives is documented, but has not been achieved.</li> <li>• DHHR worker, family and DHHR supervisor recommend the service continue and agree that placement in the home is still appropriate.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• The caretaker continues to display behaviors documented on the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety that indicated the need for a safety plan.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No outlook for improvement within this level of service.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one parent in the same household is involved with this intervention, bill the service through one parent.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. These skills should be addressed in the residential habilitation plan.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Parent's individual mental health impairments and/or substance or alcohol abuse preclude provision of service in this level of care.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> </ul>

	<ul style="list-style-type: none"> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety and/or Protective Capacity Family Assessment, treatment plan and current safety plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.

- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Family Crisis Response 140215

**Definition:** Family crisis response is a face-to-face intervention in the consumer's natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to a point that safety (protection from abuse and/or neglect) of a child or the community may be at risk of imminent danger. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve. This service can only be used in the home where the child resides. Providers of this service are expected to contact the assigned DHHR worker every time they must respond to a call from a family. This contact must take place by the next business day after the provider has responded. This is considered by the DHHR to be a safety service only, meaning that it is not utilized for treatment of any condition.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 72 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was completed and indicated a safety plan was needed to maintain the child in the home.</li> <li>• Parent and/or child are unable to resolve crisis situations and conflicts without risk of abuse and/or neglect.</li> <li>• Safety plan documents the need for the service with specific areas for improvement targeted.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service and agree the plan for the child to remain in their home is appropriate.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Parents/caretakers continue to display behaviors that were documented on the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety that indicated the need for a safety plan.</li> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• DHHR Worker, family and DHHR Supervisor</li> </ul>

	<p>recommend the service continues and agree that placement in the home is still appropriate.</p>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the child's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• When determining if a family member is homicidal or suicidal, a mental health evaluation should be completed.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety, current safety plan and/or treatment plan must be present in the case record.</p>

	<p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with full social work licensure or a related four-year degree with full social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Emergency Respite 140210

**Definition:** Unplanned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of a child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Temporary relief from parenting responsibilities is provided to avoid an abuse, neglect or abandonment situation or a placement disruption.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 30 Units per 92 days Maximum 120 units (5 days) Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was initiated and indicated a safety plan was needed to maintain the child in the home.</li> <li>• DHHR worker, family and DHHR supervisor agree that the children can be maintained safely in the home.</li> <li>• DHHR worker, family and DHHR supervisor recommend this service.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Parents/caretakers continue to display behaviors that were documented on the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety that indicated the need for a safety plan.</li> <li>• DHHR worker, family and DHHR supervisor recommend the service continue.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Treatment plan identifies the current plan is for the</li> </ul>

	child to remain in the identified home.
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the child's condition.</li> <li>• Service is not able to maintain safety in home environment, resulting in a change of placement.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Excludes placement at Emergency Shelters for children not in custody.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the current safety plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

Respite Provider Qualifications:

- Provider must be age eighteen (18) or older.
- Provider must have a high school diploma or GED.
- Provider must have a Criminal Investigation Bureau (CIB) background check meeting WV DHHR policy standards. See Appendix 1.
- An acceptable CIB and clear APS/CPS screen is completed. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, and the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Consumer Rights and Confidentiality Training.
- Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.

**Note:** If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

For agencies, staff must be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families

## Respite 140200

**Definition:** Planned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care-giving and supervision of child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Service may also be utilized if the caretaker has a scheduled inpatient medical procedure.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 32 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Parent(s) are in need of a break from supervision and care-giving responsibilities due to continual stress or planned inpatient medical procedure.</li> <li>• Safety plan documents the need for the service with specific areas targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service.</li> <li>• Family has explored social support system members capable of providing service to the identified client and documentation is present in the record.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the safety plan.</li> <li>• Safety plan identifies the current plan is for the child to remain in the identified placement if possible.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Service can now be provided through the family support system.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case</li> </ul>

	<p>Management may be billed concurrently while this code is being utilized.</p> <ul style="list-style-type: none"> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> <li>•</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client’s response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety and safety plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** Paraprofessional staff with a High School Diploma/GED Certificate and one year’s experience providing direct service to families is the minimum requirement to provide this service. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

**Respite Provider Qualifications:**

- Provider must be age eighteen (18) or older.
- Provider must have a high school diploma or GED.
- Provider must have a Criminal Investigation Bureau (CIB) background check meeting WVDHHR policy standards. See Appendix 1.
- Child Protective Service/Adult Protective Services screen has been completed. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Consumer Rights and Confidentiality Training.
- Recognizing and Reporting Abuse and Neglect Training.
- Documentation Training.

Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.



## Home Maker Services 140325

**Definition:** Service to provide assistance with general housekeeping/homemaking tasks caregivers must do in order to provide a safe environment for their child.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit= One hour 36 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was completed indicating that a parent has not completed general housekeeping/ homemaking responsibilities that are directly detrimental to the safety, health and well being of the children in the home. (Took out all language regarding physical inability as per Toby's concerns)</li> <li>• Failure to perform the housekeeping/homemaking responsibilities is not due to the parent's alcohol/substance abuse problem.</li> <li>• Safety plan reflects the need for the service with specific areas to be targeted for improvement.</li> <li>• Service recommended by the DHHR worker, family and DHHR supervisor.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• Family lacks a social support system capable of providing service to the identified client.</li> <li>• Identified family member must not be eligible for complementary services, such as personal care.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>

<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Family has gained a social support system capable of providing service to the family.</li> <li>• Caregiver's needs can now be met through a community resource.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Adult Life Skills addressing identical areas are authorized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of parent's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety and/or current safety plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

## MDT Attendance 140455

**Definition:** Re-imbursement for an agency/independent provider participating in the quarterly individual Multi-Disciplinary Team Meeting in person to present written reports of progress, answer questions and assist in establishing the appropriate plan for the identified child and/or family. Provider must be actively working with the client and submitting monthly summaries to the DHHR worker. For Reunification service category, there **must be** circuit court involvement with a petition filed and/or it is mandated in BCF Policy or WV Statute.

**Eligible for one representative per agency for:**

- ASO Providers actively providing a treatment or safety service
- Mental Health Professionals providing direct treatment (Example: Therapist)

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One Meeting One unit per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CPS Family Functioning Assessment or Continuing Formal Evaluation of Child Safety was completed and indicated a safety plan was needed to maintain the child in the home.</li> <li>• There is circuit court involvement with an abuse/neglect petition filed</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Child(ren) returned to the home of biological parent(s) with services</li> <li>• Case remains open</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Case is closed</li> <li>• Child(ren) are returned to the custody of the DHHR and are no longer placed with a biological parent.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Provider is not already receiving reimbursement for administrative case management through a Provider Agreement with DHHR.</li> <li>• No individual fee for service code including Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>

<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A monthly progress summary must be completed and presented to the MDT and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month</li> </ul>

**Additional Service Criteria:**

## Lodging 140120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available up to \$70. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	Unit = One night
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must have a case in circuit court where rights of one parent are at issue.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been adopted or reunified with family.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the visitation plan must be present in the case record.</li> <li>• A copy of the receipt and invoice must be present.</li> </ul>
-----------------------------	---

**Additional Service Criteria:**

## Meals 140125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	Unit = One Day Cannot exceed three meals per one day
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must have previously been in the custody of the DHHR and returned to the caretaker from which he/she was removed.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objective has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been removed and placed back into DHHR custody.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li><li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li><li>• A copy of the visitation plan must be present in the case record.</li><li>• A copy of the receipt and invoice must be present.</li></ul>
----------------------	--



## Private Transportation 140100

**Definition:** Reimbursement for the provision of transportation services in a personal vehicle. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR safety plan or treatment plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, visitation, etc.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: non-emergency medical transportation (NEMT) is utilized for medically necessary services. NEMT is accessed through the Office of Family Assistance. NEMT must be used for transportation to and from medical and behavioral health appointments when the person has traditional Medicaid coverage.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit= One mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to pay for transportation (gas money, depreciation of vehicle, etc) and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Safety plan or treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been</li> </ul>

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 228 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

<b>Criteria</b>	<p>noted, but family still does not have a reliable means of transportation.</p> <ul style="list-style-type: none"> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker, family and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• NEMT can be accessed</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip.</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

## Public Transportation 140110

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental cars, tolls if a rental car is used, taxi fares and parking are also included in this service. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR's treatment plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, visitation, etc. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit= Event Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes waiting time</li> <li>• NEMT can be accessed</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR's intranet

## Agency Transportation 140106

### Definition:

This code is utilized for providers' mileage encumbered when the following services from the Child Protective Services Reunification Program Option have been implemented within the child/family's home and are explicitly documented on the child/family's service plan.

- Safety Services
- Supervision
- Adult Life Skills
- General Parenting
- Individualized Parenting
- Family Crisis Response
- Home Maker Services
- Child-Oriented Activity
- Supervised Visitation One
- Supervised Visitation Two
- Transportation Time
- MDT Attendance

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit= 1 mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Safety plan and/or treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR worker and supervisor agree that due to the nature of the complaint, the child can be safely served in the home/community with supportive services.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement within this level of</li> </ul>

	service.
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>• The only services that may be billed concurrently with this service are Transportation Time and Intervention Travel Time.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip, signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's current safety plan and/or treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have no negative findings on their CIB and APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Intervention Travel Time 140105

**Definition:**

This code is for reimbursing providers who are traveling to a home to perform a Socially Necessary Service listed below. The time taken to travel from the providers business **exceeds one hour one way**. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR’s safety plan or treatment plan and all other natural supports/options have been explored.

**Service Codes:**

- Safety Services
- Individualized Parenting
- Adult Life Skills
- Supervision
- Family Crisis Response
- Supervised Visitation One
- Supervised Visitation Two
- MDT Attendance
- Homestudy Codes

This service covers actual time traveled using the shortest and/or quickest practical route to the traveler’s destination. The billable service begins after the provider leaves their identified place of business and ends when provider reaches the family’s home or identified location. If the provider is doing concurrent home visits, the time traveling from one home to the next must exceed one hour one way to be billed. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties. Maximum of 16 units per day are allowable.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit= 15 min 416 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Provider has been referred one of the designated services</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to be provided</li> <li>• Progress towards goals noted on DHHR safety plan and/or treatment plan has been documented</li> <li>• DHHR worker/supervisor agrees to continue service</li> </ul>



<b>Discharge Criteria</b> (Any element may result in discharge or transfer)	<ul style="list-style-type: none"> <li>• No progress has been made</li> <li>• Case is closed</li> <li>• Family refuses in-home services</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Excludes tolls and parking</li> <li>• Does not replace the responsibility of parents, family members or family friends</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's current safety plan and/or treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have no negative findings on their CIB and APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Transportation Time 140104

**Definition:**

This code is for providers whose only service is transporting DHHR client(s). These providers/transporters are not associated with their own provision of a socially or behavior health medically necessary service. The provider is not engaged in an otherwise billable activity. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR child/family’s safety and/or treatment plan and all other natural supports/options have been explored including DHHR staff and are not available for this event.

**Activities:**

- Drugs Screens
- Not eligible for NEMT

The billable service begins when the provider leaves their identified place of business or home, whichever is shortest, and ends when provider returns to this location. Waiting time at the identified destination is included. The maximum number of hours this service may be provided in a 24 hour period is 12 hours or 48 units. Ten hours for when consumers are in the vehicle and up to 12 hours total. If an overnight trip is required, no more than 12 hours or 48 units may be invoiced. When not in the vehicle, the provider must remain at the location with the client.

If Non-Emergency Transport (NEMT) is available, this service may not be used. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.

Specialized/Therapeutic foster care agencies are not eligible to provide this service.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	208 units/92 days Unit= 15 minutes Maximum of 48 units within a 24 hour period Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent’s inability to transport him or herself or the child to a service necessary for safety, permanency or wellbeing for the child and the subsequent reason must be in the consumer’s record.</li> </ul>

	<ul style="list-style-type: none"> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• Safety plan and/or treatment plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR worker and supervisor agree that due to the nature of the complaint, the child can be safely served in the home/community with supportive services.</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• DHHR Worker and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement within this level of service</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls and parking</li> <li>• NEMT is available</li> </ul>

	<ul style="list-style-type: none"> <li>• Does not replace the responsibility of parents, family members or family friends</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>• Service cannot be provided by a Specialized/Therapeutic foster care agency to a client that resides in their foster home</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip, signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's current safety plan and/or treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have no negative findings on their CIB and APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

# **CPS Adoption Preservation Services**

## CAPS Family Assessment 150190

**Definition:** Face-to face interview(s) to evaluate family functioning that was precipitated by a report(s) made to the Department of Health and Human Resources regarding children at risk of adoption disruption. The purpose of the family assessment is to gather information regarding the family dynamics to determine the strengths and needs around the following areas: family, residential, social, educational/vocational, health, mental health, recreational, spiritual, legal and financial. This includes the administration and scoring of instruments that are required by DHHR, but are not medically necessary. The NCFAS (North Carolina Family Assessment Scales) and CANS (Child Assessment of Needs and Strengths) are to be completed under this code. The provider will ultimately make recommendations to the DHHR if the case needs to be referred to either Child Protective Services or Youth services. If the recommendation is that there is not a need at this time to make a referral to CPS or YS, the provider develops a service plan consisting of community resources to meet the family's needs in the areas assessed and/or Socially Necessary Services needed from this program option.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	45 Days Unit= One hour Maximum of eight units Registration Only (CAR and MDT must be completed within 30 days, additional 15 days are to complete recommendations of/for the MDT)
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Families must have post-finalized adopted children - <b>and-</b></li> <li>• The children must have previously been in the custody of the West Virginia Department of Health and Human Resources (the Department or child-placing agency contracted with the Department to provide adoptive homes for foster children) -<b>and-</b></li> <li>• The family indicates the adoption is at risk of disruption due to the negative effect on the family's functioning related to behaviors displayed by the child and reflects the need for the service.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• DHHR has referred the child/family for the service.</li> </ul>

<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Assessment completed.</li> <li>• Child / family are no longer in need of this service.</li> <li>• Case has been opened formally for Child Protective Services or Youth Services.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Cannot bill Medicaid concurrently. (Or other Socially Necessary service).</li> <li>• Children adopted within the state who were not adopted from the custody of the WV DHHR</li> <li>• An adoption that disrupts outside of the state of West Virginia</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the service plan generated by the provider must be present in the case record.</p> <p>A monthly progress summary must be completed, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Name of DHHR staff, date of any new</li> </ul>

	<p>allegations of abuse/neglect (CPS) or behavioral issues (YS) reported within the month</p> <ul style="list-style-type: none"> <li>• Copy of completed assessment must be present in the chart</li> </ul>
--	---

**Additional Service Criteria:** Credentialing criteria must match Medicaid's Rehabilitation requirements for Clinical Evaluation and meet criteria for any other assessment provided. Private psychiatric or psychological practices who are Medicaid providers are also eligible.

**The clinician completing the CAR must be a licensed master level social worker, counselor or psychologist.**

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## CAPS Case Management Services 150410

**Definition:** CAPS Case Management Services are a part of the CAPS process that has been precipitated by a report to the Department of Health and Human Resources regarding children at risk of adoption disruption. The CAPS process culminates in the Comprehensive Assessment Report (CAR), which provides a complete assessment of child and family functioning as well as recommendations for service planning. The CAPS Case Manager will coordinate the services that are necessary to thoroughly evaluate child and family functioning, and will be responsible for gathering the assessment information for the CAR. There are a number of activities that are recognized as components of case management. These components include service planning, linkage/referral, advocacy, family crisis response planning and service plan evaluation.

**Service Planning:** The case manager will assure and facilitate the development of a comprehensive individualized service plan. The service plan records the full range of services, treatment and/or other support needs necessary to meet the recipient's goals.

**Linkage/Referral:** Case managers assure linkage to all internal and external services and supports that have been identified in the recipient's service plan. In this program option referral/linkage may need to be made for genetic counseling/testing.

**Advocacy:** Case management advocacy refers to the actions undertaken on behalf of the recipient in order to ensure continuity of services, system flexibility, integrated services, proper utilization of facilities and resources, and accessibility to services. Case management advocacy includes assuring that the recipient's legal and human rights are protected.

**Family Crisis Response Planning:** The case manager must assure that adequate and appropriate crisis response procedures are available to the recipient and identified in the individual service plan.

**Service Plan Evaluation:** The case manager will continually evaluate the appropriateness of the individual's service plan and make appropriate modifications, establish new linkages or engage in other dispositions as necessary. The case manager will have face-to-face contact with the recipient.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	45 Days Unit = 15 minutes 36 units per 45 days (CAR and MDT must be completed within 30 days, additional 15 days are to complete recommendations of/for the MDT)
<b>Maximum Total Authorizations Available</b>	1

<p><b>Admission Criteria</b></p>	<ul style="list-style-type: none"> <li>• Families must have post-finalized adopted children <b>-and-</b></li> <li>• The children must have previously been in the custody of the West Virginia Department of Health and Human Resources (the Department or child-placing agency contracted with the Department to provide adoptive homes for foster children) <b>-and-</b></li> <li>• The adoption is at risk of disruption due to the negative effect on the family’s functioning related to behaviors displayed by the child and reflects the need for the service.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• DHHR has referred the child/family for the service.</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Assessment completed</li> <li>• Child/family no longer need this service</li> </ul>
<p><b>Service exclusions</b></p>	<ul style="list-style-type: none"> <li>• Medicaid services cannot be billed concurrently with Socially Necessary Services.</li> <li>• Only available with CAPS Family Assessment.</li> <li>• Children adopted within the state who were not adopted from the custody of the WV DHHR</li> <li>• An adoption that disrupts outside of the state of West Virginia</li> <li>•</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Consumer needs do not indicate the need for the service based on the family assessment.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>Copy of completed assessment must be present in the chart A copy of the service plan generated by the provider must be present in the case record.</p>

	<p>A monthly progress summary must be completed, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Name of DHHR staff and date of any new allegations of abuse/neglect (CPS) or behavioral issues (YS) reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

**The clinician completing the CAR must be a licensed master level social worker, counselor or psychologist.**

## Case Management Services 150400

**Definition:** Case Management services are defined as those services that assist families to gain access to needed medical, behavioral health, social, educational and other services. Case Management Services are to be provided at a level of intensity required by the recipient. Services must be provided in settings accessible to the recipient. The individual must be given the option of whether or not to utilize case management services. Within case management there are a number of activities that are recognized as components of case management. These components include service planning, linkage/referral, advocacy, family crisis response planning, and service plan evaluation.

**Service Planning:** The case manager will assure and facilitate the development of a comprehensive individualized service plan. The service plan records the full range of services, treatment and/or other support needs necessary to meet the recipient's goals.

**Linkage/Referral:** Case managers assure linkage to all internal and external services and supports that have been identified in the recipient's service plan.

**Advocacy:** Case management advocacy refers to the actions undertaken on behalf of the recipient in order to ensure continuity of services, system flexibility, integrated services, proper utilization of facilities and resources and accessibility to services. Case management advocacy includes assuring that the recipient's legal and human rights are protected.

**Family Crisis Response Planning:** The case manager must assure that adequate and appropriate crisis response procedures are available to the recipient and identified in the individual service plan.

**Service Plan Evaluation:** The case manager will continually evaluate the appropriateness of the individual's service plan and make appropriate modifications, establish new linkages or engage in other dispositions as necessary. The case manager will have face-to-face contact with the recipient.

**Supervision:** "Eyes on" oversight required to confirm implementation and review progress of service plan.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 Days Units = 15 minutes 72 units per 92 days
<b>Maximum Total Authorizations Available</b>	4

<p><b>Admission Criteria</b></p>	<ul style="list-style-type: none"> <li>• Families must have post-finalized adopted children <b>-and-</b></li> <li>• The children must have previously been in the custody of the West Virginia Department of Health and Human Resources (the Department or child placing agency contracted with the Department to provide adoptive homes for foster children) <b>-and-</b></li> <li>• Consumer/Family has been identified by the WV DHHR BCF as having risk factors that may lead to possible disruption of an adoption.</li> <li>• The CAPS assessment indicates that there are several unmet needs that could be met through department or community services<b>-and-</b></li> <li>• DHHR worker and supervisor agree that due to the nature of the current situation, the child can be safely served in their home/community with supportive services.</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Service cannot be met appropriately through other community resources.</li> <li>• Parents/caretakers or child/youth continue to display the behaviors that were documented in the family assessment that indicated the need for services.</li> <li>• Progress towards the goals and objectives on the CAPS service plan has been noted, but not satisfactorily achieved.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain adoption as identified in the service plan.</li> <li>• Service plan identifies the current plan for the child to remain in the legal custody of the adoptive parent(s).</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a</li> </ul>

	<p>community resource.</p> <ul style="list-style-type: none"> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<b>Service exclusions</b>	<ul style="list-style-type: none"> <li>• Consumers with Waiver or ICF/MR funding should receive this service through a Service Coordination Provider.</li> <li>• Children adopted within the state who were not adopted from the custody of the WV DHHR.</li> <li>• An adoption that disrupts outside of the state of West Virginia.</li> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Consumer needs do not indicate the need for the service based on the family assessment.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A monthly progress summary must be completed, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Name of DHHR staff and date of any new allegations of abuse/neglect (CPS) or behavioral issues (YS) reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 249 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

are:

- Sociology
- Psychology
- Counseling
- Interpersonal Communication
- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

\*Note: Providers are recommended to have or participate in training in the PRIDE curriculum, foster care, RAD and adoption issues.

