**Service Code:** 1FG
**Service** Day Care – Family Group
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 9/ 1/1992
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is a payment to a licensed child care facility for protective child care. It is to be used to help maintain families through a crisis, or when it can assist in the process of maintaining children in their own homes.

Additional Rate guidelines:
Hourly: Infant (0 - < 24 months) $2.30
Hourly: Toddler (2 and 3 yrs old) $2.25
Hourly: Prew-School (4 and 5 yrs old) $2.00
Hourly: School Age (6 < 13 years old) $2.00

Daily: Infant (0 - < 24 months) $17.25
Daily: Toddler (2 and 3 yrs old) $15.80
Daily: Prew-School (4 and 5 yrs old) $15.00
Daily: School Age (6 < 13 years old) $13.80

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $17.25 |
| Daily | $15.00 |
| Hourly | $2.30 |
| Hourly | $2.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $17.25 |
| Hourly | $2.30 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 09/01/1992 | | |
| Daily | Review | 01/01/1999 | $17.25 | 07/01/1999 |
| Hourly | Initial Review | 09/01/1992 | | |
| Hourly | Review | 01/01/1999 | $2.30 | 07/01/1999 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** 1FP
**Service** Day Care - Providers Home Licensed
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 9/ 1/1992
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is a payment to a licensed child care facility for protective child care. It is to be used to help maintain families through a crisis, or when it can assist in the process of maintaining children in their own homes.

Additional Rate guidelines:
Hourly: Infant (0 - < 24 months) $2.30
Hourly: Toddler (2 and 3 yrs old) $2.00
Hourly: Prew-School (4 and 5 yrs old) $2.00
Hourly: School Age (6 < 13 years old) $2.00

Daily: Infant (0 - < 24 months) $17.25
Daily: Toddler (2 and 3 yrs old) $15.00
Daily: Prew-School (4 and 5 yrs old) $15.00
Daily: School Age (6 < 13 years old) $13.80

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $17.25 |
| Daily | $15.00 |
| Hourly | $2.30 |
| Hourly | $2.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $17.25 |
| Hourly | $2.30 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 09/01/1992 | | |
| Daily | Review | 01/01/1999 | $17.25 | 07/01/1999 |
| Hourly | Initial Review | 09/01/1992 | | |
| Hourly | Review | 01/01/1999 | $2.30 | 07/01/1999 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** 1FX
**Service** Day Care - Legal Exempt
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/23/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is a payment to a licensed child care facility for protective child care. It is to be used to help maintain families through a crisis, or when it can assist in the process of maintaining children in their own homes.

Additional Rate guidelines:
Hourly: Infant (0 - < 24 months) $2.00
Hourly: Toddler (2 and 3 yrs old) $2.00
Hourly: Prew-School (4 and 5 yrs old) $2.00
Hourly: School Age (6 < 13 years old) $1.75

Daily: Infant (0 - < 24 months) $14.37
Daily: Toddler (2 and 3 yrs old) $13.00
Daily: Prew-School (4 and 5 yrs old) $11.00
Daily: School Age (6 < 13 years old) $10.00

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $14.37 |
| Hourly | $2.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $14.37 |
| Hourly | $2.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 09/01/1992 | | |
| Daily | Review | 01/01/1999 | $14.37 | 07/01/1999 |
| Hourly | Initial Review | 09/01/1992 | | |
| Hourly | Review | 01/01/1999 | $2.00 | 07/01/1999 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** 1GA
**Service** Day Care - Center Accredited
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 9/ 1/1992
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is a payment to a licensed child care facility for protective child care. It is to be used to help maintain families through a crisis, or when it can assist in the process of maintaining children in their own homes.