## Family Crisis Response 150215

**Definition:** Family crisis response is a face-to-face intervention in the family's natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to a point that the adoption is at risk of disruption. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 days Unit= One hour 72 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Families must have post-finalized adopted children –<b>and</b>-</li> <li>• The children must have previously been in the custody of the West Virginia Department of Health and Human Resources (the Department or child-placing agency contracted with the Department to provide adoptive homes for foster children) –<b>and</b>-</li> <li>• The CAPS assessment indicates the adoption is at risk of disruption due to the negative effect on the family's functioning related to behaviors displayed by the child.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• DHHR has referred the child/family for the service</li> <li>• Parent and/or child are unable to resolve crisis situations and conflicts.</li> <li>• The CAPS service plan documents the need for the service with specific areas for improvement targeted.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service cannot be met appropriately through other community resources.</li> <li>• Parents/caretakers or child/youth continue to display the behaviors that were documented in the family assessment that indicated the needed services.</li> <li>• Progress towards the goals and objectives on the CAPS service plan has been noted, but not</li> </ul>



	<p>satisfactorily achieved.</p> <ul style="list-style-type: none"> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain adoption as identified on the service plan.</li> <li>• CAPS service plan identifies the current plan is for the child to remain in the legal custody of the adoptive parent(s).</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the child's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the CAPS service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Case is formally opened as Child Protective Services or Youth Services.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Excludes children who have never been in the custody of the WV DHHR.</li> <li>• Excludes adoptions that disrupt outside the state of WV.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• In determining if a family member is homicidal or suicidal, a mental health evaluation needs to be completed.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> </ul>

	<ul style="list-style-type: none"> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A monthly progress summary must be completed, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Name of DHHR staff and date of any new allegations of abuse/neglect (CPS) or behavioral issues (YS) reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

Note: Providers are recommended to have or participate in training in the PRIDE curriculum, foster care, RAD and adoption issues.

## Crisis Respite 150207

**Definition:** Planned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of child(ren) for a brief period of time. Service may be provided in or out of the natural home on a daily basis. Service may also be utilized if the caretaker has a scheduled inpatient medical procedure.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 days Unit= One day 3 units per 92 days Frequency based on CAPS Assessment Registration Only
<b>Maximum Total Authorizations Available</b>	14 days
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Families must have post-finalized adopted children <b>-and-</b></li> <li>• The children must have previously been in the custody of the West Virginia Department of Health and Human Resources (the Department or child placing agency contracted with the Department to provide adoptive homes for foster children) <b>–and-</b></li> <li>• The CAPS assessment indicates the adoption is at risk of disruption due to the negative effect on the family’s functioning related to behaviors displayed by the child.</li> <li>• CAPS service plan reflects the need for the service.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• DHHR has referred the child/family for the service</li> <li>• Parent(s) are in need of a break from supervision and care-giving responsibilities due to continual stress or planned inpatient medical procedure.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Parents/caretakers or child/youth continue to display the behaviors that were documented in the CAPS Assessment that indicated the needed services.</li> <li>• Progress towards the goals and objectives on the service plan has been noted, but not satisfactorily achieved.</li> <li>• Family continues to explore appropriate social</li> </ul>

	<p>support system members capable of providing service to the identified client.</p> <ul style="list-style-type: none"> <li>• Service continues to be needed to provide support to maintain the adoption as identified on the service plan.</li> <li>• CAPS service plan identifies the current plan as the child is to remain in the custody of the adoptive parents.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the child's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service social necessity may be billed concurrently while this code is being utilized.</li> <li>• Excludes placement at Emergency Shelters for children not in custody.</li> <li>• Excludes children who have never been in the custody of the WV DHHR.</li> <li>• Excludes children/youth receiving Waiver Services.</li> <li>• Excludes those 18 or older</li> <li>• Excludes adoptions that disrupt outside of West Virginia.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or</li> </ul>

	<p>credentials.</p> <ul style="list-style-type: none"> <li>• A copy of the service plan must be present in the case record.</li> </ul>
--	--

**Additional Service Criteria:** Paraprofessional staff with a High School Diploma/GED Certificate and one year's experience providing direct service to families is the minimum requirement to provide this service. Paraprofessional Staff must be under supervision of an individual with a BSW with social work licensure or related four-year degree, a social work license and have two years post college experience providing direct service to families. All providers must have an acceptable CIB and an APS/CPS screen with no negative findings. See Appendix 1.

**Respite Provider Qualifications:**

- Provider must be age eighteen (18) or older.
- Provider must have a high school diploma or GED.
- Must have a Criminal Investigation Bureau (CIB) background check meeting WV DHHR policy standards. See Appendix 1.
- An APS/CPS screen is completed with no negative outcome. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of adoption issues, behavioral health conditions and developmental disabilities.
- Consumer Rights and Confidentiality Training.
- Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.

## Individualized Parenting 150300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided one on one and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Families must have post-finalized adopted children - <b>and-</b></li> <li>• The children have previously been in the custody of the West Virginia Department of Health and Human Resources (the Department or child-placing agency contracted with the Department to provide adoptive homes for foster children) -<b>or-</b></li> <li>• The CAPS family assessment indicates the placement is at risk of disruption due to the negative effect on the family's functioning related to behaviors displayed by the child and reflects the need for the service.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> <li>• CAPS service plan documents a need for the service with specific goals and objective identifying areas for improvement.</li> <li>• Service recommended by the DHHR Worker, family and DHHR Supervisor.</li> <li>• Service cannot be met through other community resources (as in disability-specific support groups such as CHADD for those with ADHD) or family's support system.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward CAPS service plan goals/objectives is documented, but has not been achieved.</li> <li>• DHHR worker, family and DHHR supervisor recommend the service continue and agree that placement in the home is still appropriate.</li> <li>• Service cannot be met appropriately through other community resources.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No outlook for improvement within this level of service.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one parent in the same household is involved with this intervention, bill the service through one parent.</li> <li>•</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Parent's individual mental health impairments preclude provision of service in this level of care.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the service plan generated by the provider must be present in the case record.</p>

	<p>A monthly progress summary must be completed, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	---

**Additional Service Criteria**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

\*Note: Providers are recommended to have or participate in training in the PRIDE curriculum, foster care, RAD and adoption issues.



## Public Transportation- 150110

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental cars and taxi fares are also included in this service. The activity(ies) that the child/youth and/or family needs transportation for must be explicitly documented on the child/family's service plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 days Unit= Event
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• CAPS assessment must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> </ul>

	<ul style="list-style-type: none"> <li>• CAPS provider and Supervisor agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services.</li> <li>• Copy of receipts</li> </ul>

Additional Service Criteria:

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on their intranet site.

## Private Transportation- 150100

**Definition:** Reimbursement for the provision of transportation services. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented in the child/family's service plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current DHHR reimbursement rate

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 days Unit= One mile 1000 miles total
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored and exhausted.</li> <li>• CAPS Assessment must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• DHHR must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• Provider, family and DHHR Adoption Preservation Contact recommend the service continue.</li> <li>• Service cannot be appropriately provided through a</li> </ul>

	<p>community resource.</p> <ul style="list-style-type: none"> <li>• Provider, family and DHHR Adoption Preservation Contact agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's adoption preservation case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services.</li> <li>• Log of trips with miles traveled</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and the minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and no history of legal offenses that may endanger those being transported.

## Lodging 150120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 Days Unit = One night
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• CAPS Assessment must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• Provider, family and DHHR Adoption Preservation Contact must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward lodging has been noted, but family still does not have the financial means to provide.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• Provider, family and DHHR Adoption Preservation Contact recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• Provider, family and DHHR Adoption Preservation Contact agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's adoption preservation case is closed.</li> <li>• Family now has support system in place to</li> </ul>

	<p>provide the service.</p> <ul style="list-style-type: none"> <li>• Service can now be met appropriately through a community resource.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services.</li> <li>• Copy of receipts</li> </ul>

## Meals 150125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 Days Unit = One day of meals
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• CAPS Assessment must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• Provider, family and DHHR Adoption Preservation Contact must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward obtaining meals has been noted, but family still does not have the financial means to provide.</li> <li>• Family continues to explore social support system members to provide the service.</li> <li>• Provider, family and DHHR Adoption Preservation Contact recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• Provider, family and DHHR Adoption Preservation Contact agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's adoption preservation case is closed.</li> <li>• Family now has support system in place to</li> </ul>

	<p>provide the service.</p> <ul style="list-style-type: none"> <li>• Service can now be met appropriately through a community resource.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services.</li> <li>• Copy of receipts</li> </ul>



## Agency Transportation 150106

**Definition:** Reimbursement for the provision of transportation services. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented in the child/family's service plan generated by the CAPS Provider. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc.

This code may also be utilized for providers' mileage encumbered when the following services from the Adoption Preservation Program Option have been implemented within the child/family's home:

- Individualized Parenting
- Family Crisis Response
- CAPS Family Assessment
- CAPS Case Management
- Case Management

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Adoption Preservation
<b>Initial Authorization</b>	92 days

	Unit= One mile 1000 miles
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CAPS assessment and/or service plan must document the need for one of the specified services</li> <li>• Provider, family and DHHR Adoption Preservation Contact recommend the service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Family continues to explore social support system members to provide the service.</li> <li>• Provider, family and DHHR Adoption Preservation Contact recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• Provider, family and DHHR Adoption Preservation Contact agree that the child is appropriate to remain in his/her home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's adoption preservation case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Case is formally opened with Child Protective Services or Youth Services.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> </ul>

	<ul style="list-style-type: none"> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A monthly progress summary must be completed, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

Paraprofessional staff with a High School Diploma/GED Certificate and one year's experience providing direct service to families is the minimum requirement to provide this service. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families. All providers must have an acceptable CIB and an APS/CPS screen completed with no negative findings. See Appendix 1. Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

# **YS Family Preservation Services**

## CAPS Family Assessment 220190 and CAPS Case Management 220410

**Definition:** A comprehensive assessment of needs and strengths for individual children/youth and their families through face to face interview(s) designed to guide service planning and decision making with the primary objective of permanency, safety and improved quality of life, identify service gaps and promote resource development.

The Child and Adolescent Strengths and Needs WV Manual, i.e., WV CANS, is the primary assessment tool and is to be completed under this code.

The WV CANS focuses on the following areas:

- Trauma experiences
- Traumatic stress experiences
- Child strengths
- Life Domain Functioning
- Acculturation
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Development
- Life Skills
- Caregiver Needs and Strengths

### **WV CAPS Providers Criteria:**

- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory staff with Masters in Human Services field with applicable licensure to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Has proven experience working with children/youth at risk
- Agrees to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS
- Provider will accept only CAPS referrals that they have the ability to initiate within 72 hours of authorization

## Program Components:

---

**Referral:** DHHR will phone a CAPS referral to the provider and include (by mail or fax), when available, the information necessary to initiate the CAPS process. The CAPS provider will decide as to the appropriateness and ability to initiate a CAPS assessment and communicate this to the referring DHHR worker and family (if accepted) within 24 hours via phone or fax notification. Referral will not be considered active until all authorizations, consents and necessary information is received.

**Family Joining:** An orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members prior to beginning the interviews. A DHHR worker will partner with the WV CAPS provider to schedule the Family Joining meeting. Provider will notify the referring DHHR worker within 5 day(s) of authorization if unable to contact the family and/or if family is uncooperative.

**Information Review:** CAPS provider reviews the case record, interviews the child/youth and family, talks with collateral contacts and gathers service involvement and/or history. The DHHR worker will provide the CAPS provider with the following information if available:

- Youth Behavior Evaluation (YS)
- Family Functioning Assessment (CPS)
- Protective Capacities Family Assessment and Family Case Plan (CPS)
- Family Case Plan Evaluation (CPS)
- Continuing Safety Plan Evaluation (CPS)
- Copy of current Court Order
- Visitation Plan
- Birth Certificate, School Records (IEP or 504 as applicable)
- Social Security number
- Immunization Records and Medical Information
- Authorizations, SS-FC-40, SS-FC-40A
- Consent or access to review all pertinent past and present records

**Information Integration:** CAPS provider utilizes all available information to score the Child and Adolescent of Needs and Strengths (WV CANS).

**Family Conference:** CAPS provider communicates the initial CAPS findings with recommendations and indicates what additional assessments are needed in a written 14 Day report to the DHHR worker and family.

**Initial 14 Day Report:** CAPS provider communicates the CAPS findings, recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. if requested.

**Comprehensive Assessment Report (CAR):** The final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. as requested. The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Tier I 14 Days Unit= 1 hour 7 units CAPS Family Assessment 8 units CAPS Case Management Tier II Medicaid H0031 and 96101 1 unit of CAPS Family Assessment 28 units of CAPS Case Management
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Youth adjudicated as delinquent and referred to DHHR where court is considering placing youth in DHHR custody or out-of-home care at DHHR expense</li> <li>Any youth in an open YS or CPS case for whom a comprehensive assessment is needed and/or there is a risk of placement disruption/removal from home</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Final 14 day or 30 day Comprehensive Assessment Report(s) are completed</li> <li>CAPS provider communicates final CAPS findings in written report to DHHR for distribution to appropriate parties and is available to present results at the MDT</li> <li>MDT/case plan development (DHHR worker, family, and appropriate parties) has reviewed the CAR and uses the CAPS recommendations to guide decision making</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>Cannot bill Medicaid or other Socially Necessary</li> </ul>

	<p>service concurrently.</p> <ul style="list-style-type: none"> <li>• Other Socially Necessary Services and Medically Necessary Services may be authorized in conjunction with CAPS excluding what is in the CAPS bundled rate</li> <li>• CAPS cannot be authorized when child is in DJS custody</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations, HIPAA and agency record-keeping policies.</p> <p>The case record must contain documentation of the referral, Family Joining meeting, Family Conference meeting(s), collateral contacts including DHHR and the courts, MDT meeting(s) and all contacts with the youth/children, family and/or guardians.</p> <p>An Initial (14 Day) Comprehensive Assessment Report must be completed for each CAPS Report includes:</p> <ul style="list-style-type: none"> <li>• Youth and Caregiver information</li> <li>• Agency and Assessor information</li> <li>• Referral Source information</li> <li>• Court Information</li> <li>• Summary of Significant Findings</li> <li>• Referral information</li> <li>• Summary of Service Interventions</li> <li>• Identified Safety Issues</li> <li>• CANS Domain Summary of Findings, Needs &amp; Strengths Support</li> <li>• Recommendations for further Assessment(s), Treatment and/or Support</li> <li>• Sub-modules, WV Older Youth Checklist (youth over 16)</li> <li>• Signature of the provider and his/her title and/or credentials</li> </ul> <p>A copy of the FACTS referral sheet, service plan and/or safety plan for CPS or YBE for YS, all collateral information collected throughout the review process and the Comprehensive WV CANS must be present in the case record.</p> <p>The Comprehensive Assessment Report (CAR) accompanies the Initial 14 day CAPS report if:</p> <ul style="list-style-type: none"> <li>• Further clinical assessment(s) indicated by the CANS are required</li> <li>• Includes a summarization and integration of the</li> </ul>



	<p>assessments, the 14 day report and additional information obtained from clinical observations and interviews</p> <ul style="list-style-type: none"> <li>• Provides recommendations to assist the DHHR and the MDT in determining the appropriate service(s) and level of care for the youth and family</li> </ul>
--	--

Additional service criteria:

- Credentialing criteria must match Medicaid's Rehabilitation requirements for Clinical Evaluation and meet criteria for any other assessment provided
- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory Staff with Masters in Human Services field with applicable license to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Have proven experience working with children/youth at risk
- Agree to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS

The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

## Safety Services 220450

**Definition:** A grouping of services for families to provide safety to children and communities, while reducing and/or eliminating conditions/behaviors leading to out-of-home placement of children or families who are at imminent risk of out-of-home care due to Youth Services (including juvenile court) involvement. This grouping includes supervision, individualized parenting, and family crisis response. The mix of these services provided is based upon the in-home behavioral control plan completed by the Department. These services cannot be met appropriately through other community resources, such as adult education classes, personal care or Extension Services. Eighty percent of the services must occur in the family's home or community. The remaining twenty percent of the activities may be administrative functions/activities that directly relate to the control of the risk Factors. These activities correspond to the services identified in the bundle and target controlling the behavior and conditions that immediately threaten the children/family/community. This service must commence within 24 hours of referral. Community refers to the places that are natural locations the family would be together, not office settings.

**Supervision:** "Eyes on" oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out activities of daily living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately, if needed, to ensure safety, permanency and well-being. Structure and environmental control are needed to ensure safety of family and community from the impulsive, delinquent or criminal behavior of the identified client or to ensure safety of a child and the family due to the volatile, aggressive and/or self-harmful behaviors of a child or family member. In some cases, previous attempts at appropriate structure and environmental control are documented and have been unsuccessful. This service cannot be implemented during school hours.

**Individualized Parenting:** Direct face-to-face services to improve parental competence and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided individual setting and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition.

**Family Crisis Response:** A face-to-face intervention in the consumer’s natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to a point that safety (protection from abuse and/or neglect) of a child or the community may be at risk of imminent danger. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Registration Required Unit = one hour 200 direct contact hours per 92 days
<b>Maximum Total Authorizations Available</b>	2 (After two authorizations, must go to review committee)
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• A Youth Behavior Evaluation has been completed and child has been found to be at imminent risk of out-of-home placement.</li> <li>• Open Youth Services case.</li> <li>• The individualized Youth Service Plan contains a behavioral control component containing strategies designed to address risk Factors determined in the Youth Behavioral Evaluation.</li> <li>• Referral was received directly from Department staff.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• MDT must be involved for those youth who have been adjudicated.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress towards the identified goals/objectives on the service plan has been documented, but not reasonably accomplished.</li> <li>• MDT (DHHR worker, family and DHHR supervisor, if youth is non-adjudicated) has reviewed the service plan and agrees that family placement is still appropriate.</li> <li>• No less restrictive service/intervention is appropriate and available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• Youth/Family continues to display risk behaviors documented on the Youth Behavior Evaluation</li> </ul>

	that indicated the need for a Behavioral Control Plan.
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress towards the identified goals/objectives on the service plan has been documented and reasonably accomplished.</li> <li>• MDT (DHHR worker, family and DHHR supervisor, if youth is non-adjudicated) has reviewed service plan and agrees that the family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by readiness for positive change in the youth/family's behavior.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Emergency Respite, Transportation, and Child-Oriented Activity are the only services that may be provided outside of the safety service bundle for the first 30 days until MDT meets.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Supervision cannot be implemented during school or daycare hours.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Need for the service is not just to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> </ul>

	<ul style="list-style-type: none"> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE/Behavior Control plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect or behavioral issues were reported within the month</li> </ul> <p>A written exit summary.</p>
--	--

**Additional Service Criteria:** For individualized parenting service and family crisis response

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If you are an agency with LBHC, child care or child-placing license, you can have 4 year degree and be supervised, but private providers must be licensed.

For supervision and transportation

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Supervision 220175

**Definition:** “Eyes on” oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out activities of daily living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency and well-being.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = one hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Structure and environmental control is needed to ensure safety of family and community from the impulsive, delinquent or criminal behavior of the identified client, <b>-or-</b></li> <li>• Structure and environmental control is needed to ensure safety of a child and their family due to the volatile, aggressive and/or self-harmful behaviors of a child or family member, <b>-or-</b></li> <li>• Previous attempts at appropriate structure and environmental control are documented and have been unsuccessful, <b>-and-</b></li> <li>• Youth Behavior Evaluation was completed and it was determined a behavioral control plan was needed, <b>-and-</b></li> <li>• Supervision is identified on the Service Plan that has been reviewed by the MDT, <b>or</b> DHHR Worker, family and DHHR Supervisor <b>-and-</b></li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented but not reasonably accomplished.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor has reviewed service plan and agrees that family placement is still appropriate.</li> <li>• No less restrictive service/intervention is available.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• Youth continues to display behaviors documented on the Youth Behavior Evaluation that indicated the need for a behavioral control plan.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented and reasonably accomplished.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor has reviewed service plan and agrees that family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth's/family's behavior.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If child is eligible for Medicaid, Behavior Management Services must be denied.</li> <li>• This service cannot be implemented during school or daycare hours.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Need for the service is not solely to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> </ul>

	<ul style="list-style-type: none"> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE and/or Behavioral Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect or behavioral issues were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have a CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Individualized Parenting 220300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided one on one and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition. Providers must use established curriculum or applicable parts of established curriculum. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = one hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	3

<p><b>Admission Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Parent must demonstrate one or more of the following: <ol style="list-style-type: none"> <li>a. Inappropriate expectations of the child/adolescent</li> <li>b. Inability to be empathetically aware of child/adolescent needs</li> <li>c. Difficulty assuming role of parent</li> <li>d. Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision</li> </ol> </li> <li>2. Service plan documents a need for the service with specific goals and objectives identifying areas for improvement.</li> <li>3. The MDT <b>or</b> DHHR Worker, family and DHHR Supervisor recommends the service.</li> <li>4. Service cannot be met through other community resources (as in disability specific support groups such as CHADD for those with ADHD) or family's support system.</li> <li>5. Youth Behavior Evaluation was completed and it was determined a behavioral control plan with service provided to the parent was needed to maintain the child in the home.</li> </ol>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward service plan goals/objectives is documented but has not been achieved.</li> <li>• MDT recommends the service continue.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor agrees that placement in the home is still appropriate.</li> <li>• Service cannot be met appropriately through other community resources.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No outlook for improvement within this level of service.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Youth 18 or older are not eligible.</li> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one parent in the same household is involved with this intervention, bill the service through one parent.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>

<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE and/or Behavioral Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect or behavioral issues were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.

- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Adult Life Skills 220310

**Definition:** Direct service in which the identified parent is assisted to develop basic home management skills and social/emotional support networks through hands on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult Life Skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include housekeeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records and personal care/hygiene. This service is implemented when there is a lack of skill knowledge not due to a mental health condition and implies that there is not a lack of motivation. Provider will work with client on the needs identified on the service plan.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One hour 35 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation was completed and it was determined that a behavioral control plan with service provided to the parent was needed to maintain the child in the home.</li> <li>• The plan documents the need for the service with specific objectives targeting of the identified areas of improvement.</li> <li>• Service recommended by the WVDHHR Worker, family and WVDHHR Supervisor.</li> <li>• Service cannot be met appropriately through other community resources such as adult education classes, personal care or Extension Services.</li> <li>• Family has explored appropriate social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• WVDHHR Worker, family and WVDHHR Supervisor have reviewed case and determined family/ community placement is still appropriate.</li> <li>• Progress toward service plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• WVDHHR Worker, family and WVDHHR Supervisor</li> </ul>

	<p>have reviewed the service plan and recommend the service continue.</p> <ul style="list-style-type: none"> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ol style="list-style-type: none"> <li>1. Goals and objectives have substantially been met.</li> <li>2. Parent requests discharge.</li> <li>3. Another service is warranted by change in the family's condition.</li> <li>4. No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>5. No outlook for improvement with this level of service.</li> <li>6. Service can now be provided through a community resource.</li> <li>7. Family has developed a social support system capable of providing the service to the identified client.</li> <li>8. Youth was placed in DJS custody for detention/incarceration</li> </ol>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service. These skills should be addressed through the parent's residential habilitation plan.</li> <li>• This service cannot be provided to the primary client in a YS case and under the age of 18. It is expected that the Ancel Casey assessment will be completed on all children 14 and older that are clients in open YS cases.</li> </ul>

<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>• Severity of the parent’s impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health professional should be consulted to evaluate the possibility of short term Day Treatment Services.</li> <li>• Severity of parent’s impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> <li>• Continued stay has been noted for cases in which a parent diagnosed with Borderline Intellectual Functioning or Mild Mental Retardation is not eligible for other service options. One additional authorization may be granted with documentation of the diagnosis.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the Youth Behavioral Evaluation and/or the Behavioral Control plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> </ul>

	<ul style="list-style-type: none"> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect or behavioral issues were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Family Crisis Response 220215

**Definition:** Family crisis response is a face-to-face intervention in the consumer's natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to the point that safety (protection from abuse and/or neglect) of a child or the community may be at risk of imminent danger. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve. Providers of this service are expected to contact the assigned DHHR worker every time they must respond to a call from a family. This contact must take place by the next business day of the provider has responded. This is considered by the DHHR to be a safety service only, meaning that it is not utilized for treatment of any condition.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = one hour 72 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation was completed and it was determined a behavioral control plan with service provided to the whole family unit was needed to maintain the child in the home.</li> <li>• Parent and/or child are unable to resolve crisis situations and conflicts without abuse and/or neglect or community danger.</li> <li>• MDT or DHHR Worker, family and DHHR Supervisor recommends the service, and the plan for the child to remain in the home is appropriate.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward service plan goals/objectives is documented but has not been achieved.</li> <li>• MDT recommends the service continue.</li> <li>• MDT or DHHR Worker, family and DHHR Supervisor agrees that placement in the home is still appropriate.</li> <li>• Service cannot be met appropriately through other community resources.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the youth's condition.</li> </ul>

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 292 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

	<ul style="list-style-type: none"> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Youth was placed in DJS' custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If multiple children/youth are involved in the resolution of a crisis situation related to the same issue, request authorization under one child/youth's case. Documentation of the episode must identify all the individuals involved in the incident.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• When determining if a family member is homicidal or suicidal, a mental health evaluation should be completed.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE and/or Behavioral Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services</li> </ul>

	<p>rendered and/or attempts</p> <ul style="list-style-type: none"> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect or behavioral issues were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Emergency Respite 220210

**Definition:** Unplanned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Temporary relief from parenting responsibilities is provided to avoid an abuse, neglect or abandonment situation or a placement disruption.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 Days Unit = One Hour 30 Units per 92 days Maximum 120 units Registration Only
<b>Maximum Total Authorizations Available</b>	4 or 120 units
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child's YBE and/or Behavioral Control Plan reflect the need for the service.</li> <li>• MDT (DHHR worker, family and DHHR supervisor if youth is non-adjudicated) recommends this service.</li> <li>• Family has explored their social support system capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT (DHHR worker, family and DHHR supervisor if youth is non-adjudicated) recommends the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan and the current plan is for the child to remain in the identified home.</li> </ul>
<b>Discharge Criteria</b> (Any element may result in discharge or transfer)	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee-for-service Social Necessity code may be billed concurrently while this code is being utilized.</li> <li>• Excludes placement at Emergency Shelters for</li> </ul>

	<p>children not in custody.</p> <ul style="list-style-type: none"> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note must include a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the YBE and/or Behavioral Control Plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

Paraprofessional staff with a High School Diploma/GED Certificate and one year's experience providing direct service to families is the minimum requirement to provide this service. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license, and have two years post college experience providing direct service to families.

**Respite Provider Qualifications:**

- Provider must be age eighteen (18) or older
- Provider must have a high school diploma or GED
- Must have a Criminal Investigation Bureau (CIB) background check meeting WV DHHR policy standards. See Appendix 1.
- Child Protective Service/Adult Protective Services screen must be completed with no negative findings. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid - documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities
- Consumer Rights and Confidentiality Training
- Recognition and Reporting Abuse and Neglect Training
- Documentation Training

Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

## Individual Review 220650

**Definition:** A review done by a qualified clinician who assesses and evaluates a child’s needs based on a clinical review of the available records and interviews with the child. The purpose of the review is to evaluate a child at risk to be placed in an out-of-state placement. The reviewer will specifically evaluate the care currently being provided to the child in state and in-state programs that may meet the child’s needs. As part of the review the provider may be called upon to complete CANS upon a child and/or to evaluate any assessments that have already been completed. The reviewer will also be expected to review section 1 for completeness and complete section 2 of the Out of State Review Tool and forward those sections onto the Regional Clinical Coordinator.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	45 Days Unit= One Event Registration Only
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Regional Clinical Coordinator referred child</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Child continues to be at risk of being placed out of state.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Assessment completed.</li> <li>Child is no longer at risk of being placed out of state.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>Cannot bill Medicaid concurrently. (Or other Socially Necessary service).</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>Sections 1 and 2 of the Out of State Review Tool (including the CANS and related sub-modules) will be completed and forwarded onto the Regional Clinical Coordinator. Reviewer must complete required information online regarding out of state review.</p> <p>The “verification of services” form provided by the Regional</p>

	<p>Clinical Coordinator (and/or designee), a copy of the invoice submitted for payment and a copy of the completed Section 2 (including the initial CANS and related sub-modules) must be maintained in the case record.</p> <p>The provider will have on file all appropriate credentials.</p>
--	---

**Additional Service Criteria:**

Provider shall have a Masters degree with applicable licensure in counseling, social work, or psychology.

Provider must be certified in use of CANS.

Provider must complete a training class provided by an approved Regional Clinical Review Team approved trainer sanctioned by the Training Workgroup. The training will include information surrounding HIPAA and other confidentiality issues. The individual reviewer will sign a confidentiality statement that will be kept on file. Documentation of completion of successful training must be kept in individual reviewer's personnel file. A copy of the training certificate will be sent to the Regional Clinical Coordinators to assist them in assigning cases to be reviewed.

Reviewers must have access to the internet and have the ability to complete their information online.

Provider must have an acceptable CIB and CPS/APS check with no negative findings. See Appendix 1.

## In-State Homestudy 130150

**Definition:** A homestudy is an assessment of an individual who has been identified as a potential foster/adoptive parent for a child who is in the custody of the department. A total assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability.

For Kinship/Relative Homestudies the assessment consists of three units and includes at a minimum:

- Criminal Background Checks
- Child Abuse/Neglect Checks
- Safety of the Home's Environment
- Ability to Provide Protection
- Child's Relationship with potential relative
- Physical Health
- Emotional Stability
- Ability and willingness to support placement goals
- Compliance with car seat safety
- Ability and willingness to participate with MDT, Assessment and Case Planning
- Understanding of and willingness to comply with DHHR's Discipline Policy
- References
- Recommendation

The following areas may also be added or requested at the time of referral to a Kinship/Relative Homestudy as directed by the DHHR worker and consists of four units:

- Personal history
- Education/preparation
- Family income
- Documentation of identity/status
- Employment status
- Support system
- Use of community resources

The DHHR will stipulate the extent of the information required for each Homestudy. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	30-92 days Registration Only Maximum of 4 Units = One Regular Study

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.



	Maximum of 3 Units= One Relative Study
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a foster/adoptive parent.</li> <li>• Client has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p> <p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the referral for socially necessary services must be present in the case record.</p>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree with social work

licensure. Related degrees are:

- Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
  - Experience providing direct service to families
  - All providers must have an acceptable CIB **and**
  - An APS/CPS screen completed with no negative information.
    - Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

### **Contracted Homestudy Guidelines for Partial Payments of a total Homestudy:**

1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

2 Units Activities include:

- ❖ Contact with the family/individual through an interview for the study; and
- ❖ First home safety check; or
- ❖ Contact with references by mail, telephone, or in-person; and
- ❖ Family/individual withdraws application or agency withdraws request for study or the family/individual's study has been denied; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

3 Units Activities include:

- ❖ More than one in-person contact with the family/individual through an interview for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor provides a partial written home study report; and/or

- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

#### 4 Units Activities:

- ❖ All interviews completed with family/individual for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Homestudy report completed and submitted to Homefinding Supervisor (including both approved and denied home studies); and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, if the home was denied.

### **Contracted Kinship/Relative Homestudy Guidelines for Partial Payments**

#### 1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 2 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Some initial background check on family/individual completed; and
- ❖ Home safety checks completed;
- ❖ Assessment completed of the designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 3 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Criminal background check on family/individual completed; and
- ❖ Home safety checks completed; and
- ❖ Assessment completed of all ~~seven~~ designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a complete report to the Homefinding Supervisor.

## Out of State Home Study 220155

**Definition:** A home study is a multi-faceted assessment regarding a prospective family member or individual who desires to be a foster/adoptive parent for a child who is in the custody of the department. This assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days – Registration Only Unit = One study
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Court requests a home study for possible relative placement.</li> <li>• Relative has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p> <p style="text-align: center;">There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p style="text-align: center;">A case note must be completed for each service</p>

	<p>event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## MDT Attendance 220455

**Definition:** Re-imbursement for an agency/independent provider participating in the quarterly individual Multi-Disciplinary Team Meeting in person to present written reports of progress, answer questions and assist in establishing the appropriate plan for the identified child and/or family. Provider must be actively working with the client and submitting monthly summaries to the DHHR worker. For Family Preservation there **must be** court involvement with a petition filed and/or it is mandated in BCF Policy or WV Statute.

**Eligible for one representative per agency for:**

- ASO Providers actively providing a treatment or safety service
- Mental Health Professionals providing direct treatment (Example: Therapist)

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One Meeting One unit per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth remains in their home placement while receiving services</li> <li>• Youth is at risk of removal from the home due to an inability to control the youth's behavior.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Youth remains in the community</li> <li>• Youth or family is actively receiving safety or treatment services from a provider that is not receiving administrative case management through their provider agreement with DHHR</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Case is closed</li> <li>• Youth is placed in custody of the DHHR or DJS</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Provider is not already receiving reimbursement for administrative case management through a Provider Agreement with DHHR or is legally mandated to attend.</li> <li>• No individual fee for service code including Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	There must always be a permanent case record maintained in a

	<p>manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and presented to the MDT and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

## Supervised Visitation One 220171

**Definition:** Service in which visitation between family members (parent to child or child to child) is observed to ensure general safety and appropriate interaction is maintained during visitation. Visitation provider either looks in on visits between family members periodically (as determined by DHHR visitation plan) or observes the visit while sitting in the room with the family members. Visitation provider will observe to ensure that no abuse, either physical or emotional, takes place during visitation. Provider will also ensure that parents do not inappropriately try to influence the child to recant prior statement to CPS/police officers. Provider will further ensure that family member visiting with the child continues to interact with the child during visitation instead of stepping outside to smoke or take phone calls, falling asleep or carrying on a conversation with the visitation provider instead of the child. During events such as these, the visitation provider will either re-direct the adult family member or if severe enough, end the visit after consultation with the child's assigned DHHR worker. If the visitation provider needs to contact the DHHR worker, he/she should take precaution to ensure that the visit is covered so that no further inappropriate interaction takes place while the visitation provider is out of the room contacting the DHHR worker. This type of visitation can be done at the family's home, an outdoor recreational setting, or in an office, whichever provides the needed safety of the children and provider.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation was completed and it was determined a behavioral control plan with service provided to the whole family unit was needed to maintain the child in the home.</li> <li>• Youth is unable to visit a parent of relative without adult supervision due to negative family dynamics placing the youth at risk.</li> <li>• Parent and/or child are unable to resolve crisis situations and conflicts without abuse and/or neglect or community danger.</li> <li>• MDT or DHHR Worker, family and DHHR Supervisor recommends the service, and the plan for the child to remain in the home is appropriate.</li> </ul>



<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward service plan goals/objectives has been documented, but goals/objectives have not been achieved.</li> <li>• Service continues to be needed to maintain consumer's placement in the community.</li> <li>• MDT or DHHR Worker, family and DHHR Supervisor recommends the service continue.</li> <li>• Service cannot be provided through community resources or family support system.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Consumer requests a discharge.</li> <li>• Another service is warranted by a change in the consumer's condition.</li> <li>• Service can now be met through a community resource or family support system.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE/Behavior Control Plan and DHHR Visitation Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
-----------------------------	---

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

## Private Transportation 220100

**Definition:** Reimbursement for the provision of transportation services in a personal vehicle. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR child/family's service plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: non-emergency medical transportation (NEMT) is utilized for medically necessary services. NEMT is accessed through the Office of Family Assistance

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored/exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT or DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore support system members to provide the service.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor agrees that the youth is appropriate to remain in the home setting.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes parking, tolls and waiting time</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• NEMT can be accessed</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

## Public Transportation 220110

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental Cars tolls if a rental car is used, taxi fares and parking are also included in this service. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR child/family's service plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = event Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to afford this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources such as the family support system, public transportation or non-emergency medical transportation services, have been explored and/or exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service and have specific areas (or appointment types) that are targeted for improvement.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore support system members to provide the service.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor recommends the service continue.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor agrees that the youth is appropriate to remain in their home setting.</li> </ul>
<b>Discharge Criteria</b> (Any element may result in discharge or transfer)	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes waiting time.</li> <li>• NEMT can be accessed</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR's intranet site.

## Agency Transportation 220106

**Definition:**

This code may be utilized for providers' mileage encumbered when the following services from the Youth Services Family Preservation Program Option have been implemented within the child/families home:

- Safety Services (Includes entire group of services)
- Supervision
- Individualized Parenting
- Family Crisis Response
- CAPS Case Management
- CAPS Family Assessment
- Child-oriented activity
- Supervised Visitation One
- Adult Life Skills
- Transportation Time
- MDT Attendance

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units

	Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent’s inability to provide this service and the subsequent reason must be in the consumer’s record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored/exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore support system members to provide the service.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor agrees that the youth is appropriate to remain in the home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family’s case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not</li> </ul>



	<p>eligible for this service.</p> <ul style="list-style-type: none"> <li>• Excludes parking, tolls and waiting time</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client’s response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR service plan and/or Behavioral Control Plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (See Appendix 1). Transportation Providers must have valid Driver’s licenses from employee’s state of residence and insurance.

## Intervention Travel Time 220105

**Definition:**

This code is for reimbursing providers who are traveling to a MDT or to complete a home visit in which a Socially Necessary Service is being provided when the time to reach the home from the providers business **exceeds one hour one way**. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR’s child/family’s service plan and all other natural supports/options have been explored.

**Service Codes:**

- Safety Services
- Individualized Parenting
- Supervision
- Family Crisis Response
- Supervised Visitation One
- MDT Attendance
- Homestudy Codes

This service covers actual time traveled using the shortest and/or quickest practical route to the traveler’s destination. The billable service begins after the provider leaves their identified place of business and ends when provider reaches the family’s home or identified location. If the provider is doing concurrent home visits, the time traveling from one home to the next must exceed one hour one way to be billed. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties. Maximum of 16 units per day are allowable.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	92 days Unit= 15 min 416 units per 92 days
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Provider has been referred one of the designated services</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to be provided</li> <li>• Progress towards goals noted on DHHR service plan has been documented</li> <li>• DHHR worker/supervisor agrees to continue service</li> </ul>
<b>Discharge Criteria (Any element may</b>	<ul style="list-style-type: none"> <li>• No progress has been made</li> <li>• Case is closed</li> </ul>

<b>result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Family refuses in home services</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Excludes tolls and parking</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's service plan/Behavioral Control Plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Transportation Time 220104

### Definition:

This code is for providers whose only service is transporting a DHHR client(s). These providers/transports are not associated with their own provision of a socially or behavior health medically necessary service. The provider is not engaged in an otherwise billable activity. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR's child/family's service plan and all other natural supports/options have been explored including DHHR staff and are not available for this event.

The least costly means available must be utilized. This service covers actual time traveled using the shortest practical route to the traveler's destination.

### Activities:

- Drugs Screens
- Visitations with extenuating circumstances for foster parents
- Not eligible for NEMT

The billable service begins when the provider leaves their identified place of business point and ends when provider returns to this location. Waiting time at the identified destination is included. The maximum number of hours this service may be provided in a 24 hour period is 12 hours or 48 units. Ten hours for when consumers are in the vehicle and up to 12 hours total. If an overnight trip is required, no more than 12 hours or 48 units may be invoiced. When not in the vehicle, the provider must remain at the location with the client.

If Non-Emergency Transport (NEMT) is available, this service may not be used. It can not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	208 units/92 days Unit= 15 minutes Maximum of 48 units within a 24 hour period Registration Only
<b>Maximum Total Authorizations Available</b>	3
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources,</li> </ul>

	<p>such as the family support system, public transportation or non-emergency medical transportation services, have been explored/exhausted.</p> <ul style="list-style-type: none"> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family continues to explore support system members to provide the service.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT <b>or</b> DHHR Worker, family and DHHR Supervisor agrees that the youth is appropriate to remain in the home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls and parking</li> <li>• NEMT is available</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>

<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's service plan/Behavioral Control Plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.
- If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between

## Lodging 220120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available up to \$70. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Unit = One night
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must be placed with a biological parent with a permanency plan.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child's has been adopted or reunified with family.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li><li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li><li>• A copy of the visitation plan must be present in the case record.</li><li>• A copy of the receipt and invoice must be present.</li></ul>
----------------------	--



## Meals 220125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Preservation
<b>Initial Authorization</b>	Unit = One Day Cannot exceed three meals per one day
<b>Maximum Total Authorizations Available</b>	As required
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must be with a biological parent with a permanency plan.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objective has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been adopted or reunified with family.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li><li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li><li>• A copy of the visitation plan must be present in the case record.</li><li>• A copy of the receipt and invoice must be present.</li></ul>
----------------------	--

# YS Foster Care Services

## CAPS Family Assessment 230190 and CAPS Case Management 230410

**Definition:** A comprehensive assessment of needs and strengths for individual children/youth and their families through face to face interview(s) designed to guide service planning and decision making with the primary objective of permanency, safety and improved quality of life, identify service gaps and promote resource development.

The Child and Adolescent Strengths and Needs WV Manual, i.e., WV CANS, is the primary assessment tool and is to be completed under this code.

The WV CANS focuses on the following areas:

- Trauma experiences
- Traumatic stress experiences
- Child strengths
- Life Domain Functioning
- Acculturation
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Development
- Life Skills
- Caregiver Needs and Strengths

### **WV CAPS Providers Criteria:**

- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory staff with Masters in Human Services field with applicable licensure to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Has proven experience working with children/youth at risk
- Agrees to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS
- Provider will accept only CAPS referrals that they have the ability to initiate within 72 hours of authorization

## **Program Components:**

**Referral:** DHHR will phone a CAPS referral to the provider and include (by mail or fax), when available, the information necessary to initiate the CAPS process. The CAPS provider will decide as to the appropriateness and ability to initiate a CAPS assessment and communicate this to the referring DHHR worker and family (if accepted) within 24 hours via phone or fax notification. Referral will not be considered active until all authorizations, consents and necessary information is received.

**Family Joining:** An orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members prior to beginning the interviews. A DHHR worker will partner with the WV CAPS provider to schedule the Family Joining meeting. Provider will notify the referring DHHR worker within 5 day(s) of authorization if unable to contact the family and/or if family is uncooperative.

**Information Review:** CAPS provider reviews the case record, interviews the child/youth and family, talks with collateral contacts and gathers service involvement and/or history. The DHHR worker will provide the CAPS provider with the following information if available:

- Youth Behavior Evaluation (YS)
- Family Functioning Assessment (CPS)
- Protective Capacities Family Assessment and Family Case Plan (CPS)
- Family Case Plan Evaluation (CPS)
- Continuing Safety Plan Evaluation (CPS)
- Copy of current Court Order
- Visitation Plan
- Birth Certificate, School Records (IEP or 504 as applicable)
- Social Security number
- Immunization Records and Medical Information
- Authorizations, SS-FC-40, SS-FC-40A
- Consent or access to review all pertinent past and present records

**Information Integration:** CAPS provider utilizes all available information to score the Child and Adolescent of Needs and Strengths (WV CANS).

**Family Conference:** CAPS provider communicates the initial CAPS findings with recommendations and indicates what additional assessments are needed in a written 14 Day report to the DHHR worker and family.

**Initial 14 Day Report:** CAPS provider communicates the CAPS findings, recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. if requested.

**Comprehensive Assessment Report (CAR):** The final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. as requested. The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	Tier I 14 Days Unit= 1 hour 7 units CAPS Family Assessment 8 units CAPS Case Management Tier II Medicaid H0031 and 96101 1 unit of CAPS Family Assessment 28 units of CAPS Case Management
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Admission to emergency shelter placement without an identified discharge plan to a specific placement</li> <li>• Change of custody from parent/guardian to BCF</li> <li>• Youth adjudicated as delinquent and referred to DHHR where court is considering placing youth in DHHR custody or out-of-home care at DHHR expense</li> <li>• Disrupted placements in Youth Services (YS) and/or Child Protective Services (CPS)</li> <li>• Any youth in an open YS or CPS case for whom a comprehensive assessment is needed and/or there is a risk of placement disruption</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Final 14 day or 30 day Comprehensive Assessment Report(s) are completed</li> <li>• CAPS provider communicates final CAPS findings in written report to DHHR for distribution to appropriate parties and is available to present results at the MDT</li> <li>• MDT/case plan development (DHHR worker, family,</li> </ul>

	and appropriate parties) has reviewed the CAR and uses the CAPS recommendations to guide decision making
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Cannot bill Medicaid or other Socially Necessary service concurrently.</li> <li>• Other Socially Necessary Services and Medically Necessary Services may be authorized in conjunction with CAPS excluding what is in the CAPS bundled rate</li> <li>• CAPS cannot be authorized when child is in DJS custody</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations, HIPAA and agency record-keeping policies.</p> <p>The case record must contain documentation of the referral, Family Joining meeting, Family Conference meeting(s), collateral contacts including DHHR and the courts, MDT meeting(s) and all contacts with the youth/children, family and/or guardians.</p> <p>An Initial (14 Day) Comprehensive Assessment Report must be completed for each CAPS Report includes:</p> <ul style="list-style-type: none"> <li>• Youth and Caregiver information</li> <li>• Agency and Assessor information</li> <li>• Referral Source information</li> <li>• Court Information</li> <li>• Summary of Significant Findings</li> <li>• Referral information</li> <li>• Summary of Service Interventions</li> <li>• Identified Safety Issues</li> <li>• CANS Domain Summary of Findings, Needs &amp; Strengths Support</li> <li>• Recommendations for further Assessment(s), Treatment and/or Support</li> <li>• Sub-modules, WV Older Youth Checklist (youth over 16)</li> <li>• Signature of the provider and his/her title and/or credentials</li> </ul> <p>A copy of the FACTS referral sheet, service plan and/or safety plan for CPS or YBE for YS, all collateral information collected throughout the review process and the Comprehensive WV CANS must be present in the case record.</p>

	<p>The Comprehensive Assessment Report (CAR) accompanies the Initial 14 day CAPS report if:</p> <ul style="list-style-type: none"> <li>• Further clinical assessment(s) indicated by the CANS are required</li> <li>• Includes a summarization and integration of the assessments, the 14 day report and additional information obtained from clinical observations and interviews</li> <li>• Provides recommendations to assist the DHHR and the MDT in determining the appropriate service(s) and level of care for the youth and family</li> </ul>
--	---

Additional service criteria:

- Credentialing criteria must match Medicaid's Rehabilitation requirements for Clinical Evaluation and meet criteria for any other assessment provided
- Providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider **and**
- Agree to provide all of the Medically Necessary Services triggered by the initial 14 day assessment **and**
- Have staff trained and certified in CAPS and Child and Adolescent Needs and Strengths (WV CANS)
- Have supervisory Staff with Masters in Human Services field with applicable license to supervise the Bachelors level staff and sign the Initial Comprehensive Assessment 14 day report and the Comprehensive Assessment Report (CAR) 30 day **and**
- Have staff with a Bachelor's in Human Services field with a minimum of one year experience working with children/youth who participates in documented supervision by Masters level staff **and**
- Have proven experience working with children/youth at risk
- Agree to obtain formal written contracts with community partners responsible for completing additional triggered clinical pathway assessments/tools, assures delivery of a comprehensive assessment(s) in a timely manner, maintains all case documentation and is certified in CAPS/CANS

The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR.



## Adult Life Skills 230310

**Definition:** Direct service in which the identified parent, as part of the reunification plan, is assisted to improve basic life skills and to develop social/emotional support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult life skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include house-keeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records, and personal care/hygiene. This service is implemented when there is a lack of skill knowledge not due to a mental health condition and implies that there is not a lack of motivation. This service is for the primary caregiver identified in the reunification plan and targets the family members of the expected discharge placement. Provider will work with client on identified areas of difficulty.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one hour 35 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• CAPS Family assessment and/or the DHHR service plan indicates parents' lack of basic life skills to maintain safety, health and well being of children in their care are directly related to the child's involvement with Youth Services.</li> <li>• The identified parent's child was removed from the home due to an inability to control the youth's behavior.</li> <li>• The plan is for family reunification.</li> <li>• Service plan documents the need for the service with specific objectives targeting the identified areas of improvement.</li> <li>• Service recommended by the MDT.</li> <li>• Service cannot be met appropriately through other community resources, such as adult education classes, personal care or Extension Services.</li> <li>• Family has explored social support system members capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT reviews case and determines reunification is</li> </ul>

	<p>still appropriate.</p> <ul style="list-style-type: none"> <li>• Progress toward service plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• MDT has reviewed the service plan and recommends the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• The caretakers continue to lack skills required to ensure safety, permanency and well being of the children removed from their care as initially documented in the case record or family assessment.</li> <li>• Caretaker has demonstrated acceptance of the changes that are necessary.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Reunification is no longer an appropriate option for the family.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Youth must be under 18 for identified parent to receive this service.</li> <li>• This service cannot be provided to the primary client in a YS case and under the age of 18. It is expected that the Ancel Casey assessment will</li> </ul>

	<p>be completed on all children 14 and older that are clients in open YS cases.</p>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/ substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>• Severity of the parent’s impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health professional should be consulted to evaluate the possibility of short term Day Treatment Services.</li> <li>• Severity of parent’s impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	--

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.

## Individualized Parenting 230300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care, age-appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided one on one and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition. This service is for the primary caregiver identified in the reunification plan. Providers must use established curriculum or applicable parts of established curriculum. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = 1 hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Case record, Youth Behavioral Evaluation and/or the CAPS Family Assessment indicating the parents' lack of basic parenting skills to maintain safety, health and well being of the child(ren) in their care, are directly related to the child(ren)'s placement into family foster care with Youth Services.</li> <li>• The plan for the family is reunification.</li> <li>• Parent must demonstrate one or more of the following:             <ul style="list-style-type: none"> <li>○ Inappropriate expectations of the child/adolescent.</li> <li>○ Inability to be empathetically aware of child/adolescent needs.</li> <li>○ Difficulty assuming role of parent.</li> <li>○ Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Service plan documents a need for the service with specific goals and objectives identifying areas for improvement.</li> <li>• Service recommended by the MDT.</li> <li>• Service cannot be met through other community resources (as in disability-specific support groups such as CHADD for those with ADHD) or family's support system.</li> <li>• Youth must be under 18 for identified parent to receive this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT reviews case and determines reunification is still appropriate.</li> <li>• Progress toward service plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• MDT has reviewed the service plan and recommends the service continue.</li> <li>• Family continues to lack a social support system capable of providing service to the identified client.</li> <li>• The caretaker continues to lack skills required to ensure safety, permanency and well being of the children removed from their care as initially displayed in the CAPS Family Assessment or case record.</li> <li>• The caretaker has demonstrated the acceptance that change is needed.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Reunification is no longer an appropriate option for the family.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not</li> </ul>

	<p>eligible for this service.</p> <ul style="list-style-type: none"> <li>Youth must be under 18 for identified parent to receive this service.</li> <li>If more than one parent in the same household is involved with this intervention, bill the service through one parent.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/ substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>Severity of the parent’s impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health professional should be consulted to evaluate the possibility of short-term Day Treatment Services.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>Code or service name</li> <li>Summary of the intervention</li> <li>Client’s response to the intervention</li> <li>Relation to the service plan</li> <li>Location where service occurred</li> <li>Duration</li> <li>Start/stop time</li> <li>Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>A list of dates of service and the specific services rendered and/or attempts</li> <li>Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>Plan for further interventions</li> <li>Any identified unmet concrete or service needs</li> <li>Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.



## Family Crisis Response 230215

**Definition:** Family crisis response is a face-to-face intervention in the consumer's foster home to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to a point where placement is at risk of disruption. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve. This service can only be provided in the home where the child resides. Providers of this service are expected to contact the assigned DHHR worker every time they must respond to a call from a family. This contact must take place by the next business day of the provider has responded. This is considered by the DHHR to be a safety service only, meaning that it is not utilized for treatment of any condition.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	92 days Unit = one hour 72 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The foster family placement is at risk of disruption due to severe behavioral issues documented in the case record that are detrimentally affecting the foster family's functioning.</li> <li>• Foster Parent and/or child are unable to resolve crisis situations and conflicts.</li> <li>• MDT recommends the service and agrees the plan for the child to remain in the foster family home is appropriate. (If the MDT has not convened, a WV DHHR Supervisor can approve this service).</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Placement continues to be at risk of disruption due to severe behavioral issues documented in the case record that are detrimentally interfering with the foster family's functioning.</li> <li>• DHHR's service plan documents the need for the service with specific areas for improvement targeted.</li> <li>• Progress towards the identified goals/objectives on the DHHR's service plan has been documented, but not reasonably accomplished.</li> <li>• MDT has reviewed service plan and agrees that foster family placement is still appropriate.</li> <li>• No less restrictive service/intervention is available.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service cannot be provided through a community resource or the foster family's support system.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress towards the identified goals/objectives on the service plan has been documented and reasonably accomplished.</li> <li>• MDT has reviewed the service plan and agrees that foster family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth/family's behavior.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Therapeutic Foster Care and Specialized Family Care Medley Homes (Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If multiple children/youth are involved in the resolution of a crisis situation related to the same issue, request authorization under one child/youth's client ID. Documentation of the episode must identify all the individuals involved in the incident.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• In determining if a family member is homicidal or suicidal, a mental health evaluation should be completed.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p>

	<p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	---

Additional Service Criteria:

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

Specialized Family Care Homes (Medley) through WVU CED are eligible for this service.

## Situational or Behavioral Respite 230210

**Definition:** Unplanned or planned break for primary caretakers who are in challenging situations in which a trained provider assumes care giving and supervision of child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Temporary relief from parenting responsibilities is provided to avoid a placement disruption.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = One hour 30 units per 92 days Maximum of 120 Units (5 days) Registration Only
<b>Maximum Total Authorizations Available</b>	As Necessary
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The foster family placement is at risk of disruption due to severe behavioral issues documented in the case record that are detrimentally affecting the foster family's functioning.</li> <li>• MDT agrees that the child(ren) can be maintained safely in the foster family home. If the MDT has not convened, a WV DHHR Supervisor may approve this service.</li> <li>• DHHR's service plan reflects the need for the service.</li> <li>• Family has explored social support systems whose members are capable of providing service to the identified client.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Placement continues to be at risk of disruption due to severe behavioral issues documented in the case record, that are detrimentally interfering with the foster family's functioning.</li> <li>• MDT had determined the placement is viable.</li> <li>• Service continues to be needed to provide support to maintain child's placement as identified on the service plan.</li> <li>• Service plan identifies the current plan is for the child to remain in the foster family home.</li> </ul>
<b>Discharge Criteria (Any element may</b>	<ul style="list-style-type: none"> <li>• Foster parent requests child's removal.</li> <li>• Disruptive behavior is no longer present.</li> </ul>

<b>result in discharge or transfer)</b>	
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No other socially necessary services may be billed concurrently while the child remains in emergency respite.</li> <li>• Therapeutic Foster Care and Specialized Family Care (Medley Homes supervised by Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the CPS Family Functioning Assessment and the current treatment plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** Medley Homes through WVU CED are eligible for this service if child does not have Waiver.

A respite provider must meet the following safety requirements to become certified to provide substitute care for a foster/adoptive family:

- Provider must be age eighteen (18) or older
- Medical Care/First Aid;
- Discipline/Supervision;
- Car Safety;
- Food/Nutrition;
- Bathrooms/Bedrooms;
- Home Safety;
- Health Status;
- Capacity;
- \*High School Diploma or GED,
- \*CPR Certification (current),
- \*Training in: Overview of Behavioral Health Conditions & Developmental Disabilities, Consumer Rights & Confidentiality, Recognition & Reporting Abuse and Neglect, and Documentation.
- An acceptable CIB and a CPS/APS screen with no negative findings. See Appendix 1.

**NOTE:** If the prospective respite provider is an existing foster/adoptive provider, a relative or non-custodial friend of the family, these \* items are not required for credentialing.

The respite provider must meet the following family assessment criteria to become certified:

1. A home assessment to determine the suitability of the family's home, resources, and capacity, by the Regional Homefinder;
2. At least one interview with the prospective applicants in their home, by the Regional Homefinder;
3. Reference checks of at least three (3) individuals, not more than one (1) of which may be a relative, and one (1) of which must be interviewed in person, by the Regional Homefinder;
4. Criminal records and CPS/APS checks to assure that the individual does not have a criminal or abusive background. See Appendix 1. These will be obtained by the Regional Homefinder for respite providers identified by foster/adoptive families, kinship/relative families, and home finding staff. All other respite providers must obtain their own criminal background checks and request a CPS/APS background check through the DHHR.

\*This type of respite does not exhaust the 14 days of respite allowed per foster parent per foster child per year.

## Daily Respite 230205

**Definition:** Planned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care-giving and supervision of a child(ren) for a brief period of time. Service may be provided in or out of the natural home on a daily basis. Service may also be utilized if the caretaker has a scheduled inpatient medical procedure.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one day 3 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	14 units per year per foster care provider per child
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Foster parent(s) are in need of a break from supervision and care giving responsibilities.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>Service plan identifies the current plan is for the child to remain in the identified foster home placement if possible.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Child's case is closed.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service code may be billed concurrently while this code is being utilized.</li> <li>Therapeutic Foster Care and Specialized Family Care Medley Homes (Specialized Foster Care Agencies) are not eligible for this service.</li> <li>Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child's issues precludes provision of services in this level of care.</li> <li>The child can effectively and safely be treated at a lower level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client’s response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan must be present in the case record.</li> </ul>
----------------------	--

**Additional Service Criteria:** Specialized Family Care Homes (Medley) through WVU CED are eligible for this service if child does not have Waiver.

A respite provider must meet the following safety requirements to become certified to provide substitute care for a foster/adoptive family:

- Provider must be age eighteen (18) or older
- Medical Care/First Aid;
- Discipline/Supervision;
- Car Safety;
- Food/Nutrition;
- Bathrooms/Bedrooms;
- Home Safety;
- Health Status;
- Capacity;
- \*High School Diploma or GED,
- \*CPR Certification (current),
- \*Training in: Overview of Behavioral Health Conditions & Developmental Disabilities, Consumer Rights & Confidentiality, Recognition & Reporting Abuse and Neglect, and Documentation.
- An acceptable CIB with CPS/APS check with no negative findings. See appendix 1.

\*NOTE: If the prospective respite provider is an existing foster/adoptive provider, a relative or non-custodial friend of the family, these items are not required for credentialing.

The respite provider must meet the following family assessment criteria to become certified:

1. A home assessment to determine the suitability of the family’s home, resources, and capacity, by the Regional Homefinder;
2. At least one interview with the prospective applicants in their home, by the Regional Homefinder;
3. Reference checks of at least three (3) individuals, not more than one (1) of which may be a relative, and one (1) of which must be interviewed in person, by the Regional Homefinder;
4. Criminal records and child/adult protective services checks to assure that the individual does not have a criminal or abusive background. See Appendix 1. These will be obtained by the Regional Homefinder for respite providers identified by foster/adoptive families, kinship/relative families, and Homefinding staff. All other respite providers must obtain their own criminal background checks and request a child/adult protective services background check through the DHHR.



## MDT Attendance 230455

**Definition:** Re-imbursement for an agency/independent provider participating in the quarterly individual Multi-Disciplinary Team Meeting in person to present written reports of progress, answer questions and assist in establishing the appropriate plan for the identified child and/or family. Provider must be actively working with the client and submitting monthly summaries to the DHHR worker. For Foster Care the child **must be** in WV DHHR custody and it is mandated in BCF Policy or WV Statute.

**Eligible for one representative per agency for:**

- ASO Providers actively providing a treatment or safety service
- Mental Health Professionals providing direct treatment (Example: Therapist)

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = One Meeting One unit per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The identified parent's child was removed from the home due to an inability to control the youth's behavior.</li> <li>• Youth is in the custody of the DHHR</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Youth remains in the DHHR's custody.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Reunification has occurred and the family will not participate in any further services.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Residential Placements/Foster Care Agencies already receiving reimbursement for administrative case management through a Provider Agreement with DHHR.</li> <li>• A potential provider(s) considering possible placement of a youth.</li> <li>• No individual fee for service code including Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>

<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and presented to the MDT and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

## Individual Review 230650

**Definition:** A review done by a qualified clinician who assesses and evaluates a child's needs based on a clinical review of the available records and interviews with the child and agency where the child is placed. The purpose of the review is to review children in out of state placement. The reviewer will specifically evaluate the care being provided to the child, the facility's program in regards to how it provides for the child's needs, the degree to which the family/legal guardian are involved with the child's treatment, and the quality of discharge planning for the child. As part of the review the provider may be called upon to complete CANS upon a child and/or to evaluate any assessments that have already been completed. The reviewer will also be expected to review section one for completeness and complete section 2 of the Out of State Review Tool and forward those sections onto the Regional Clinical Coordinator.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	45 Days Unit= One Event Registration Only
<b>Maximum Total Authorizations Available</b>	One authorization per authorization period for residential placement
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Regional Clinical Coordinator referred child for individual review</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Child remains in out-of-state placement and continues to progress toward reintegration into home community</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Assessment completed.</li> <li>Child is no longer in need of this service due to returning to state of WV.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>Cannot bill Medicaid concurrently. (Or other Socially Necessary service).</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>Sections 1 and 2 of the Out of State Review Tool (including the CANS and related sub-modules) will be completed and forwarded onto the Regional Clinical Coordinator. Reviewer must complete required information online regarding out of</p>

	<p>state review.</p> <p>The “verification of services” form provided by the Regional Clinical Coordinator (and/or designee), a copy of the invoice submitted for payment and a copy of the completed Section 2 (including the initial CANS and related sub-modules) must be maintained in the case record.</p> <ul style="list-style-type: none"> <li>• The provider will have on file all appropriate credentials.</li> </ul>
--	--

**Additional Service Criteria:** At a minimum, the individual reviewer will have the following credentials:

- Master’s level degree in Psychology, Counseling or Social Work **and**
- Master’s level license in Psychology, Counseling (LPC) or Social Work (LGSW, LCSW or LiCSW) **or**
- Be actively under supervision as defined by the corresponding board to obtain a master’s level license and
- Be certified to administer the Child and Adolescent Needs and Strengths (CANS)

Provider must be certified in use of CANS.

Provider must complete a training class provided by an approved Regional Clinical Review Team approved trainer sanctioned by the Training Workgroup. The training will include information surrounding HIPAA and other confidentiality issues. The individual reviewer will sign a confidentiality statement that will be kept on file. Documentation of completion of successful training must be kept in individual reviewer’s personnel file. A copy of the training certificate will be sent to the Regional Clinical Coordinators to assist them in assigning cases to be reviewed.

Reviewers must have access to the internet and have the ability to complete their information online.