Additional Rate guidelines:
Hourly: Infant (0 - < 24 months) $3.34
Hourly: Toddler (2 and 3 yrs old) $3.28
Hourly: Prew-School (4 and 5 yrs old) $3.28
Hourly: School Age (6 < 13 years old) $3.28

Daily: Infant (0 - < 24 months) $26.40
Daily: Toddler (2 and 3 yrs old) $21.45
Daily: Prew-School (4 and 5 yrs old) $18.90
Daily: School Age (6 < 13 years old) $18.70

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $26.40 |
| Daily | $18.90 |
| Hourly | $3.34 |
| Hourly | $3.28 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $26.40 |
| Hourly | $3.34 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 09/01/1992 | | |
| Daily | Review | 01/01/1999 | $26.40 | 07/01/1999 |
| Hourly | Initial Review | 09/01/1992 | | |
| Hourly | Review | 01/01/1999 | $3.34 | 07/01/1999 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** 1GP
**Service** Day Care - Child Care Center
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 9/ 1/1992
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
his is a payment to a licensed child care facility for protective child care. It is to be used to help maintain families through a crisis, or when it can assist in the process of maintaining children in their own homes.

Additional Rate guidelines:
Hourly: Infant (0 - < 24 months) $2.65
Hourly: Toddler (2 and 3 yrs old) $2.99
Hourly: Prew-School (4 and 5 yrs old) $2.30
Hourly: School Age (6 < 13 years old) $2.30

Daily: Infant (0 - < 24 months) $24.00
Daily: Toddler (2 and 3 yrs old) $19.50
Daily: Prew-School (4 and 5 yrs old) $17.19
Daily: School Age (6 < 13 years old) $17.00

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $24.00 |
| Daily | $17.19 |
| Hourly | $2.65 |
| Hourly | $2.30 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $24.00 |
| Hourly | $2.99 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 09/01/1992 | | |
| Daily | Review | 01/01/1999 | $24.00 | 07/01/1999 |
| Hourly | Initial Review | 09/01/1992 | | |
| Hourly | Review | 01/01/1999 | $2.99 | 07/01/1999 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** 1RC
**Service** Day Care - Resident Certificate
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 9/ 1/1992
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
his is a payment to a licensed child care facility for protective child care. It is to be used to help maintain families through a crisis, or when it can assist in the process of maintaining children in their own homes.

Additional Rate guidelines:
Hourly: Infant (0 - < 24 months) $2.20
Hourly: Toddler (2 and 3 yrs old) $2.00
Hourly: Prew-School (4 and 5 yrs old) $2.00
Hourly: School Age (6 < 13 years old) $1.85

Daily: Infant (0 - < 24 months) $15.80
Daily: Toddler (2 and 3 yrs old) $14.30
Daily: Prew-School (4 and 5 yrs old) $12.10
Daily: School Age (6 < 13 years old) $11.00

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $15.80 |
| Daily | $12.10 |
| Hourly | $2.20 |
| Hourly | $2.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $15.80 |
| Hourly | $2.20 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 09/01/1992 | | |
| Daily | Review | 01/01/1999 | $15.80 | 07/01/1999 |
| Hourly | Initial Review | 09/01/1992 | | |
| Hourly | Review | 01/01/1999 | $2.20 | 07/01/1999 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **AAG**

***Service*** **Absence-Intense Residential Assessment Services, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Assessment Services, Mental Health (DAG) provider. This code can only be opened in conjunction with DAG. This is not a stand alone services. See service code DAG for the program description.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $203.16 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** AAI
**Service** Absence-Individual Residential Assessment Services

**Creation Date:** 12/10/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Payment for absence days for youth in DCFS custody placed with a contractor providing Individual Residential Assessment Services (service code DAI). This service can only be opened in conjunction with DAI services. Generally, the Division may reimburse the provider at the daily rate when the client is absent from the facility/program for a planned family/home visit, planned visit to prospepctive foster home, independent living, kin placement, or other prospective home or program, unanticipated absence such as a run-away or detention or short-term hospital or nursing facility stay. The specific number of days that can be reimbursed is based on Region protocols for approving payment for absence days.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $64.66 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $66.66 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/10/2001 | $66.66 | 12/05/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **ABS**

***Service*** **Absence-Intensive Residential Treatment Services, Sexual Offenders, Level 7 Secure Care, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DYC

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Sexual Offender, Level 7 Secure Care, Mental Health (DSS) provider. This code can only be opened in conjunction with DSS. This is not a stand alone service. See service code DSS for the program description.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $225.76 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ACC
**Service** Absence-Intensive Residential Treatment Services, Pre School Age

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Pre-School Age (DCC) provider. This code can only be opened in conjunction with DCC. This is not a stand alone service. See service code DCC for the program description.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $159.26 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $181.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $167.66 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $173.92 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $181.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** AFB
**Service** Absence-Family Based Residential Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

**Description:**
Payment for vacancy days for youth in custody placed with a Family Residential Care (DFB, YFB) provider. This code can only be opened in conjunction with DFB or YFB. This is not a stand alone service. See service codes DFB or YFB for the program

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $56.65 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $73.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $68.08 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $70.62 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $73.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

***Service Code:*** **AFM**

***Service*** **Absence-Family Based Residential Care, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DYC

***Description:***

Payment for vacancy days for youth in custody placed with a Family Based Residential Care, Mental Health (DFM, YFM) provider. This code can only be opened in conjunction with DFM or YFM. This is not a stand alone service. See service code DFM or YFM for the program description.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $88.49 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** AIR
**Service** Absence-Individual Residential Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:

Payment for vacancy days for youth in Division of Child and Family Services custody place with an Individual Residential care (DIR, YIR). This code can only be opened in conjunction with DIR or YIR. It is not a stand only service.

Client Description: Frequent or repetitive problems in one or more areas; may engage in anti-social acts, but is capable of meaningful interpersonal relationships. Requires supervision in structured supportive setting with counseling available from professional and/or para?professional staff.

Facility: For a complete description of the facility required refer to description under Code DIR.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $65.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $85.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 07/01/1994 | $79.03 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $81.97 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $85.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

***Service Code:*** **AIS**

***Service*** **Absence-Individualized Residential Treatment Services, Cognitively Impaired**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Used to pay for approved absence days when a child in DCFS custody is placed in an Individualized Residential Treatment Services, Cognitively Impaired level of care.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $275.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** ALF
**Service** Absence-Residential Treatment Services, Cognitively Impaired

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS
DYC

**Description:**
Payment for vacancy days for youth in custody placed with a Residential Treatment Services, Cognitively Impaired (YLF, DLF) provider. This code can only be opened in conjunction with DLF or YLF. This is not a stand alone service. See service code DLF, YLF for the program description.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $131.74 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $167.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $154.87 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $160.65 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $167.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ALR
**Service** Absence-Independent Living Residential Care

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS
DYC

**Description:**
This code is used to identify days absent from placement in the Independent Living Residential Program (YLR, DLR) for Medicaid reimbursement. This code must be used in conjunction with the YLR or DLR code and cannot be open by itself.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $65.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $85.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $79.03 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $81.97 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $85.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ALS
**Service** Absence-Intensive Residential Treatment Services, Cognitively Impaired

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS
DYC

**Description:**
Payment for vacancy days for youth in custody placed with an Intensive Residential treatment Services, Cognitively Impaired (DLS) provider. This code can only be opened in conjunction with DLS. This is not a stand alone service. See service code DLS for the program description.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $141.93 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $180.65 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/01/1998 | $166.78 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $173.00 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $180.65 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** APG
**Service** Absence-Residential Services, Pregnant/Parenting Teen

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS
DYC

**Description:**
Payment for vacancy days for youth in custody placed with a Residential Services, Pregnant Parenting Teen (YPG, DPG) provider. This code can only be opened in conjunction with YPG or DPG. This is not a stand alone service. See service code YPG or DPG for program description.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $73.52 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $92.71 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/01/1998 | $85.60 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $88.79 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $92.71 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** API
**Service** Absence-Intensive Psychiatric Residential Treatment Services

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Payment for vacancy days for youth in custody placed with an Intensive Psychiatric Residential Treatment (DPI) provider. This code can be opened in conjunction with DPI. This is not a stand alone service. See service code DPI for the program description.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $263.96 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $300.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $277.66 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $288.01 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $300.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **APM**

***Service*** **Absence-Psychiatric Residential Treatment Services, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DYC

***Description:***

Payment for vacancy days for youth in custody placed with a Psychiatric Residential Treatment Services, Mental Health (YPM, DPM) provider. This code can only be opened in conjunction with DPM or YPM. This is not a stand alone service. See service code DPM or YPM for the program description.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $225.76 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** APR
**Service** Absent-Psychiatric Residential Treatment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:

Payment for vacancy days for youth in Division of Child and Family Services/Division of Youth Corrections custody placed with a Psychiatric Residential Treatment Provider (ARP). This code can only be opened in conjunction with DPR or YPR. This is not a stand alone service.