Provider must have an acceptable CIB with CPS/APS check with no negative findings. See Appendix 1.

## In-State Homestudy 230150

**Definition:** A homestudy is an assessment of an individual who has been identified as a potential foster/adoptive parent for a child who is in the custody of the department. A total assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability.

For Kinship/Relative Homestudies the assessment consists of three units and includes at a minimum:

- Criminal Background Checks
- Child Abuse/Neglect Checks
- Safety of the Home's Environment
- Ability to Provide Protection
- Child's Relationship with potential relative
- Physical Health
- Emotional Stability
- Ability and willingness to support placement goals
- Compliance with car seat safety
- Ability and willingness to participate with MDT, Assessment and Case Planning
- Understanding of and willingness to comply with DHHR's Discipline Policy
- References
- Recommendation

The following areas may also be added or requested at the time of referral to a Kinship/Relative Homestudy as directed by the DHHR worker and consists of four units:

- Personal history
- Education/preparation
- Family income
- Documentation of identity/status
- Employment status
- Support system
- Use of community resources

The DHHR will stipulate the extent of the information required for each Homestudy. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Care
<b>Initial Authorization</b>	30-92 days Registration Only

	<p>Maximum of 4 Units = One Regular Study  Maximum of 3 Units= One Relative Study</p>
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a foster/adoptive parent.</li> <li>• Client has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p> <p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the referral for socially necessary services must be present in the case record.</p>

**Additional Service Criteria:**

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect. 353

- Staff providing this service must have a BSW or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and**
- An APS/CPS screen completed with no negative information.
  - Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

### **Contracted Homestudy Guidelines for Partial Payments of a total Homestudy:**

#### 1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 2 Units Activities include:

- ❖ Contact with the family/individual through an interview for the study; and
- ❖ First home safety check; or
- ❖ Contact with references by mail, telephone, or in-person; and
- ❖ Family/individual withdraws application or agency withdraws request for study or the family/individual's study has been denied; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

#### 3 Units Activities include:

- ❖ More than one in-person contact with the family/individual through an interview for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and

- ❖ Contractor provides a partial written home study report; and/or
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor; and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, when necessary.

#### 4 Units Activities:

- ❖ All interviews completed with family/individual for the study; and
- ❖ Home safety checks completed; and
- ❖ Reference checks completed; and
- ❖ Homestudy report completed and submitted to Homefinding Supervisor (including both approved and denied home studies); and
- ❖ Contractor will need to submit a copy of the denial letter to the Homefinding Supervisor, if the home was denied.

### **Contracted Kinship/Relative Homestudy Guidelines for Partial Payments**

#### 1 Unit Activities include:

- ❖ Contact with family/individual either by telephone, mail, or in-person; or
- ❖ Some initial background check on family/individual completed; and
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 2 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Some initial background check on family/individual completed; and
- ❖ Home safety checks completed;
- ❖ Assessment completed of the designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a report on their efforts to complete the study to the Homefinding Supervisor.

#### 3 Units Activities include:

- ❖ Contact with family/individual in-person; and
- ❖ Criminal background check on family/individual completed; and
- ❖ Home safety checks completed; and
- ❖ Assessment completed of all ~~seven~~ designated components/areas.
- ❖ Family/individual withdraws application or agency withdraws request for study; and
- ❖ Contractor would need to submit a complete report to the Homefinding Supervisor.



## Out of State Home Study 230155

**Definition:** A home study is a multi-faceted assessment regarding a prospective family member or individual who desires to be a foster/adoptive parent for a child who is in the custody of the department. This assessment includes, but is not limited to, the home (health standards), personal history, education/preparation, family income, documentation of identity/status, employment status, health, police/criminal record check and references, coping skills, communication skills, attitude, support system, use of community resources, and emotional stability. This must be completed by a licensed provider recognized by the WVDHHR.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Registration Only Unit = One study
<b>Maximum Total Authorizations Available</b>	1 per home being studied
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Client desires to become a foster/adoptive parent.</li> <li>• Client has completed and submitted a Foster/Adoptive Parent Inquiry Form or has contacted the local county DHHR office.</li> <li>• Department recommends an assessment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Evaluation is completed.</li> <li>• Client has been approved or rejected as a prospective placement.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If the study is for a group of siblings, bill service to one child and specify in report the entire sibling group</li> </ul>
<b>Clinical Exclusions</b>	Severity of child's issues precludes provision of services in this level of care.
<b>Documentation</b>	<p>A completed home study adhering to DHHR policy as outlined in foster care policy.</p> <p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> </ul>

	<ul style="list-style-type: none"> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the Referral for Socially Necessary Services must be present in the case record.</p>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Tutoring 230375

**Definition:** Structured individualized or small group setting of three children or fewer in which a child is taught or guided in an academic area to enhance skills to avoid failing a core educational requirement. Provider must have demonstrated competence in the area of academics being tutored. A high school diploma is required to provide this service to elementary school aged children and an Associate's degree or higher for students in middle school or above. This service is time-limited and a child's academic functioning level/ability must be considered. Tutoring is to build upon a targeted academic skill in which the student has a documented deficit. Tutoring is not to be used for regular homework completion.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one hour 17 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	2 per school year
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Consumer has a noted deficit in school functioning on a formalized assessment of role performance.</li> <li>• Child must have the need documented on his service plan with specific areas targeted for improvement.</li> <li>• MDT recommends the service.</li> <li>• Consumer does not qualify for an IEP or a 504 plan.</li> <li>• Documentation from educational staff is present to substantiate the need.</li> <li>• Caregiver is unable to meet the educational needs of the child.</li> <li>• Service cannot be met appropriately through other community resources, family support system and/or agency.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward service plan goals/objectives has been documented, but goals have not been achieved.</li> <li>• Service continues to be needed to maintain consumer's progress until an IEP can be established to meet the individual's needs.</li> <li>• MDT recommends the service continue.</li> <li>• Services cannot be met appropriately through other community resources, such as work force investment or literacy groups, family support system and/or agency.</li> </ul>

<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• An IEP or a 504 plan has been established to address the child's needs.</li> <li>• Service can now be met through a community resource, family support system and/or agency.</li> <li>• Child is passing the specified academic area.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Client's needs are identified and provided for through special education services as identified on the IEP or 504 plan.</li> <li>• Those receiving Waiver, ICF/MR or group foster care services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively be served at a lower level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the individual service plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

Providers not associated with a childcare agency must have demonstrated competence in the area of academics being tutored. A high school diploma is required to provide this service to elementary school age children and an Associate's degree or higher for students in middle school or above.

## Lodging 230120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available up to \$70. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	Unit = one night
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must be in foster care placement with a permanency plan.</li> <li>• Child must have an authorization in place for Transportation One or Two.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objective has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been reunified with family.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan and visitation plan must be present in the case record.</li> <li>• A copy of the receipt and invoice must be present.</li> </ul>
-----------------------------	--

Service may be reimbursed in advance by following the procedure and using the pre-paid transportation forms located on the DHHR intranet site. A reconciliation of money paid in advance must occur upon completion of the trip. If this does not occur, the client is no longer eligible for this service.

## Meals 230125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food not to exceed state employee reimbursement rate for meals.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	Unit = one days meals Cannot Exceed three per one day
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child must be in foster care placement with a permanency plan.</li> <li>• Child must have an authorization in place for Transportation One or Two.</li> <li>• Extenuating circumstances exist related to distance, time and frequency.</li> <li>• Service must be noted on the service plan.</li> <li>• Goals/objectives must be present to address how utilization of this service will occur in the future.</li> <li>• Those covered are limited to individuals listed on the visitation plan.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been made, but not satisfactorily achieved.</li> <li>• Extenuating circumstances continue to exist related to distance, time and frequency.</li> <li>• Permanency plan is still appropriate to receive this service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals/objectives have been satisfactorily achieved.</li> <li>• Child's case has been closed.</li> <li>• Child has been reunified with family.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Expenses for entertainment and alcoholic beverages are not covered.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of</li> </ul>

	services in this level of care.
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan and visitation plan must be present in the case record.</li> <li>• A copy of the receipt and invoice must be present.</li> </ul>

**Additional Service Criteria:**

Service may be reimbursed in advance by following the procedure and using the pre-paid transportation forms located on the DHHR intranet site. A reconciliation of money paid in advance must occur upon completion of the trip. If this does not occur, the client is no longer eligible for this service.



## Supervised Visitation One 230171

**Definition:** Service in which visitation between family members (parent to child or child to child) is observed to ensure general safety and appropriate interaction is maintained during visitation. Visitation provider either looks in on visits between family members periodically (as determined by DHHR visitation plan) or observes the visit while sitting in the room with the family members. Visitation provider will observe to ensure that no abuse, either physical or emotional, takes place during visitation. Provider will also ensure that parents do not inappropriately try to influence the child to recant prior statement to CPS/police officers. Provider will further ensure that family member visiting with the child continues to interact with the child during visitation instead of stepping outside to smoke or take phone calls, falling asleep or carrying on a conversation with the visitation provider instead of the child. During events such as these, the visitation provider will either re-direct the adult family member or if severe enough, end the visit after consultation with the child's assigned DHHR worker. If the visitation provider needs to contact the DHHR worker, he/she should take precaution to ensure that the visit is covered so that no further inappropriate interaction takes place while the visitation provider is out of the room contacting the DHHR worker. This type of visitation can be done at the family's home, an outdoor recreational setting, or in an office, whichever provides the needed safety of the children and provider.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Children must be in the custody of the DHHR and the goal of visitation must be eventual reunification with parents and/or siblings <b>or</b></li> <li>• To maintain contact between siblings and/or relatives that cannot be reunified</li> <li>• MDT has reviewed the case and determined that visitation with parents can be supervised on a less stringent basis than supervised visitation two <b>or</b></li> <li>• The visitation plan notes that partial supervision is required.</li> <li>• The service plan indicates what specific issues are to be monitored/observed during the visitations.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• MDT recommends the service continue.</li> <li>• Child remains in the custody of the DHHR and issues that require partial or complete supervision continue to be present.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been substantially met.</li> <li>• Child has been reunified with biological family.</li> <li>• Parental rights have been terminated or are in the process of termination.</li> <li>• Child's case is closed.</li> <li>• Visitation is deemed detrimental to the child's safety and well-being.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavioral Control Plan and DHHR service plan/DHHR visitation plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
-----------------------------	--

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor’s degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

## Supervised Visitation Two 230170

**Definition:** Service in which visitation between parents and children is observed to evaluate appropriateness and level of interaction. The observer/assessor will intervene if abuse or inappropriate behavior is occurring. The purpose is to assess and monitor the appropriateness of family interaction and possible reunification. The service must be identified on the service plan. Before each visit the provider will complete the following tasks:

- Meet with the child's caseworker to learn the child's needs as identified in the CPS/YS Safety plan and to jointly develop a specified needs list to be met during the initial visits.
  - Actions the provider must take to keep the child safe during visitation will be part of the list (e.g., if parent has a history of fondling child when he/she tickles the child or holds the child on his/her lap, then DHHR worker will tell provider not to allow the parent to tickle the child or have the child sit on the parent's lap). Also, things that the parent should bring to the visit like food if the visit takes place during the child's lunch time or snack time, books or toys the child likes to have present when visiting with the parent will be included on this needs list. The provider will always suggest that the visitation take place in the parent's home and as soon as possible after the child was removed from the home. If the DHHR worker does not agree that the visitation can take place in the parent's home, the provider will document reason why that is not possible. If face-to-face visitation is not possible, the provider should discuss what other types of contact are possible between the parents and child such as letters, text messages, emails, phone calls, etc (none of these can be supervised by the provider). Also, the provider will obtain the DHHR Visitation Plan from the DHHR worker. If the provider is unable to obtain the plan, the provider will write a visitation plan.
- Call foster parents/PRTF to obtain information related to the impact of separation on the child and the child's behaviors in order to refine the list of needs to be met during visits. Provider will discuss any behaviors the child has been exhibiting leading up to the visit. Provider will inquire about what the foster parent did to prepare the child for the visit each time. This preparation needs to be consistent with the court order, if it is specific.
- Contact parent(s) to confirm the visit time and place, identify any barriers to visits and arrange to meet with the parent one hour before the visit. During this time, the provider will collect any letters or cards, gifts, etc. that the parent has brought for the child to inspect them and check for appropriateness. If any questions, provider will explain to parent that the item or items will be kept by provider until he/she has inspected them with the DHHR worker. If there are items from the last visit that were not approved by the worker, the provider will give them back and instruct the parent that if he/she has any questions why there not approved, to contact the DHHR worker. Provider and

DHHR worker will meet with parents to explain what is expected of them during the visitation – such as not discussing the court case with the child, not speaking negatively about the foster parents, showing up on time, calling to cancel well in advance if unable to attend the visit, the need to remain the parent during the visit meaning that the parent is in charge of controlling his/her child during the visit, pacify the child if child becomes upset during the visit, no cell phone usage during the visit, no unapproved visitors, and in general making the most of the visit time. The provider will explain to the parent that the provider will not be interacting with the parent during the visit, only observing, so that the parent does not become upset if the provider does not “visit” with the parent.

- Notify the foster parent(s)/PRTF of the planned visit and schedule transportation as needed. Provider will always ask if the foster parents can transport the child to the visit or at least part of the way to the visit.

By the end of the first month, the provider will have arranged visitations to continue as documented in the Child’s Case Plan by:

- Clarifying what needs must be met during future visits.
- Deciding what special arrangements will be made for visits.
- Identifying the level of support the parent requires during visits and consider who might replace the visitation specialist in the future, such as foster parent, family member, etc.
- Arranging for transportation as necessary, even in those cases when it is determined that continued supervision of visits is unnecessary.
- Maintaining weekly contact with the DHHR caseworker to update placement information.

The provider will perform the following functions for each visit:

- Meet with the parent before the visit to help the parent anticipate his/her own and the child’s reactions during the visit and to discuss the needs to be met during the visit.
- Assist the parent as necessary during the visit.
- Meet with the parent after the visit to discuss how the parent met the child’s needs and to plan changes in the next visit.
- Help the parent understand the importance of keeping his or her commitment to visit the child.
- Speak with the foster parent/PRTF after the visit to discuss any behaviors or for the child reactions the child may display.
- Prepare notes about the parent’s skill in meeting the child’s needs during the visit and continuously refine the needs list.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• MDT has reviewed the case and determined that visitation with parents needs to be supervised.</li> <li>• The visitation plan notes that supervision and assessment and recommendation are required.</li> <li>• The service plan indicates what specific issues are to be monitored during the visitations.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward goals/objectives has been documented but not achieved.</li> <li>• MDT recommends the service continue.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been substantially met.</li> <li>• Child has been reunified with biological family.</li> <li>• Parental rights have been terminated or are in the process of termination.</li> <li>• Child's case is closed.</li> <li>• Visitation is deemed detrimental to the child's safety and well-being.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If a child is placed with a residential treatment provider/child emergency shelter who's contract states that the placement must supervise visits, no authorization for visitation will be given.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan/Service plan and Visitation Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.

## Connection Visit 230206

**Definition:** These visits are face-to-face visits for the purpose of preserving the connections between children/youth who are in the custody of the DHHR and living in a foster family home, group home or who are college students living on campus. They can be used for the child to visit with their siblings, relatives, or former foster parents or for pre-placement visits. Examples include a child in group care going to a former foster family for a holiday weekend, a college student returning to a former foster family for Thanksgiving or to visit a sibling group who are unable to be reunified in one placement. Service can also be used for a child in a foster care placement or residential facility, PRTF, etc. to do a trial visit with a possible adoptive home or less restrictive foster care placement.

<b>Target Population</b>	Child Protective Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	92 Days Unit= One day 7 units maximum per month unless otherwise approved Registration Only
<b>Maximum Total Authorizations Available</b>	As necessary
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• MDT has reviewed the case and determined that sibling visitation is safe and appropriate without formal supervision.</li> <li>• The visitation plan notes that the siblings are to visit with one another and denotes frequency and duration of such visits.</li> <li>• The siblings are placed in two or more separate placements where they are unable to visit with one another due to distance between placements <b>or</b></li> <li>• Child usually resides on campus at college but wants to return to a previous placement that they consider home for holidays and/or the summer <b>or</b></li> <li>• Child residing in a facility is allowed home visit for holidays and wants to return to a previous placement for the holiday.</li> <li>• Child residing in facility wants to do trial visit with a foster home that will possibly lead to a placement after completion of treatment.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Siblings continue placement in separate homes <b>or</b></li> <li>• Child continues to reside on college campus during weekdays and non-holidays <b>or</b></li> <li>• Child continues to reside in facility.</li> </ul>
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>• Siblings are placed together.</li> </ul>



<b>(Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Child(ren) achieve permanent placement through reunification, adoption, legal guardianship, etc.</li> <li>• Child who is in college turns 21 years of age and is no longer in voluntary custody of DHHR.</li> <li>• Child is discharged from facility and goes to live with the family he/she has been visiting.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan and/or visitation plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and have no history of legal offenses that may in danger

Foster parents automatically eligible once they have been approved by the supervising agency

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Intensive Therapeutic Recreation Experience 230360

**Definition:** Structured games and activities conducted under adult supervision that are either physically or mentally stimulating to children for the purpose of practicing positive social skills, reinforcing positive risk-taking behaviors, and enhancing self-image. These activities should offer the child some tangible social successes and contribute to positive behavior change. The service is comprehensive in nature and designed to meet individualized needs of the consumer. This service can also be used to assist with the financial cost of short-term overnight or day camps.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one dollar 100 units per 92 days
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child's lack of access to recreational activities as documented in the case record that has a negative effect on the child's functioning.</li> <li>• Child lacks ability to manage free time in positive manner as noted in the case record.</li> <li>• Child's service plan reflects a need for recreational services that have a formalized structure.</li> <li>• MDT recommends the service.</li> <li>• Individual's needs are directly addressed by the programming provided and addressed in specific areas of the service plan.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Discharge Criteria</b> (Any element may result in discharge or transfer)	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Consumer requests a discharge or the recreational experience ends.</li> <li>• Another service is warranted by a change in the consumer's condition.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> </ul>

	<ul style="list-style-type: none"> <li>• Therapeutic Foster Care and Specialized Family Care (Medley Homes (Specialized Foster Care Agencies) are not eligible for this service.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

## Pre-Reunification Support 230440

**Definition:** This service is for children who are still placed in foster care settings, but are beginning transitional overnight visits to the home from which they were removed. The purpose is to observe the interactions of the family as they adjust to being re-united in their own home and report to the DHHR worker and/or court regarding the family dynamics and give recommendations regarding the children being reunified. These observations are to be scheduled as well as random as determined by the MDT. The provider must be available to the family if assistance/modeling is needed including Saturday and Sunday. If a crisis arises that would require the possible removal of the child(ren) the DHHR worker must be notified immediately. Behavioral health services, preferably family therapy, should also be arranged for the family to support their adjustment to the re-unification. If possible, the same agency/individual that is providing services to the parents should be used to support the transition.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	92 Days Unit= One hour Maximum of four units per day 104 units
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Child remains in the custody of the WV DHHR and in foster care placement</li> <li>• MDT has reviewed the case and determined that re-unification is appropriate and eminent.</li> <li>• Service is noted on the DHHR service plan</li> <li>• Provider has established a written plan for the implementation of the service and co-ordination of behavioral health services with the Department and the DHHR worker</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Pre-reunification was not sustainable</li> <li>• Parental rights terminated</li> <li>• Child(ren) achieve permanent placement through reunification</li> <li>• Case is closed</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid</li> </ul>

	<p>Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</p> <ul style="list-style-type: none"> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the DHHR service plan and provider's plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology

- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Agency Transportation One 230107

### **Definition:**

This code may be utilized for providers' mileage encumbered when the following services from the Youth Services Foster Care Program Option have been implemented within the child/family's home and the permanency plan is reunification:

- Adult Life Skills
- Individualized Parenting
- CAPS Family Assessment
- CAPS Case Management
- Supervised Visitation One
- Supervised Visitation Two
- Family Crisis Response
- Intensive Therapeutic Recreation Experience
- Pre Reunification Support
- Homestudy codes
- Transportation Time
- MDT Attendance
- Tutoring

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total</b>	4

<b>Authorizations Available</b>	
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent’s inability to access NEMT and the subsequent reason must be in the consumer’s record.</li> <li>• Documentation in the record that other sources, such as the foster family support system, public transportation or non-emergency medical transportation services, have been explored/ exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family continues to explore their social support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the consumer.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child’s case is closed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee-for-service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• NEMT can be accessed.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• For group residential and crisis support providers, the mileage provided in excess of the limit noted in the respective provider agreement is to be reflected through the cost reporting process.</li> </ul>



<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client’s response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR’s service plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen. See Appendix 1. Transportation Providers must have valid Driver’s licenses from employee’s state of residence and insurance.