Client Description: Very severe impairment(s), disability(s), or need(s), consistently unable or unwilling to cooperate in own care. May be severely aggressive or exhibit self destructive behavior or grossly impaired in reality testing, communication, cognition affect, or personal hygiene. May present severe to critical risk or causing serious harm to self or others. Children and adolescents in this level of care have acute or chronic emotional or behavioral disorders or conditions such that a highly structured program with 24-hour supervision and nursing care is essential to improved functioning or maintenance.

Facility: A psychiatric residential treatment facility accredited by JCAHO. See policy manual for further detail.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $230.32 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $286.78 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 05/01/1995 | $264.77 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $274.65 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $286.78 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ARC
**Service** Absence-Residential Group Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a Residential Group Care Provider (DRC, YRC). This code can only be opened in conjunction with DRC or YRC. This is not a stand alone service.

Client Description: Substantial problems; have physical, emotional, or social needs and behaviors that may present a moderate risk of causing harm to themselves or to others. Require treatment program in a structured supportive setting with therapeutic counseling available by professional staff.

Facility - For a complete description of facility required please look under Code DRC or YRC.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $64.35 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $81.28 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 07/01/1994 | $75.04 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $77.84 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $81.28 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

***Service Code:*** **ARH**

***Service*** **Absence-Intensive Residential Treatment Services, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DYC

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Mental Health (DRH, YRH) provider. This code can only be opened in conjunction with DRH or YRH. This is not a stand alone service. See service code DRH or YRH for the program description.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $182.08 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ARM
**Service** Absence-Residential Treatment Services
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a Residential Treatment provider (DRM). This code can only be opened in conjunction with DRM/YRM. It is not a stand alone service.

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting.

Facility: For a complete description of the required facility, please see the description under the DRM and YRM codes.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $107.28 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $136.78 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 04/01/1994 | $126.28 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $130.99 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $136.78 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

***Service Code:*** **ASM**

***Service*** **Absence-Intensive Residential Treatment Services, Sexual Offender, Level 6, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DYC

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Sexual Offender, Level 6, Mental Health (YSM, DSM) provider. This code can only be opened in conjunction with YSM or DSM. This is not a stand alone service. See service code DSM or YSM for the program description.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $189.79 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** AST
**Service** Absence-Residential Treatment for Juvenile Sexual Offenders

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS
DYC

## Description:

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a sex offender Specialized Treatment (DST, YST). This code can only be opened in conjunction with DST or YST. It is not a stand alone service.

Program Description: The program must be able to provide services to youth who are typically more predatory, violent and/or more entrenched in sex offender patterns. It should meet minimum standards of treatment of juvenile sex offenders as specified by the National Task Force on Juveniles Offending Sexually (1988). Treatment services must include a constellation of treatment modalities which include offense specific treatment groups and psychoeducational groups.

Facility: For a description of the facility requirements please refer to the DST definition.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $136.45 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $166.26 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 04/01/1994 | $153.50 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $159.23 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $166.26 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ATF
**Service** Absence-Residential Teaching Family Model
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a Teaching Family (DTF) or Division of Youth Corrections code (YTF). This code can only be opened in conjunction with DTF or YTF. It is not a stand alone service.

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities. Make exhibit or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff on limited access setting.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $103.97 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $128.02 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 07/01/1995 | $118.20 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $122.60 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $128.02 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** ATR
**Service** Absence-Transitional Living Residential Care, Mental Health

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Used to pay for approved absence days that are not eligible for Medicaid reimbursement when a child is in DCFS custody is placed in a Transitional Living Residential Care, Mental Health level of care.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $145.78 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $146.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $146.74 | 01/25/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** ATS
**Service** Absence-Individual Transitional Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Payment for vacancy days for youth in the custody of the Division of Child and Family Services placed in an Individual Transitional Care home (DTS). This code can only be opened in conjunction with a DTS code.