## Agency Transportation Two 230108

**Definition:** Reimbursement for transportation related to visitation with parents when the child is in the car. Those eligible for this service must be documented in the visitation plan completed by the DHHR worker and visitation must be explicitly documented on the DHHR child/family's service plan.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate reunification or that there is a court order mandating visitation</li> <li>• Documentation that the foster family or kinship/relative provider is unable to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation, have been explored/exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but foster family or kinship/relative provider still does not have a reliable means of transportation.</li> <li>• The family of origin is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Family of origin lacks support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains reunification or there is a court order mandating visitation.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Permanency has been obtained.</li> <li>• Foster family or kinship/relative now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes tolls, parking and waiting time.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> <li>•</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time,</li> </ul>

	<p>transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</p> <ul style="list-style-type: none"> <li>• A copy of the DHHR's service plan must be present in the case record.</li> </ul>
--	--

- **Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Intervention Travel Time 230105

### **Definition:**

This code is for reimbursing providers who are traveling to a MDT or to complete a home visit in which a Socially Necessary Service is being provided when the time to reach the home from the providers business **exceeds one hour one way**. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR's child/family's service plan and all other natural supports/options have been explored.

### **Service Codes:**

- Pre-Reunification Support
- Individualized Parenting
- Adult Life Skills
- Family Crisis Response
- Supervised Visitation One
- Supervised Visitation Two
- MDT Attendance
- Homestudy Codes

This service covers actual time traveled using the shortest and/or quickest practical route to the traveler's destination. The billable service begins after the provider leaves their identified place of business and ends when provider reaches the family's home or identified location. If the provider is doing concurrent home visits, the time traveling from one home to the next must exceed one hour one way to be billed. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties. Maximum of 16 units per day are allowable.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	92 days Unit= 15 min 416 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Provider has been referred one of the designated services</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to recommended by the MDT</li> <li>• Progress towards goals noted on DHHR family case plan has been documented</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or</b>	<ul style="list-style-type: none"> <li>• No progress has been made</li> <li>• Case is closed</li> <li>• Family refuses in home services</li> </ul>

<b>transfer)</b>	<ul style="list-style-type: none"> <li>• Goals on the DHHR family case plan have been substantially met</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Excludes tolls and parking</li> <li>• Does not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.</li> <li>• Specialized/Therapeutic foster care agencies can not provide this service.</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's service plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Transportation Time 230104

### **Definition:**

This code is for providers whose only service is transporting a DHHR client(s). These providers/transports are not associated with their own provision of a socially or behavior health medically necessary service. The provider is not engaged in an otherwise billable activity. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR's child/family's service plan and all other natural supports/options have been explored including DHHR staff and are not available for this event.

The least costly means available must be utilized. This service covers actual time traveled using the shortest practical route to the traveler's destination.

### **Activities:**

- Drugs Screens
- Visitations with extenuating circumstances for foster parents
- Not eligible for NEMT

The billable service begins when the provider leaves their identified place of business or home, whichever is shortest and ends when provider returns to this location. Waiting time at the identified destination is included. The maximum number of hours this service may be provided in a 24 hour period is 12 hours or 48 units. Ten hours for when consumers are in the vehicle and up to 12 hours total. If an overnight trip is required, no more than 12 hours or 48 units may be invoiced. When not in the vehicle, the provider must remain at the location with the client.

If Non-Emergency Transport (NEMT) is available, this service may not be used. It cannot replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Family Foster Care
<b>Initial Authorization</b>	208 units/92 days Unit= 15 minutes Maximum of 48 units within a 24 hour period Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent's inability to access NEMT and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the foster family support system, public</li> </ul>

	<p>transportation or non-emergency medical transportation services, have been explored/exhausted.</p> <ul style="list-style-type: none"> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family continues to explore their social support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the consumer.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls and parking</li> <li>• NEMT is available</li> <li>• Does not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> <li>• For group residential and crisis support providers, the mileage provided in excess of the limit noted in the respective provider agreement is to be reflected through the cost reporting process.</li> <li>• Specialized/Therapeutic foster care agencies can not provide this service.</li> </ul>



<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>A copy of the DHHR's service plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Private Transportation One 230101

**Definition:** Private Transportation One is designed to provide reimbursement for foster parents who attend Multidisciplinary Treatment Team meetings, reviews, and court hearings explicitly documented on the DHHR service plan.

Private Transportation One is also for reimbursement of biological parent(s) of mileage traveled to participate in visitation with child, services/treatment, office visits, Multi-Disciplinary Treatment Team meetings, reviews, and court hearings explicitly documented on the DHHR treatment plan.

This service can be used for transportation of a foster child to medical services in which NEMT could **not** be accessed. Please note: non-emergency medical transportation (NEMT) is utilized for medically necessary services. NEMT is accessed through the Office of Family Assistance. It is the primary source for reimbursement for taking foster children to medical and behavioral health appointments.

This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent's/biological parent's inability to access NEMT and the subsequent reason must be in the consumer's record.</li> <li>• Documentation of the parent's inability to financially bear the cost of travel associated with visitation with child, MDT's, or court hearings</li> <li>• Documentation in the record that other sources such as the foster family support system, public transportation or non-emergency medical transportation services, have been explored /exhausted.</li> </ul>

	<ul style="list-style-type: none"> <li>• Service plan originated by DHHR plan must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family/biological family continues to explore social support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the foster care placement is appropriate for the youth.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Child is returned home.</li> <li>• Child is adopted or legal guardianship is completed.</li> <li>• Foster family/biological family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• NEMT can be accessed.</li> <li>• Excludes tolls, parking and waiting time</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities.</li> <li>• If more than one member of a case is being transported, bill under one FACTS client ID and note all present in documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<b>Documentation</b>	<ul style="list-style-type: none"><li>• A copy of the referral</li><li>• A log of trips with date, miles and reason for trip.</li></ul>
----------------------	---

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

Foster parents automatically eligible once they have been approved by the supervising agency.

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Private Transportation Two 230102

**Definition:** Reimbursement for transportation of children related to visitation with parents. Those eligible for this service must be documented in the visitation plan completed by the DHHR worker and visitation must be explicitly documented on the DHHR child/family's service plan.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = one mile Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate reunification or there must be a court order mandating visitation.</li> <li>• Documentation of the biological family's /foster family's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation, have been explored/exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family of origin still does not have a reliable means of transportation.</li> <li>• The family of origin/ foster family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family of origin/foster family continues to explore social support system members to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains reunification or there is a court order mandating visitation.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Child achieves permanency.</li> <li>• Family of origin/foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>

<p style="text-align: center;"><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes tolls, parking and waiting time</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> <li>• If more than one member of a case is being transported, bill under one FACTS Case ID and note all present in documentation.</li> </ul>
<p style="text-align: center;"><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p style="text-align: center;"><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a member of their family's support group who has a driver's license, insurance and has no history of legal offenses that may endanger those being transported.

Foster parents automatically eligible once they have been approved by the supervising agency

Specialized and Therapeutic Foster Agencies are responsible for submitting service requests to APS Healthcare and reimbursing their foster families

## Public Transportation One 230111

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental Cars, tolls if a rental car is used, taxi fares and parking are also included in this service. This service can be used for bus passes for a parent attending visitation with his/her child. This service is for transportation to medical services in which NEMT could **not** be accessed and/or to participate in services/treatment, office visits, Multidisciplinary Treatment Team meetings, reviews, and court hearings explicitly documented on the DHHR's service plan. The least costly means available must be utilized. An example includes a monthly bus pass instead of paying on a trip-by-trip basis. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = event Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Documentation of the foster parent's/biological parent's inability to access NEMT and the subsequent reason must be in the consumer's record.</li> <li>• Documentation of the biological parent's/foster parent's inability to afford travel associated with visitation of the child, MDT's, or court hearings.</li> <li>• Documentation in the record that other sources, such as the foster family support system/biological family support system, public transportation or non-emergency medical transportation services, have been explored /exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Foster Family/biological family lacks support system to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT agrees that the youth is appropriate to remain in the home setting.</li> </ul>



<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Child's case is closed.</li> <li>• Foster family/biological family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• NEMT can be accessed.</li> <li>• Excludes waiting time</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria:**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR intranet site.

## Public Transportation Two 230112

**Definition:** Reimbursement for transportation of children related to visitation in which tickets must be purchased for buses, planes, and/or trains. This code may be used for local bus passes or long distance bus trips. Rental Cars, tolls if a rental car is used, taxi fares and parking are also included in this service. Those eligible for this service must be documented in the visitation plan completed by the DHHR worker and visitation must be explicitly documented on the DHHR child/family's service plan. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Foster Family Care
<b>Initial Authorization</b>	92 days Unit = event Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Permanency plan must indicate reunification or there must be a court order mandating visitation.</li> <li>• Documentation of the biological family's/foster family's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system have been explored/exhausted.</li> <li>• Service plan originated by DHHR must document the need for this service.</li> <li>• MDT must recommend this service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family of origin still does not have a reliable means of transportation.</li> <li>• The family of origin/foster family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family of origin/foster family continues to explore social support system members to provide the service.</li> <li>• MDT recommends the service continue.</li> <li>• Permanency plan remains reunification or there is a court order mandating visitation.</li> </ul>
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met</li> </ul>

<b>(Any element may result in discharge or transfer)</b>	<p>substantially.</p> <ul style="list-style-type: none"> <li>• Child's case is closed.</li> <li>• Family of origin/foster family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Excludes waiting time</li> <li>• All foster care providers are responsible for all costs associated with transportation not related to the following activities: MDT's, IEP's, court hearings, sibling visitation, relative visitation, biological parent visitation, foster/adoptive parent visitation, detention visits, residential placement visiting, placement changes, case staffing, and adoption promotion activities</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body
- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

**Note:** DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR's intranet site.

## Away From Supervision Support 230600

**Definition:** A Socially Necessary Service provided in conjunction with behavioral health medically necessary services to provide the needed assistance to a youth identified as a chronic run away in order to stabilize the youth’s dangerous running behaviors during residentially based treatment. This service is for one on one staffing of a chronic runner until the behavior is stabilized. The youth must participate/ be included in all regular activities within the program including but not limited to meals, school, therapeutic interventions, recreational activities/outings (inside and outside), spiritual activities such as church and daily house keeping activities as per the programs’ regular schedule. A chronic runner is defined as:

- A youth for whom the Department Of Health and Human Services is legally responsible –and-
- Has at least two documented elopements of a significant duration occurring within the last 60 days–and-
- The elopements pose a very serious risk for themselves and their communities-and-
- Has been documented from structured settings-and-
- Elopements have been identified as a coping mechanism for psychological stressors-and-
- Runaway behavior has impacted success of previous behavioral health and socially necessary interventions-and-
- Is noted to be distrustful, impulsive, angry, lacking in interpersonal communication skills and self-control, oppositional, unconfident, and/or a victim of sexual abuse, physical abuse and/or neglect.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Group Foster Care
<b>Initial Authorization</b>	3 Units/Three (3) Days One Unit= One Day
<b>Maximum Total Authorizations Available</b>	15 Units/Fifteen (15) Days All requests exceeding the total 18 days will be reviewed on a case specific basis
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth must meet the criteria established in the definition of a chronic runner</li> <li>• Youth must be currently placed in group residential foster care placement (Residential Level II or III with an on grounds educational program or Crisis Support/Shelter) that is receiving both payments from the West Virginia Department of Health and Human Resources, Bureau for Medical Services for on-site behavioral health services and the Bureau for Children and Families for board, care and supervision.</li> <li>• Youth must meet criteria for medical necessity for</li> </ul>

	<p>the level of service the placement is offering.</p> <ul style="list-style-type: none"> <li>• An individualized behavior management plan must be created and implemented within 30 days (Therapeutic Behavioral Services-Development and Implementation)</li> <li>• The Away From Supervision Protocols and Planning must be in place</li> <li>• MDT must be notified of service at time of admission</li> <li>• Provider must be pre-approved and credentialed with the Bureau for Children and Families</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Youth continues to meet the definition of a chronic runner</li> <li>• Youth remains placed in group residential foster care placement (Residential Level II or III with an on grounds educational program or Crisis Support/Shelter) that is receiving both payments from the West Virginia Department of Health and Human Resources, Bureau for Medical Services for on-site behavioral health services and the Bureau for Children and Families for board, care and supervision.</li> <li>• Youth must continue to meet criteria for medical necessity for the level of service the placement is offering</li> <li>• The individualized behavior management plan has been fully implemented with review as required (Therapeutic Behavioral Services-Development and Implementation)</li> <li>• MDT must review and continue to approve the service</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Youth no longer meets the definition of a chronic runner</li> <li>• Behavior has stabilized</li> <li>• Youth's running behavior has not stabilized despite extra support</li> <li>• MDT agrees service is no longer needed</li> <li>• Youth no longer meets medical necessity for level of service the placement is offering</li> <li>• Youth has met the goals and objectives of the individualized behavior management plan and has moved to a protocol.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• May only be implemented in shelters and level II and III residential.</li> </ul>

<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Service may not be used to monitor for homicidal and/or suicidal behaviors</li> <li>• Service may not be used to replace program's standard away from supervision or AWOL procedures/protocols</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE/Behavior Control Plan and service plan must be present in the case record</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

Residential placements without on ground educational services will be considered on a case-by-case basis.

# **YS Chafee Foster Care Independence Program**

## Chafee Foster Care Independence Program: Transitional Living Placement- Pre-placement Activities 235500

A transitional living placement is a grouping or bundle of services targeted for those youth seventeen or older that are likely to remain in foster care who wish to practice living semi-independently prior to final discharge from the foster care system. Experiential learning opportunities are available for these youth through the transitional living placement option in which foster care youth establish their own household, complete educational goals and/or enter the work force in the community and are supplied with the following support, supervision and services: ongoing social casework; continued life skills instruction; assistance with career planning, employment, and job maintenance; scheduled face-to-face contact between the youth and caseworker in addition to regular phone contact; weekly planned and unannounced home visits; and linkage to medical and behavioral health services. As the tasks and responsibilities are achieved, youth gain more autonomy and require less supervision. The program serves to support the transition and to complement the individual's own efforts to achieve self-sufficiency. Supports are provided to the participants through the following activities: monitoring, adult life skills, crisis response and transportation. The provision of this group of services will be detailed in the youth's Transitional/ Learning Plan and individualized to meet their unique strengths and/or needs. Youth's participation in this service must be voluntary.

Pre-placement activities include assistance in locating housing, furniture and other household items, connecting utilities and developing the youth's budget. Other activities directly related to helping the youth with the move from foster care to the community are also completed within this service. This service begins thirty (30) days before the actual TL placement occurs.

*\*If the youth presents with a need for Targeted Case Management or supportive counseling, refer to service definition in the Medical UM and when youth is ready to continue life skills, you can refer back to this code..*

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Chafee Foster Care Independence Program
<b>Initial Authorization</b>	30 days Unit = one hour 60 units per 30 days
<b>Maximum Total Authorizations Available</b>	Not Applicable



<p><b>Admission Criteria</b></p>	<ul style="list-style-type: none"> <li>• Youth meets eligibility criteria for Chafee Program by being between 17 and 21 with the department making boarding care payments to an approved foster care provider at the time of referral <b>–or–</b> youth is former foster care child who left care after the age of 18.</li> <li>• Youth is demonstrating responsible behavior in present placement (e.g. no acute behavior problems, no recent or current charges for assault or violent behavior, etc.).</li> <li>• Youth is pursuing an educational or vocational goal or has completed an educational and/or vocational program, but continues to need assistance with housing, employment placement and retention of health benefits (under this situation placement is limited to six months).</li> <li>• Youth is capable/willing to learn how to keep a weekly planner to document forty hours of structured and planned activities per week that focus on improving chances of self-sufficiency.</li> <li>• Youth has successfully completed the required Ansell Casey Assessment and accompanying modules necessary for placement or will do so within first thirty days of the placement.</li> <li>• Permanency plan is independence.</li> <li>• Transitional /Learning Plan provides specific objectives to be met and skills to be addressed with the Ansell Casey (based on the Ansell Casey Assessment.)</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Youth has been established within their transitional living placement.</li> <li>• Youth has turned 21 years old.</li> <li>• Another more appropriate service has been identified due to the child’s behavior or lack of ability to reasonably accomplish identified objectives.</li> <li>• Youth exits foster care system.</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> <li>• If crisis services are assessing danger to self or others, Medicaid Crisis Intervention should be utilized.</li> <li>• If skill deficits are not age appropriate or the youth</li> </ul>

	<p>previously had the skill, but lost it due to a chronic and persistent mental illness, an assessment to determine if Medicaid Basic Living Skills is appropriate should occur.</p>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the service plan/Transitional Learning Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client receiving the service. Please include if client continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month if client is in DHHR custody and under 18</li> </ul>

**Additional Service Criteria:**

Agency must have a child-placing license

For adult life skills and family crisis response,

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.

- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

For Paraprofessional staff providing Chafee oversight and transportation

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Chafee Foster Care Independence Program: Transitional Living Placement 235501

This is a grouping or bundle of services targeted for those youth seventeen or older that are likely to remain in foster care who wish to practice living semi-independently prior to final discharge from the foster care system. Experiential learning opportunities are available for these youth through the transitional living placement option in which foster care youth establish their own household, complete educational goals and/or enter the work force in the community, and are supplied with the following support, supervision and services: ongoing social casework; continued life skills instruction; assistance with career planning, employment, and job maintenance; scheduled face-to-face contact between the youth and caseworker in addition to regular phone contact; weekly planned and unannounced home visits; and linkage to medical and behavioral health services. As the tasks and responsibilities are achieved, youth gain more autonomy and require less supervision. The program serves to support the transition and to complement the individual's own efforts to achieve self-sufficiency. Supports are provided to the participants through the following activities: monitoring, adult life skills, crisis response and transportation. The provision of this group of services will be detailed in the youth's Transitional /Learning Plan and individualized to meet their unique strengths and/or needs. Youth's participation in this service must be voluntary.

**Chafee Oversight** is the process of observing a youth through scheduled and unannounced face-to-face visits or phone calls to check for progress and adherence to the service plan. Monitoring for a brief time period will be done in the youth's home, educational/vocational setting, or community. The service plan must indicate the explicit purpose as well as dictate the exact behaviors/objectives to be monitored.

**Crisis Response** is a face-to-face or phone intervention in the consumer's environment to assess and/or de-escalate an emergency. This service may target environmental situations that have escalated to the point that safety, permanency and/or well-being of a child or the community may be at risk. This service is available twenty-four hours a day, seven days a week. This service responds to the current crisis, identifies ways to address issues in the future, and is used when the youth is unable to resolve an emergency situation.

**Transportation:** Provision of transportation services for the purpose of attending school or work in rural areas without public transportation. Note: Apartments are to be located so as to provide reasonably convenient access to schools, places of employment, transportation, and other services required by the youth. The client must be present in the vehicle for this service to be provided. Transporting a client is not considered a part of the required monitoring.

**Adult Life Skills:** Direct service in which the child is assisted to enhance home management skills, life skills and social/emotional support networks through hands-

The WVDHHR expects any person who receives payment for providing services from the Social Necessity Utilization 407 Management Guidelines Manual to make a report whenever it is suspected that a child is abused, neglected or subjected to conditions that are likely to result in abuse or neglect.

on implementation and role modeling.\* This service continues to enhance the skills needed to meet adult role expectations and carry out activities of daily living acquired through previous foster care placements (residential or family setting). Adult life skills are intended to improve the capacity for solving problems and resolving conflicts. Activities include career planning skills, life skills development, home management (includes budgeting, how to do laundry, etc.), food management, health/wellness, personal appearance/ hygiene, interpersonal skills, legal skills, and community awareness. The youth's areas of skill deficit are identified through the Ansell Casey Assessment. The youth, with assistance, develops a Transitional Learning Plan to improve these skills unless there is documentation that the youth has previously mastered certain areas. Calculation of productivity hours is also to be included. This service is intended to increase self-sufficiency. Note: Budgeting is required at least one time monthly to review financial statements, passbook information, and to prepare and submit youth's subsidy budget to DHHR.

*\*If the youth presents with a need for Targeted Case Management or supportive counseling, refer to service definition in the Medical UM and when youth is ready to continue life skills, you can refer back to this code.*

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Chafee Foster Care Independence Program
<b>Initial Authorization</b>	92 days Unit = one hour 60 units per 92 days
<b>Maximum Total Authorizations Available</b>	Until youth's 21 <sup>st</sup> birthday
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>Youth meets eligibility criteria for Chafee Program by being between 17 and 21, and the department is making boarding care payments to an approved foster care provider at the time of referral <b>-or-</b> youth is former foster care child who left care after the age of 18 years.</li> <li>Youth is demonstrating responsible behavior in present placement (e.g. no acute behavior problems, no recent or current charges for assault or violent behavior, etc.).</li> <li>Youth is pursuing an educational or vocational goal or has completed an educational and/or vocational program, but continues to need assistance with housing, employment placement and retention of health benefits (under this situation placement is limited to six months).</li> <li>Youth is capable/willing to learn how to keep a weekly planner to document forty hours of structured and planned activities per week that focus on improving chances of self-sufficiency.</li> </ul>

	<ul style="list-style-type: none"> <li>Youth has successfully completed the required Ansell Casey modules necessary for placement or will do so within the first thirty days of the placement.</li> <li>Permanency plan is for emancipation.</li> <li>Transitional/Learning Plan specifies the objectives to be met, and skills to be addressed with the Ansell Casey modules</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>Progress toward the identified goals/objectives on the Transitional/ Learning Plan has been documented, but not reasonably accomplished.</li> <li>MDT has reviewed service plan or if no MDT exists, service was reviewed by DHHR worker and supervisor.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>Progress toward the identified goals/objectives on the Transitional/ Learning Plan has been documented and reasonably accomplished <del>–or–</del></li> <li>Youth has turned 21 years old.</li> <li>Another more appropriate service has been identified due to the client’s behavior or lack of ability to reasonably accomplish identified objectives.</li> <li>Youth exits foster care system.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child’s issues precludes provision of services in this level of care.</li> <li>In assessing danger to self or others, Crisis Services should use Medicaid Crisis Intervention.</li> <li>If skills are not age appropriate or the youth previously had the skill, but lost it due to a chronic mental illness, Medicaid Basic Living Skills should be used.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>Code or service name</li> <li>Summary of the intervention</li> <li>Client’s response to the intervention</li> </ul>

	<ul style="list-style-type: none"> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the service plan/Transitional Learning Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client receiving the service. Please include if client continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month if client is under 18 and in DHHR custody</li> </ul>
--	---

**Additional Service Criteria:**

Agency must have a child-placing license

For adult life skills and family crisis response

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.

For Chafee Oversight and Transportation

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a

social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**

- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.



## Agency Transportation Chafee 235106

**Definition:** This code may be utilized for providers' mileage encumbered when Child Protective Services Chafee Services have been implemented within the child/youth's home and the permanency plan is Independence and/or emancipation.

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the youth being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Chafee Foster Care
<b>Initial Authorization</b>	92 days Unit = one mile 1000 units
<b>Maximum Total Authorizations Available</b>	Until youth's 21 <sup>st</sup> birthday
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth meets eligibility criteria for Chafee Program by being between 17 and 21 with the department making boarding care payments to an approved foster care provider at the time of referral <b>–or–</b> youth is former foster care child who left care after the age of 18 years.</li> <li>• Youth is pursuing an educational or vocational goal or has completed an educational and/or vocational program, but continues to need assistance with housing, employment placement and retention of health benefits (under this situation placement is limited to six months).</li> <li>• Permanency plan is independence.</li> </ul>

	<ul style="list-style-type: none"> <li>• MDT reviews the service or if no MDT, DHHR worker and supervisor reviewed the service.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented, but not reasonably accomplished.</li> <li>• MDT has reviewed service plan or if no MDT, DHHR worker and supervisor reviewed the service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented and reasonably accomplished</li> <li>• Youth has turned 21 years old.</li> <li>• Another more appropriate service has been identified due to the youth's behavior or lack of ability to reasonably accomplish identified objectives.</li> <li>• Youth exits foster care system.</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• NEMT is available for Medical Appointments</li> <li>• Public Transportation is accessible for youth</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the DHHR's service plan/Youth Transitional/ Learning Plan must be present in the case record.</p>

**Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a valid Driver's license from the employee's state of residence, insurance and have an acceptable CIB and no negative findings on APS/CPS screen. See Appendix 1.

# YS Reunification Services

## Safety Services 240450

**Definition:** A grouping of services for families that provides safety to children, families and communities while reducing or eliminating conditions/behaviors leading to out-of-home placement of children due to Youth Services (including juvenile court) involvement. This grouping includes supervision, individualized parenting, family crisis response and child-oriented activity. The mix of these services provided is based upon the in-home Behavioral Control plan completed by the DHHR worker. These services cannot be met appropriately through other community resources such as adult education classes, personal care or Extension Services. Eighty percent of the services must occur in the family's home or community. The remaining twenty percent of the activities may be administrative functions/activities that directly relate to the control of the safety risk Factors. These activities correspond to the services identified in the bundle and target controlling the behavior and conditions that immediately threaten the children/family/community. This service must commence within 24 hours of referral. Community refers to the places that are natural locations the family would be together, not office settings.

**Supervision:** "Eyes on" oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out activities of daily living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency and well-being. Structure and environmental control are needed to ensure safety of family and community from the impulsive, delinquent or criminal behavior of the identified client or to ensure safety of a child and the family due to the volatile, aggressive and/or self-harmful behaviors of a child or family member. In some cases, previous attempts at appropriate structure and environmental control are documented and have been unsuccessful. This service cannot be implemented during school hours.

**Individualized Parenting:** Direct face-to-face services to improve parental competence and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care and age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided in a group or individual setting and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition.

**Family Crisis Response:** Family crisis response is a face-to-face intervention in the consumer’s natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to a point where safety (protection from abuse and/or neglect) of a child or the community may be at risk of imminent danger. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 Days Registration Required Unit = One hour 200 hours direct contact
<b>Maximum Total Authorizations Available</b>	2 (Must go to the WV DHHR Review Committee for more)
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• A Youth Behavioral Evaluation was completed and child was placed out-of-home and then returned.</li> <li>• Open Youth Services case.</li> <li>• MDT-<b>or</b> DHHR Worker, Family and DHHR Supervisor have reviewed the case and agree that the youth can be returned home with appropriate services in place.</li> <li>• An in-home Behavioral Control plan has been developed based on the risk Factors determined in the Youth Behavioral Evaluation.</li> <li>• Referral was received directly from Department staff.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• MDT must be involved for those youth who have been adjudicated.</li> <li>• Child has returned to the family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress towards the identified goals/objectives on the safety plan has been documented, but not reasonably accomplished.</li> <li>• MDT-<b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed service plan and agree that family placement is still appropriate.</li> <li>• No less restrictive service/ intervention is appropriate and available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• Youth/Family continues to display risk behaviors</li> </ul>

	documented on the Youth Behavior Evaluation that indicated the need for a safety plan.
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress towards the identified goals/objectives on the Behavioral Control plan has been documented and reasonably accomplished.</li> <li>• MDT-<del>or</del> DHHR Worker, Family and DHHR Supervisor has reviewed service plan and agree that the family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth/family's behavior.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Only Child-oriented activity, Transportation and Emergency Respite can be authorized concurrently with YS Safety Services</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• Supervision cannot be implemented during school or daycare hours.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Need for the service is not just to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE/Behavior Control Plan and service plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by</p>

	<p>DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul> <p>A written exit summary.</p>
--	---

**Additional Service Criteria:**

For individualized parenting service, and family crisis response

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If you are an agency with LBHC, child care or child-placing license, you can have 4 year degree and be supervised, but private providers must be licensed.

For supervision, child-oriented activity, and transportation

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

Child-Oriented Activity providers can have special training or certification in their recreational service area and may not have a high school diploma.

## Supervision 240175

**Definition:** “Eyes on” oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out activities of daily living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency and well being.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Structure and environmental control is needed to ensure safety of family and community from the impulsive, delinquent or criminal behavior of the identified client, <b>-or-</b></li> <li>• Structure and environmental control is needed to ensure safety of a child and the family due to the volatile, aggressive and/or self-harmful behaviors of a child or family member, <b>-or-</b></li> <li>• Previous attempts at appropriate structure and environmental control are documented and have been unsuccessful, <b>-and-</b></li> <li>• Youth Behavioral Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan after returning from foster care placement.</li> <li>• The MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommends reunification.</li> <li>• The case record indicates the family displayed risk behaviors, as initially noted on the YBE, that indicate a need for supportive services to reunify the family safely.</li> <li>• Supervision is identified on the Service Plan that has been reviewed by the MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor.</li> <li>• Service cannot be safely provided through a</li> </ul>



	<p>community resource or the family support system.</p> <ul style="list-style-type: none"> <li>• The child has returned to the family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented, but not reasonably accomplished.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed service plan and agree that family placement is still appropriate.</li> <li>• No less restrictive service/intervention is available.</li> <li>• Service cannot be safely provided through a community resource or the family support system.</li> <li>• Youth continues to display behaviors documented on the Youth Behavioral Evaluation that indicated the need for continued service.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Progress toward the identified goals/objectives on the service plan has been documented and reasonably accomplished.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed service plan and agree that family placement can be maintained without this level of service.</li> <li>• A less restrictive service/intervention is available.</li> <li>• Service can now be safely provided through a community resource or the family support system.</li> <li>• Another service is warranted by lack of positive change in the youth/family's behavior.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If youth is Medicaid eligible, Behavior Management Services must have been denied.</li> <li>• This service cannot be implemented during school or daycare hours.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• Need for the service is not just to clinically monitor for homicidal and/or suicidal behaviors.</li> </ul>

<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
-----------------------------	---

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor’s degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver’s licenses from employee’s state of residence and insurance.

## Adult Life Skills 240310

**Definition:** Direct service in which the identified parent is assisted to develop social/emotional and community support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult life skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include house keeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records and personal care/hygiene. This service is implemented when there is a lack of skill knowledge not due to a mental health condition and implies that there is not a lack of motivation. Provider will work with client on identified deficits.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = one hour 35 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT or DHHR Worker, Family and DHHR Supervisor has reviewed progress since removal of the youth and recommend reunification which has occurred.</li> <li>• The case record indicates the family displayed risk behaviors, as initially noted on the YBE, that indicate a need for supportive services to reunify the family safely.</li> <li>• YBE/Service plan indicated parents' lack of basic life skills to maintain safety, health and well being of children in their care is directly related to the child's involvement with Youth Services.</li> <li>• Service plan documents the need for the service with specific objectives targeting the identified areas of improvement.</li> <li>• Service recommended by the MDT or DHHR Worker, Family and DHHR Supervisor.</li> <li>• Service cannot be met appropriately through</li> </ul>

	<p>other community resources, such as adult education classes or Extension Services.</p> <ul style="list-style-type: none"> <li>• Family has explored social support system members capable of providing service to the identified client.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor reviews case and determines family/community placement is still appropriate.</li> <li>• Progress toward service plan goals/objectives is documented, but has not been achieved.</li> <li>• Service cannot be met appropriately through other community resources.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed the service plan and recommend the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the youth's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• This service cannot be provided to the primary client in a YS case and under the age of 18. It is expected that the Ancel Casey assessment will be completed on all children 14 and older that</li> </ul>

	<p>are clients in open YS cases.</p>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care. If the parent previously had the skill and lost the ability to perform the task due to the severity of their mental illness/ substance abuse, a mental health professional should be consulted to determine if the parent meets medical necessity for Basic Living Skills in the Medicaid Rehabilitation Manual.</li> <li>• Severity of the parent’s impairment due to mental retardation or developmental delays may preclude provision of this service. A mental health professional should be consulted to evaluate the possibility of short-term Day Treatment Services.</li> <li>• Severity of parent’s impairment due to traumatic brain injury (TBI) may preclude provision of this service. A rehab professional should be consulted to evaluate the possibility of rehabilitation services.</li> </ul>
<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the service plan and/or safety service plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10<sup>th</sup> day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service</li> </ul>

	<p>needs</p> <ul style="list-style-type: none"> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>
--	---

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice
  - Board of Regents with an emphasis in Human Service
  - Gerontology
  - Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Individualized Parenting 240300

**Definition:** Direct face-to-face services to improve parental competence and knowledge of:

- Basic child/adolescent care skills
- Nurturing
- Discipline strategies
- Appropriate supervision
- Encouragement of child/adolescent care and age appropriate development
- Realistic expectations and standards of child/adolescent behavior

This service is provided one on one and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition. Providers must use established curriculum or applicable parts of established curriculum. As the Bureau for Children and Families moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = one hour 39 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Youth Behavior Evaluation and was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>2. The MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification which has occurred.</li> <li>3. The case record indicates the family displayed risk behaviors, as initially noted on the YBE/service plan, that indicate a need for supportive services to reunify the family safely.</li> <li>4. YBE/service plan indicated parents' lack of specific parenting skills to maintain safety, health and well being of children in their care are directly related to the child's involvement with Youth Services.</li> <li>5. Parent must demonstrate one or more of the following.</li> </ol>

	<ol style="list-style-type: none"> <li>a. Inappropriate expectations of the child/adolescent.</li> <li>b. Inability to be empathetically aware of child/adolescent needs.</li> <li>c. Difficulty assuming role of parent.</li> <li>d. Lack of knowledge in feeding, bathing, basic medical treatment, and basic supervision.</li> </ol> <ol style="list-style-type: none"> <li>6. Service plan documents a need for the service with specific goals and objectives identifying areas for improvement.</li> <li>7. Service recommended by the MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor.</li> <li>8. Service cannot be met through other community resources (in as disability specific support groups such as CHADD for those with ADHD) or family's support system.</li> <li>9. Youth Behavioral Evaluation was completed and it was determined a behavioral control plan with service provided to the parent was needed to maintain the child in the home.</li> <li>10. The child has returned to the biological/family of origin.</li> </ol>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward service plan goals/objectives is documented, but has not been achieved.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service continue and agree that placement in the home is still appropriate.</li> <li>• Service cannot be met appropriately through other community resources.</li> </ul>
<b>Discharge Criteria</b> (Any element may result in discharge or transfer)	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the family's condition.</li> <li>• No outlook for improvement within this level of service.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one parent in the same household is involved with this intervention, bill the service</li> </ul>



	through one parent.
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child’s issues precludes provision of services in this level of care.</li> <li>• Severity of the parent’s impairment due to a mental illness or substance abuse problem may preclude provision of service in this level of care.</li> <li>• Lack of social support systems indicates that a more intensive service is needed.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client’s response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW or related four-year degree. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication
  - Human Services
  - Primary or Secondary Education
  - Criminal Justice

- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **and**
- Experience providing direct service to families.
- Staff person must be under supervision of a licensed social worker, counselor or psychologist with three years postgraduate work experience with families, one of which must be in staff supervision **and**
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Family Crisis Response 240215

**Definition:** Family crisis response is a face-to-face intervention in the consumer's natural environment to assess and de-escalate a family emergency. This service may target dysfunctional family interactions or environmental situations that have escalated to point that safety (protection from abuse and/or neglect) of a child or the community may be at risk of imminent danger. This service is available twenty-four hours a day, seven days a week. This service responds to the current family crisis that involves family disorganization and/or emotional upheaval that has resulted in an inability to adequately function and problem solve. Providers of this service are expected to contact the assigned DHHR worker every time they must respond to a call from a family. This contact must take place by the next business day of the provider has responded. This is considered by the DHHR to be a safety service only, meaning that it is not utilized for treatment of any condition.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 72 Units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavioral Evaluation and/or the family assessment was completed and it was determined that the youth could not be maintained in their home with a behavioral control plan.</li> <li>• The MDT or DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification.</li> <li>• The case record indicates the family displayed risk behaviors, as initially noted on the YBE/service plan, that indicate a need for supportive services to reunify the family safely.</li> <li>• YBE/service plan indicated parents' lack of basic coping skills to maintain safety, health and well-being of children in their care are directly related to the child's involvement with Youth Services.</li> <li>• Youth Behavioral Evaluation was completed and it was determined a behavioral control plan with service provided to the whole family unit</li> </ul>

	<p>was needed to maintain the child in the home.</p> <ul style="list-style-type: none"> <li>• Parent and/or child are unable to resolve crisis situations and conflicts without abuse and/or neglect or community danger.</li> <li>• Service plan documents the need for the service with specific areas for improvement targeted.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor agree the plan for the child to remain in the home is appropriate.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Youth continues to display behaviors documented on the Youth Behavioral Evaluation that indicate the need for a behavioral control plan.</li> <li>• Progress toward goals/objectives has been documented, but not achieved.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor agree that placement in the home is still appropriate.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have substantially been met.</li> <li>• Parent requests discharge.</li> <li>• Another service is warranted by change in the youth's condition.</li> <li>• No progress has been documented toward achievement of goals/objectives on the service plan.</li> <li>• No outlook for improvement with this level of service.</li> <li>• Service can now be provided through a community resource.</li> <li>• Family has developed a social support system capable of providing the service to the identified client.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are</li> </ul>

	<p>not eligible for this service.</p> <ul style="list-style-type: none"> <li>If multiple children/youth are involved in the resolution of a crisis situation related to the same issue, request authorization under one child/youth's case. Documentation of the episode must identify all the individuals involved in the incident.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>In determining if a family member is homicidal or suicidal, a mental health evaluation should be completed.</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>Code or service name</li> <li>Summary of the intervention</li> <li>Client's response to the intervention</li> <li>Relation to the service plan</li> <li>Location where service occurred</li> <li>Duration</li> <li>Start/stop time</li> <li>Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>A list of dates of service and the specific services rendered and/or attempts</li> <li>Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>Plan for further interventions</li> <li>Any identified unmet concrete or service needs</li> <li>Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

- Staff providing this service must have a BSW with social work licensure or related four-year degree with social work licensure. Related degrees are:
  - Sociology
  - Psychology
  - Counseling
  - Interpersonal Communication

- Human Services
- Primary or Secondary Education
- Criminal Justice
- Board of Regents with an emphasis in Human Service
- Gerontology
- Family and Consumer Science **or**
- A master's degree in social work, counseling or psychology with licensure **and**
- Experience providing direct service to families
- All providers must have an acceptable CIB **and** an APS/CPS screen completed with no negative information. See Appendix 1.
- Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Emergency Respite 240210

**Definition:** Unplanned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of a child(ren) for a brief period of time. Service may be provided in or out of the natural home or on an hourly/daily basis. Temporary relief from parenting responsibilities is provided to avoid an abuse, neglect or abandonment situation or a placement disruption.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 30 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	Maximum of 120 units (five days) or 4 authorizations
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed progress since removal of the youth and recommend reunification.</li> <li>• The case record indicates the family displayed risk behaviors, as initially noted on the YBE/service plan, that indicate a need for supportive services to reunify the family safely.</li> <li>• Child's service plan reflects the need for the service.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend this service.</li> <li>• Family lacks a social support system capable of providing service to the identified client.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to lack a social support system capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as</li> </ul>

	<p>identified on the service plan.</p> <ul style="list-style-type: none"> <li>• Service plan identifies the current plan is for the child to remain in the identified home.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service socially Necessary Service codes may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan and behavioral control plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** Paraprofessional staff must have at least a High School Diploma/GED Certificate and one year's experience providing direct service to families. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

**Respite Provider Qualifications:**

- Provider must be age eighteen (18) or older
- Provider must have a high school diploma or GED
- Must have a Criminal Investigation Bureau (CIB) background check meeting WV DHHR policy standards. See Appendix 1.
- An APS/CPS Screen must be completed. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Consumer Rights and Confidentiality Training.
- Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.



Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

## Respite 240200

**Definition:** Planned break for primary caretakers who are in challenging situations in which a trained provider, friend or family member assumes care giving and supervision of a child(ren) for a brief period of time. Service may be provided in or out of the natural home or on a hourly/daily basis. Service may also be utilized if the caretaker has a scheduled inpatient medical procedure.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One hour 84 units per 92 days Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could not be maintained in the home with a behavioral control plan.</li> <li>• The MDT or DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification.</li> <li>• The case record indicates the family displayed risk behaviors, as initially noted on the YBE/service plan, that indicate a need for supportive services to reunify the family safely.</li> <li>• Parent(s) are in need of a break from supervision and care giving responsibilities due to continual stress or planned inpatient medical procedure.</li> <li>• Service plan documents the need for the service with specific areas targeted for improvement.</li> <li>• MDT or DHHR Worker, Family and DHHR Supervisor recommend the service.</li> <li>• Family has explored social support system members capable of providing service to the identified client and documentation is present in the record.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>

<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• MDT or DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to explore social support system members capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Service plan identifies the current plan is for the child to remain in the identified placement if possible.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Service can now be provided through the family support system.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service Socially Necessary code may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan and individual behavioral control plan must be present in the case record.</li> </ul>

**Additional Service Criteria:** Paraprofessional staff with a High School Diploma/GED Certificate and one year's experience providing direct service to families. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

Respite Provider Qualifications:

- Provider must be age eighteen (18) or older
- Provider must have a high school diploma or GED

- Must have a Criminal Investigation Bureau (CIB) background check meeting WV DHHR policy standards. See Appendix 1.
- An APS/CPS screen must be completed. See Appendix 1.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.  
Consumer Rights and Confidentiality Training.  
Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.

Note: If the provider is a relative or non-custodial friend of the family, all credentialing and training requirements are waived except the CPS/APS screen. See Appendix 1.

## Lodging 240120

**Definition:** Hotel or motel accommodations required when transportation is authorized in extenuating circumstances. Lodging does not cover other convenience/entertainment services that may be available through the hotel/motel. Reimbursement will be for the least expensive single room rate available up to \$70. Charges incurred due to the failure of the transportation provider to notify the lodging facility of cancellation will be considered a personal expense of the provider.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One Night
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed progress since removal of the youth and recommend reunification which has occurred with at least one parent.</li> <li>• The case record indicates the family displayed risk behaviors that indicate a need for supportive services to reunify the family safely.</li> <li>• Child's service plan reflects the need for the service.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend this service.</li> <li>• Family lacks a social support system capable of providing service to the identified client.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to lack a social support system capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Service plan identifies the current plan is for the child to remain in the identified home.</li> </ul>

<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service socially Necessary Service codes may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> <li>• The child can effectively and safely be treated at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>• A copy of the service plan/behavioral control plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

Service may be reimbursed in advance by following the procedure and using the pre-paid transportation forms located on the DHHR intranet site. A reconciliation of money paid in advance must occur upon completion of the trip. If this does not occur, the client is no longer eligible for this service.