Program Description: refer to the DTS definition
Facility Description: refer to the DTS definition

This code is based on the DTS per day rate but does not include the clinical case staffing or Title XIX paperwork costs.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $65.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $85.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/01/1995 | $79.03 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $81.97 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $85.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** AWP
**Service** Youth Advocate Program
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Level one: This level is a service which provides support, socialization activities, and builds self esteem of children/youth who are at risk of, or have been neglected/abused or who are ungovernable. Level two: This is for a parent aide program in areas of the state where the program does not exist. The parent aide would be responsible to work with a parent(s) who are lacking in parenting, socialization, and homemaking skills. The parent aide program policy requirements shall be the same as level one.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $100.00 |
| Hourly | $6.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Hourly | $8.06 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | COLA | 08/08/2001 | $7.72 | 07/01/2001 |
| Hourly | Initial Review | 08/08/2001 | $7.44 | 07/01/2001 |
| Hourly | COLA | 07/09/2002 | $8.06 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** BAB
**Service** Baby of Foster Child
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
The purpose of this code is to pay for maintenance costs for a baby of a foster youth when the baby resides with the mother (who is a foster youth) but the baby is not in DCFS custody. The additional monies are needed to keep a foster youth's baby in the home with the mother. The monies will be used to buy the necessities needed for a baby/child for the day to day care and to cover room and board costs.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $13.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $13.00 | 01/24/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **CAN**

***Service*** **Child Abuse/Neglect Payment**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide child abuse prevention programs and activities which are not children's trust account funded. These include, but are not limited to: counseling, self sufficiency skills, educational and recreational programs for adolescent parents and pregnant adolescents to reduce the incidence of child abuse. There are no eligibility requirements to participate in this voluntary program. Funding comes from Federal and State matching funds.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Month | $0.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CDC
**Service** DCFS Drug Court Services, Contracted
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 4/30/2002
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
To provide a variety of services for DHS/DCFS clients participating in the Drug Court Program, including costs for assessment, treatment, educational programs and drug testing services related to substance abuse. More specific program elements and standards are determined by the Contractors proposal.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $125,000.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $125,000.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Initial Review | 04/30/2002 | $125,000.00 | 04/24/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

## Service Code

**Client Assessment/Tx Plan**
As specified by the Contractor's proposal.

**Contractor Qualifications**
As specified by the Contractor's proposal.

**Population Served**
Individuals requiring assessment and treatment for substance abuse who are participating in the Drug Court Program.

**Record Keeping**
As specified by the Contractor's proposal.

**Staff to Client Ratios**
As specified by the Contractor's proposal.

**Staff Training**
As specified by the Contractor's proposal.

**Tx/Serv Requirement**
As specified by the Contractor's proposal.

**Staff Requirements**
As specified by the Contractor's proposal.

***Rate***

***Name:*** Reimbursement is made on a monthly "cost reimbursement' basis consistent with the Contractor's submitted and approved budget. The total amount reimbursable is based on the amount of funding available to the Division and awarded to the Contractor. The current annual maximum available is $125,000.

**Service Code:** CDR
**Service** DCFS Drug Court Services
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This code will be used for a variety of costs for DCFS clients participating in a Drug Court Program, including costs for treatment, testing, and costs to remove barriers to treatment.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Session | $2,000.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Session | $2,000.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Session | Review | 05/10/2001 | $2,000.00 | 02/13/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CEF
**Service** Contracted Emergency Foster Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "EFP-Emergency Foster Payment" but is used when services are purchased through a contract. It is used to purchase services for children in custody requiring temporary out of home care in a home or facility until a more permanent placement can be found.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $16.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/09/2001 | $16.75 | 05/08/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** CES
**Service** Contracted Specialized Emergency Foster Care

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "SEP-Specialized Emergency Foster Care" but is used when services are purchased through a contract. It is used to purchase services for children in custody requiring temporary out of home care in a home or facility until a more permanent placement can be found. This service is for children or youth who are unable to function in a regular emergency foster home because of severe emotional or behavioral problems.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $18.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $16.75 | 05/08/2001 |
| Daily | Review | 08/05/2003 | $18.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** CFP
**Service** Basic Foster Care Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Children must meet Foster Care criteria. Payment is for board, room, clothing, and other basic maintenance costs.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $15.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 08/08/2001 | $13.84 | 07/01/2001 |
| Daily | COLA | 08/08/2001 | $14.35 | 07/01/2001 |
| Daily | COLA | 07/09/2002 | $14.99 | 07/01/2002 |
| Daily | Review | 08/05/2003 | $15.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** CHB
**Service** Contracted Home Based Needs Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "HBN-Home Based Needs Payment" but is used when services are purchased through a contract. It is used to purchase services for a child and/or family members in need of services to help maintain the child in the home and prevent out of home placement. The contract payment is generally used for mental health assessment, evaluation or therapy services for the child or parents but could be used for other services included in the description for HBN.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $1,000.00 |
| Session | $1,000.00 |
| Month | $0.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Session | $1,000.00 |
| Month | |
| Personal Need | $1,000.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Personal Need | Review | 05/09/2001 | $1,000.00 | 05/08/2001 |
| Session | Review | 05/09/2001 | $1,000.00 | 05/08/2001 |
| Month | Review | 05/09/2001 | | 05/08/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CHH
**Service** Contracted Crisis Host Home Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "CHP-Crisis Host Home Payment" but is used when services are purchased through a contract. The service is for temporary alternative care when the involvement of the Juvenile Court is unnecessary, the youth is not in DCFS custody and the youth is eligible for youth services. This service is limited to 14 days per episode and must be provided in accordance with DCFS Youth Services policy.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |
| Month | $150.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $150.00 |
| Daily | $15.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $13.00 | 05/08/2001 |
| Month | Review | 05/10/2001 | $150.00 | 05/08/2001 |
| Daily | Review | 08/05/2003 | $15.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CHP
**Service** Crisis Host Home Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Crisis Host Home Care shall be used for temporary alternative care when the involvement of the Juvenile court is unnecessary, the youth is not in DCFS custody, and the youth is eligible for Youth Services. Its use is limited to 14 days and a more permanent placement or disposition should be made without delay. See Child Welfare Policy #109, pages 1-6, for detailed Youth Services

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |
| Month | $150.00 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CHS
**Service** Contracted Crisis Host Home Specialized Payment

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "CSP-Crisis Host Home Specialized Payment" but is used when services are purchased through a contract. The service is for temporary alternative care when the involvement of the Juvenile Court is unnecessary, the youth is not in DCFS custody, the youth is eligible for youth services and the youth requires specialized care because of the physical disability, developmental delay, medically fragile or emotionally disturbed. This service is limited to 14 days per episode and must be provided in accordance with DCFS Youth Services policy.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $18.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $16.75 | 05/08/2001 |
| Daily | Review | 08/05/2003 | $18.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **CMC**

***Service*** **Contracted Case Management Services**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Provide funds for total casework services for children placed in voluntary out of home care, voluntary protective services or Interstate Compact placements and family preservation services. These services include direct client contact, development and implementation of service plans, attendance at hearings, completion of quarterly progress reports, monthly activity logs, coordination of visits with family, coordination of services with other agencies, schools etc., multi-disciplinary staffing, crisis intervention. Includes Protective Supervision Services, Family Preservation Services and all other services related to case management of children in care or custody of DCFS. This code covers services contracted with Salt Lake County Youth Services

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $0.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CNE
**Service** Contracted Parent Evaluation and Therapy Services

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "SNE-Parent Evaluation and Therapy Services" but is used when services are purchased through a contract. It is used to purchase psychological evaluations, parental competency evaluations and other evaluations or mental health treatment by licensed mental health professionals to assist the Division in making treatment and dispositional decisions regarding children and their families. It is used for parents or other family members of children in DCFS custody. The monthly rate is a total of individual billings. Each individual billing should not exceed the applicable MAR rate.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $1,500.00 |
| Session | $150.00 |
| Hourly | $55.00 |
| Month | $2,500.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Session | $150.00 |
| Personal Need | $1,500.00 |
| Hourly | $55.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Personal Need | Review | 05/09/2001 | $1,500.00 | 05/08/2001 |
| Session | Review | 05/09/2001 | $150.00 | 05/09/2001 |
| Hourly | Review | 05/09/2001 | $55.00 | 05/08/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **CRP**
***Service*** **Crisis Respite Care**
***Contract Type:*** Either a non-fixed or fixed amount contract required
***Residential:*** No