## Meals 240125

**Definition:** Food for one identified transportation provider. Reimbursement is limited to the actual expenses for food not to exceed state employee reimbursement rate for meals.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	Unit = One Days Meals Cannot exceed 3 per day
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor has reviewed progress since removal of the youth and recommend reunification which has occurred with at least one parent.</li> <li>• The case record indicates the family displayed risk behaviors that indicate a need for supportive services to reunify the family safely.</li> <li>• Child's service plan reflects the need for the service.</li> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend this service.</li> <li>• Family lacks a social support system capable of providing service to the identified client.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to lack a social support system capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Service plan identifies the current plan is for the child to remain in the identified home.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> </ul>

	<ul style="list-style-type: none"> <li>Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service socially Necessary Service codes may be billed concurrently while this code is being utilized.</li> <li>Those receiving Waiver or ICF/MR services are not eligible for this service.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child's issues precludes provision of services in this level of care.</li> <li>The child can effectively and safely be treated at a lower level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>A copy of the service plan/behavioral control plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

Service may be reimbursed in advance by following the procedure and using the pre-paid transportation forms located on the DHHR intranet site. A reconciliation of money paid in advance must occur upon completion of the trip. If this does not occur, the client is no longer eligible for this service.



## MDT Attendance 240455

**Definition:** Re-imbursement for an agency/independent provider participating in the quarterly individual Multi-Disciplinary Team Meeting in person to present written reports of progress, answer questions and assist in establishing the appropriate plan for the identified child and/or family. Provider must be actively working with the client and submitting monthly summaries to the DHHR worker. For Reunification the child **must be** in at least one parent’s physical custody and/or it is mandated in BCF Policy or WV Statute.

**Eligible for one representative per agency for:**

- ASO Providers actively providing a treatment or safety service
- Mental Health Professionals providing direct treatment (Example: Therapist)

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One Meeting One unit per 92 days
<b>Maximum Total Authorizations Available</b>	2
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• The identified youth was removed from the home due to an inability to control the youth’s behavior and has now returned.</li> <li>• Youth has been reunified with their family.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Youth remains in the community with their family</li> <li>• Youth or family is actively receiving safety/treatment services from a provider that is not receiving administrative case management through their provider agreement with DHHR</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Case has been closed</li> <li>• Youth has returned to custody of the DHHR and placed in a foster care setting or</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• Provider is not already receiving reimbursement for administrative case management through a Provider Agreement with DHHR.</li> <li>• No individual fee for service code including</li> </ul>

	<p>Medicaid Clinic or Targeted Case Management may be billed concurrently while this code is being utilized.</p>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Documentation</b>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and presented to the MDT and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul>

**Additional Service Criteria:**

## Private Transportation 240100

**Definition:** Reimbursement for the provision of transportation services in a personal vehicle. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR child/family's service plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc.

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

Please note: non-emergency medical transportation (NEMT) is utilized for medically necessary services. NEMT is accessed through the Office of Family Assistance

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One mile Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavioral Evaluation and/or the family assessment was completed and it was determined that the youth could not be maintained in the home with a behavioral control plan.</li> <li>• The MDT or DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification.</li> <li>• The case record indicates the family displayed risk behaviors that indicate a need for supportive services to reunify the family safely.</li> <li>• The YBE/service plan and/or case record indicated parents' lack of transportation was directly related to the child's involvement with Youth Services because it inhibited the parents' ability to maintain safety, health and well-being of children in their care.</li> <li>• Documentation of the parent's inability to provide</li> </ul>

	<p>this service and the subsequent reason must be in the consumer's record.</p> <ul style="list-style-type: none"> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored exhausted.</li> <li>• The DHHR Service plan must document the need for this service and have specific areas or appointment types that target improvement.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor must recommend this service.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family lacks support system to provide the service.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor agree that the youth is appropriate to remain in the home setting.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one member of a case is being</li> </ul>

	<p>transported, bill under one FACTS client ID and note all present in documentation.</p> <ul style="list-style-type: none"> <li>• NEMT can be accessed</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the referral</li> <li>• A log of trips with date, miles and reason for trip</li> </ul>

**Additional Service Criteria:**

For relatives or non-custodial friend of the family, all credentialing and training requirements are waived. The expectations are that a family member or non-custodial friend of the family will insure that they have a valid driver's license and minimum required insurance or will arrange the transportation with a driver who does.

## Public Transportation 240110

**Definition:** Reimbursement for the provision of transportation on buses, planes, and/or trains. This code may be used for local bus passes or long distance bus tickets. Rental Cars, tolls if a rental car is used, taxi fares and parking are also included in this service. The activity(ies) that the child/youth and/or family need transportation for must be explicitly documented on the DHHR child/family's service plan. Examples include medical appointments for which non-emergency medical transportation could **not** be accessed or respite, recreation activities, etc. The least costly means available must be utilized. This service covers the fare for the shortest practical route to/from the traveler's destination.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = Event Registration Only
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT - or DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification which has occurred with at least one parent.</li> <li>• The case record indicates the family displayed risk behaviors that indicate a need for supportive services to reunify the family safely.</li> <li>• YBE/service plan and/or case record indicated the parents' lack of transportation was directly related to the child's involvement with Youth Services because it inhibited the parents ability to maintain safety, health and well being of children in their care.</li> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored exhausted.</li> <li>• Service plan originated by DHHR must document</li> </ul>

	<p>the need for this service and have specific areas or appointment types that are targeted for improvement.</p> <ul style="list-style-type: none"> <li>• MDT or DHHR Worker, Family and DHHR Supervisor must recommend this service.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family lacks support system to provide the service.</li> <li>• MDT - or DHHR Worker, family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT - or DHHR Worker, family and DHHR Supervisor agree that the youth is appropriate to remain in the home setting.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service</li> <li>• Excludes waiting time</li> <li>• NEMT can be accessed</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• A copy of the Referral for Socially Necessary Services and receipts must be kept.</li> <li>• Original receipts are sent with the invoice.</li> </ul>

**Additional Service Criteria**

- Agencies and/or private companies providing this service must be regulated through the appropriate state or federal transportation department/accrediting body

- Individual family members, children/youth or people identified within the case record may be enrolled for this service as a means to obtain pre-paid transportation when a provider is not enrolled. The individual is responsible for reconciling the transportation costs with the WV DHHR when the trip is completed. The DHHR worker must directly assist the family in the process of accessing pre-paid transportation.

Note: DHHR workers can find the Prepaid Transportation forms and instructions on the DHHR intranet site.



## Agency Transportation 240106

### Definition

This code may be utilized for providers' mileage encumbered when the following services from the Youth Services Family Reunification Program Option have been implemented within the child/family's home:

- Safety Services (Includes entire group of services)
- Supervision
- Adult Life Skills
- Individualized Parenting
- Family Crisis Response
- Child-oriented activity
- Supervised Visitation One
- Transportation Time
- MDT Attendance

The least costly means available must be utilized. This service covers actual miles traveled using the shortest practical route to the traveler's destination. This rate is intended to cover all operating costs of the vehicle (including fuel, maintenance, depreciation, insurance, etc.).

If a provider is unable to deliver the identified service upon traveling to the home, this code may be billed up to three times within the ninety-two (92) day authorization period when the following conditions are met:

- The provider/agency has a policy and procedure regarding the expectations of the families being served. The importance of keeping scheduled appointments, notifying the provider when an appointment needs to be cancelled and the means in which the DHHR will be notified if appointments are not kept are reviewed with the client(s).
- The provider/agency has a policy and procedure about notifying the Department regarding youth/family's non-compliance with established scheduled appointments.
- There is documentation of the visit being scheduled within the case record.

Please note: the rate will be based upon the current State of West Virginia reimbursement rate.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One mile 1000 units Registration Only
<b>Maximum Total Authorizations</b>	4

Available	
<p><b>Admission Criteria</b></p>	<ul style="list-style-type: none"> <li>• Youth Behavioral Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT- or DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification.</li> <li>• The case record indicates the family displayed risk behaviors, as initially noted on the family assessment, that indicate a need for supportive services to reunify the family safely.</li> <li>• YBE/service plan and/or case record indicated parents' lack of transportation was directly related to the child's involvement with Youth Services because it inhibited the parents' ability to maintain safety, health and well being of children in their care.</li> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored exhausted.</li> <li>• Service plan originated by DHHR plan must document the need for this service and have specific areas or appointment types that targeted for improvement.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor must recommend this service.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family lacks support system to provide the service.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided</li> </ul>

	<p>through a community resource.</p> <ul style="list-style-type: none"> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor agree that the youth is appropriate to remain in the home setting.</li> </ul>
<p><b>Discharge Criteria</b> (Any element may result in discharge or transfer)</p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS' custody for detention/incarceration</li> </ul>
<p><b>Service Exclusions</b></p>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• Those receiving Waiver or ICF/MR services are not eligible for this service.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>•</li> </ul>
<p><b>Clinical Exclusions</b></p>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<p><b>Documentation</b></p>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR service plan and behavioral control plan must be present in the case record.</li> </ul>

- **Additional Service Criteria:** For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

## Intervention Travel Time 240105

**Definition:**

This code is for reimbursing providers who are traveling to a MDT or to complete a home visit in which a Socially Necessary Service is being provided when the time to reach the home from the providers business **exceeds one hour one way**. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR's child/family's service plan and all other natural supports/options have been explored.

**Service Codes:**

- Safety Services
- Individualized Parenting
- Supervision
- Family Crisis Response
- Supervised Visitation One
- MDT Attendance

This service covers actual time traveled using the shortest and/or quickest practical route to the traveler's destination. The billable service begins after the provider leaves their identified place of business and ends when provider reaches the family's home or identified location. If the provider is doing concurrent home visits, the time traveling from one home to the next must exceed one hour one way to be billed. Maximum of 16 units per day are allowable.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit= 15 min 416 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Provider has been referred one of the designated services</li> <li>• Youth has physically returned back to a parent or relative</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• Service continues to recommended by the MDT/DHHR</li> <li>• Progress towards goals noted on DHHR Service plan has been documented</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• No progress has been made</li> <li>• Case is closed</li> <li>• Family refuses in-home services</li> <li>• Goals on the DHHR service plan have been</li> </ul>

	<p>substantially met</p> <ul style="list-style-type: none"> <li>Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>Excludes tolls and parking</li> <li>Does not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.</li> <li>MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>A copy of the DHHR's service plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.

## Transportation Time 240104

**Definition:**

This code is for providers whose only service is transporting a DHHR client(s). These providers/transporters are not associated with their own provision of a socially or behavior health medically necessary service. The provider is not engaged in an otherwise billable activity. Mileage encumbered when transporting is billed separately. The service has been documented in the DHHR’s child/family’s service plan and all other natural supports/options have been explored including DHHR staff and are not available for this event.

The least costly means available must be utilized. This service covers actual time traveled using the shortest practical route to the traveler’s destination.

**Activities:**

- Drugs Screens
- Not eligible for NEMT

The billable service begins when the provider leaves their identified place of business point and ends when provider returns to this location. Waiting time at the identified destination is included. The maximum number of hours this service may be provided in a 24 hour period is 12 hours or 48 units. Ten hours for when consumers are in the vehicle and up to 12 hours total. If an overnight trip is required, no more that 12 hours or 48 units may be invoiced. When not in the vehicle, the provider must remain at the location with the client.

If Non-Emergency Transport (NEMT) is available, this service may not be used. It can not replace the responsibility of foster parents, parents, family members, family friends or Specialized/Therapeutic foster care agencies duties.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	208 units/92 days Unit= 15 minutes Maximum of 48 units within a 24 hour period Registration Only
<b>Maximum Total Authorizations Available</b>	1
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavioral Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home with a behavioral control plan.</li> <li>• The MDT- or DHHR Worker, Family and DHHR</li> </ul>

	<p>Supervisor have reviewed progress since removal of the youth and recommend reunification.</p> <ul style="list-style-type: none"> <li>• The case record indicates the family displayed risk behaviors that indicate a need for supportive services to reunify the family safely.</li> <li>• YBE/service plan and/or case record indicated parents' lack of transportation was directly related to the child's involvement with Youth Services because it inhibited the parents' ability to maintain safety, health and well-being of children in their care.</li> <li>• Documentation of the parent's inability to provide this service and the subsequent reason must be in the consumer's record.</li> <li>• Documentation in the record that other sources, such as the family support system, public transportation or non-emergency medical transportation services, have been explored exhausted.</li> <li>• Service plan originated by DHHR plan must document the need for this service and have specific areas or appointment types that are targeted for improvement.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor must recommend this service.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>• Progress toward accessing transportation has been noted, but family still does not have a reliable means of transportation.</li> <li>• The family is still financially unable to meet the transportation needs, but does not qualify for any type of financial assistance related to transportation.</li> <li>• Family lacks support system to provide the service.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Service cannot be appropriately provided through a community resource.</li> <li>• MDT - or DHHR Worker, Family and DHHR Supervisor agree that the youth is appropriate to remain in the home setting.</li> </ul>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met substantially.</li> <li>• Family refuses service.</li> <li>• Family's case is closed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Family now has support system in place to provide the service.</li> <li>• Service can now be met appropriately through a community resource.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• If more than one member of a case is being transported, bill under one FACTS Client ID and note all present in documentation.</li> <li>• Excludes tolls and parking</li> <li>• NEMT is available</li> <li>• Does not replace the responsibility parents, family members or family friends</li> <li>• MR/DD waiver or ICF recipients are not eligible for this service</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>• Case note that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, transportation time for the trip (if transport time is approved), signature of the provider and his/her title or credentials.</li> <li>• A copy of the DHHR's service plan must be present in the case record.</li> </ul>

**Additional Service Criteria:**

- For agency and individual providers: All providers must be 18 or older with a regular license and have an acceptable CIB with no negative findings on their APS/CPS screen (see Appendix 1). Transportation Providers must have valid Driver's licenses from employee's state of residence and insurance.

If multiple people are on one transport, they must be from the same case. The trip will be billed on the case member that is farthest distance from the identified destination. If a protection order is in place between members within the case, they must be transported separately.



## Supervised Visitation One 240171

**Definition:** Service in which visitation between family members (parent to child or child to child) is observed to ensure general safety and appropriate interaction is maintained during visitation. Visitation provider either looks in on visits between family members periodically (as determined by DHHR visitation plan) or observes the visit while sitting in the room with the family members. Visitation provider will observe to ensure that no abuse, either physical or emotional, takes place during visitation. Provider will also ensure that parents do not inappropriately try to influence the child to recant prior statement to CPS/police officers. Provider will further ensure that family member visiting with the child continues to interact with the child during visitation instead of stepping outside to smoke or take phone calls, falling asleep or carrying on a conversation with the visitation provider instead of the child. During events such as these, the visitation provider will either re-direct the adult family member or if severe enough, end the visit after consultation with the child's assigned DHHR worker. If the visitation provider needs to contact the DHHR worker, he/she should take precaution to ensure that the visit is covered so that no further inappropriate interaction takes place while the visitation provider is out of the room contacting the DHHR worker. This type of visitation can be done at the family's home, an outdoor recreational setting, or in an office, whichever provides the needed safety of the children and provider.

<b>Target Population</b>	Youth Services
<b>Program Option</b>	Reunification
<b>Initial Authorization</b>	92 days Unit = One half hour 104 units per 92 days
<b>Maximum Total Authorizations Available</b>	4
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Youth Behavior Evaluation and/or the family assessment was completed and it was determined that the youth could be maintained in the home of one of the biological parents with a behavioral control plan.</li> <li>• The MDT or DHHR Worker, Family and DHHR Supervisor have reviewed progress since removal of the youth and recommend reunification which has occurred with one biological parent.</li> <li>• The case record indicates the negative family dynamics as initially noted on YBE/Behavioral Control Plan indicated a need for supervision with a relative that is not</li> </ul>

	<p>residing within the youth's home. Child's service plan reflects the need for the service.</p> <ul style="list-style-type: none"> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend this service.</li> <li>• Family lacks a social support system capable of providing service to the identified client.</li> <li>• The child has returned to the biological/family of origin.</li> </ul>
<b>Continuing Stay Criteria</b>	<ul style="list-style-type: none"> <li>• MDT <b>or</b> DHHR Worker, Family and DHHR Supervisor recommend the service continue.</li> <li>• Family continues to lack a social support system capable of providing service to the identified client.</li> <li>• Service continues to be needed to provide support to maintain consumer's placement as identified on the service plan.</li> <li>• Service plan identifies the current plan is for the child to remain in the identified home.</li> </ul>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ul style="list-style-type: none"> <li>• Goals and objectives have been met.</li> <li>• Child is placed in custody.</li> <li>• Child's case is closed.</li> <li>• Youth was placed in DJS custody for detention/incarceration</li> </ul>
<b>Service Exclusions</b>	<ul style="list-style-type: none"> <li>• No individual fee for service code including Medicaid Clinic, Rehabilitation or Targeted Case Management may be billed concurrently while this code is being utilized.</li> <li>• In cases where more than one member of the family is receiving this service, bill under one identified child and reflect all present in the documentation.</li> </ul>
<b>Clinical Exclusions</b>	<ul style="list-style-type: none"> <li>• Severity of child's issues precludes provision of services in this level of care.</li> </ul>

<p><b>Documentation</b></p>	<p>There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</p> <p>A case note must be completed for each service event that includes</p> <ul style="list-style-type: none"> <li>• Code or service name</li> <li>• Summary of the intervention</li> <li>• Client's response to the intervention</li> <li>• Relation to the service plan</li> <li>• Location where service occurred</li> <li>• Duration</li> <li>• Start/stop time</li> <li>• Signature of the provider and his/her title or credentials.</li> </ul> <p>A copy of the YBE/Behavior Control Plan and DHHR Service Plan/Visitation Plan must be present in the case record.</p> <p>A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. This monthly progress report must contain:</p> <ul style="list-style-type: none"> <li>• A list of dates of service and the specific services rendered and/or attempts</li> <li>• Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention</li> <li>• Plan for further interventions</li> <li>• Any identified unmet concrete or service needs</li> <li>• Date and name of DHHR staff to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month</li> </ul> <p>If more than one child present, document all participants in the intervention within the note.</p>
-----------------------------	---

**Additional Service Criteria:**

- Paraprofessional staff with a High School Diploma/GED Certificate **and**
- Experience providing direct service to families **and**
- Be under supervision of an individual with a BSW or related four-year Bachelor's degree with a social work, psychologist or counseling license who has two years post college experience providing direct service to families **and**
- All providers must have an acceptable CIB and an APS/CPS screen completed with no negative information. See Appendix 1.

# Appendix 1

## **Socially Necessary Crimes and Waivers Protocol**

**Effective March 1, 2010**

1. Employees who work for Providers of Socially Necessary Services shall possess no child or adult maltreatment substantiations, and shall have no criminal convictions in order to be eligible for employment unless a waiver is granted. Waivers may be requested when any of the following conditions apply:
  - a. Any convictions of crimes of deceit or dishonesty are at least 10 years old (i.e., forgery, bad checks);
  - b. DUI convictions must be at least five years old;
  - c. Any convictions involving reckless, erratic and/or dangerous driving behaviors must be at least two years old;
  - d. Any misdemeanor drug convictions must be at least 10 years old;
  - e. An applicant shall not be approved, employed, nor utilized if convicted of two or more misdemeanors unless the convictions are far enough in the past to indicate that behavior change has occurred and a waiver is requested and approved (1-5 years, depending on the nature of the crimes);
  
2. Any convictions that are not eligible for waiver under the Department's current CIB policy will not be considered for waiver under the Socially Necessary Services policy. Those crimes are as follows:
  - a. Abduction;
  - b. Any violent felony crime including but not limited to rape, sexual assault, homicide, malicious wounding, unlawful wounding, felonious domestic assault or battery;
  - c. Child/adult abuse or neglect;
  - d. Crimes which involve the exploitation of a child or an incapacitated adult;
  - e. Misdemeanor domestic battery or domestic assault;
  - f. Felony arson;
  - g. Felony or misdemeanor crime against a child or incapacitated adult which causes harm;
  - h. Felony drug related offenses within the last ten (10) years;
  - i. Felony DUI within the last ten (10) years;
  - j. Hate crimes;
  - k. Kidnapping;
  - l. Murder/homicide;
  - m. Neglect or abuse by a caregiver;
  - n. Pornography crimes involving children or incapacitated adults including but not limited to, use of minors in filming sexually explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, guardian or custodian, depicting a child engaged in sexually explicit conduct;
  - o. Purchase or sale of a child;

- p. Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure;
3. There is no forgiveness for CPS/APS maltreatment substantiations.
  4. Waiver Requests-Providers wishing to employ any individual with a conviction listed in section A should direct the following documents to Jane McCallister, 350 Capitol Street, Room 692, Charleston, WV 25301:
    - a. Criminal Record Statement Form completed by the prospective employee prior to finger prints being sent to the State Police. This allows the prospective employee to explain the surrounding circumstances for any criminal activity that may appear on the CIB check;
    - b. CIB results from the West Virginia State Police ;
    - c. A statement of why the waiver should be granted that is completed by the prospective employee. If the request is being submitted by an agency, the director of the agency must submit a statement along with the waiver request indicating support. The request will not be considered if the agency does not submit a statement of support.