***Creation Date:*** 1/24/2001
***Obsolete Date:***

***Agencies Using Code***
DCFS

***Description:***
Prevention of abuse and/or neglect of children by their parents during periods of extreme family stress. This includes physical care and supervision of children for the purpose of giving relief to parents who express the need to be away from their children because of stress. This voluntary service is open to the general public 24 hours a day, but is limited to 72-hours of continued service. Funding comes from Federal and State matching funds.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $0.00 |
| Session | $0.00 |
| Daily | $0.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **CSK**

***Service*** **Children at Risk (K-3)**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS
DMH
DSAMH

***Description:***

Division of Mental Health: To provide Mental Health services to children involved in the "Success for Students and Families (K?3)" program.

Division of Child and Family Services: To provide ancillary, school-based services to children involved in the "Success for Students and Families (K-3)" program.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $12,000.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| MH | MENTAL HEALTH |

**Service Code:** CSN
**Service** Contracted Special Needs Miscellaneous
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "SNM-Special Needs Miscellaneous" but is not used when services are purchased through a contract. It is used for child and family related expenses not covered under other special needs codes.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $5,000.00 |
| Month | $20,000.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $20,000.00 |
| Personal Need | $5,000.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Personal Need | Review | 05/09/2001 | $5,000.00 | 05/08/2001 |
| Month | Review | 08/07/2001 | $20,000.00 | 07/01/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CSP
**Service** Crisis Specialized Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Payment for temporary alternative care in a Youth Services Crisis Host Home when:
the involvement of the Juvenile Court is not necessary, AND
the youth is not in the custody of DCFS, AND
the youth is eligible for Youth Services AND
the youth requires specialized care because they are physically disabled, developmentally delayed, medically fragile or emotionally disturbed.

It's use is limited to 14 days pending a more permanent placement or disposition.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $18.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/09/2001 | $16.75 | 05/08/2001 |
| Daily | Review | 08/05/2003 | $18.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** CST
**Service** Consultation and Therapy Services
**Contract Type:** Closed or fixed dollar amount contract required
**Residential:** No

**Creation Date:** 12/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
For mental health consultation and therapy services when services are purchased through a shared funding arrangement between the Division and a mental health center or other provider of mental health services. The shared funding is an arrangement where the infividual's providing the service are employed by the Contractor but the Division participates in the funding of the salary at a rate negotiated between the Contractor and the Division. The service is provided by a Licensed Mental Health Professional, typically a Licensed Psychologist, and may include attending DCFS staffings, completing intake, mental health or psychological assessments as requested by DCFS and providing consultation to DCFS caseworkers.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $5,000.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $5,000.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Initial Review | 12/10/2001 | $5,000.00 | 12/07/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **CXP**

***Service*** **Basic Foster Care Payment (contracted)**

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Children must meet Foster Care criteria. Payment is for board, room, clothing, and other basic maintenance costs. This is the same as CFP but also includes a daily differential to cover recruiting, licensing and training foster families.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $16.71 |
| Daily | $17.71 |
| Daily | $18.71 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** DAG
**Service** Residential Assessment Services
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Client Description: Short term up to 60 days comprehensive diagnostic and assessment. Requires 24-hour supervision by multiple staff in limited access setting, with 1:4 staff ratio. Services include Psychosocial assessment; Psychiatric evaluation, may include medical management; Psychological evaluation; Skills development services; Three hours/day education services, weekdays, excluding holidays.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision provided by trained parents or staff. The staff will have at a minimum, 25 hours pre-service training and 30 hours within the first

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $203.16 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation

Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client;

2. Must contain a history and evaluation of the client, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by an interdisciplinary team which includes, at a minimum the following:

a. A licensed psychiatrist with experience in child psychiatry; and

b. A licensed clinical psychologist if the psychologist was involved in the evaluation of the client or the evaluation indicates the need for psychological testing and evaluation; and

c. At least one or more other licensed mental health therapist/s.

2. The plan must be developed within two weeks of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge;

3. At a minimum, the plan must address client strengths and needs in the following areas: emotional and mental adjustment,

***Name:*** social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or twelve months and annually thereafter. Training will be based on requirements in policy. For further detail see policy manual. other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan, the other members of the interdisciplinary team and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services , day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with moderate to severe emotional/behavioral disorders in need of a comprehensive diagnostic evaluation of their medical, psychological, social, behavioral and developmental functioning and needs. The program is also intended to serve children with acute behavioral/emotional disorders who require short term behavioral stabilization and therapeutic intervention.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## *Tx/Serv Requirement*

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition

C. Individual therapy by a licensed mental health therapist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan

D. Group therapy by a licensed mental health therapist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist

H. Medication management services by an M.D. or R.N.

I. Therapeutic recreational activities planned and supervised by a licensed recreational therapist to assess peer interactions, problem solving skills, ability to use leisure time

J. Liaison services to facilitate successful admission and discharge of the client from the program and to coordinate activities between treatment team members, Division staff, school personnel, family members and other treatment agencies

K. 24-hour crisis coverage

L. An on-site educational program that is coordinated with the local school district for each client for at least three hours per day (excluding weekends and holidays) Educational services will be primarily diagnostic in focus to facilitate placement in an appropriate educational setting after discharge. Diagnostic educational services will be provided including the Test of Adult Basic Education (TABE).

## *Staff Requirements*

A. Clinical

1. Clinical Oversight: The program must employ a sufficient number of clinical staff including licensed mental health therapists, certified/eligible child psychiatrists, RN, and licensed recreational therapists to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. At least one of the clinical staff must be a licensed mental health therapist. On average, clinical staff must provide at least 10 hours of documented management, oversight, supervision, consultation and/or training per client per month. (For example, if the average daily census in a given month is 8, there must be at least 80 hours of documented service by one or more licensed clinical staff for that month.)

2. Clinical and Treatment Services: The program must employ or contract with a sufficient number of other clinical staff including board certified/board eligible child psychiatrists, licensed recreational therapists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required 10 hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager: The program must employ a facility manager who will be responsible for the day-to-day supervision of

the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of well-trained direct care staff to

assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DAI
**Service** Individual Residential Assessment Services
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Short term up to 60 days comprehensive diagnosis and assessment service utilizing specialized "Therapeutic Family Homes" or "Assessment Family Homes." Homes available 24 hrs/day, 7 days/week. Services include 1) A structured home-like setting with intensive daily care, guidance, supervision and training utilizing the Teaching-Family Model; 2) Weekly staffing facilitated by program consultant who supervised treatment parents; 3) Youth will be enrolled in local public school with consultant interface with school personnel; 4) Treatment parents will provide recreational activities at home and in the community; 5) Treatment parents will arrange for needed medical and dental services within DCFS time frames. 6) Transportation for the youth for purposes of assessments etc, will be arranged by treatment parents. 7) Mental health assessments, therapy, psychological and psychiatric evaluations and skill development s services will be provided as needed (services billed separately) 8) The Assessment Family Home supervisors (program consultant) will facilitate extensive interagency networking, etc.; Training will be based on requirements in policy. 9) Rate includes $2.03 per day for clothing, and personal incidentals for youth in the program. For further detail see policy

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $64.66 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** DCC
**Service** Intensive Residential Treatment Services, Pre-School Age

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

A 24 hour intensive residential treatment program for 4 or more children / youth that provides room and board and treatment services in a residential treatment facility that provides intensive supervision. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the child / youth with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed.

The program must have the capacity to serve children, ages 2 to 7, with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self / others or have impaired

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $159.26 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $181.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $167.66 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $173.92 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $181.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:***

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic reality testing, communication, cognition, or affect. educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children, ages 2 to 7, with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self/others or have impaired reality testing, communication, cognition, or affect.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two direct-care staff must be on duty during nighttime sleeping hours.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) -In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

3. Annually thereafter, an additional 30 hours of training based on an evaluation of individual staff training needs.

***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

C. Individual therapy by a licensed mental health therapist of as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

D. Group therapy by a licensed mental health therapist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

F. Psychological evaluation services provided by a licensed (or licensed eligible within two years) Ph.D. Psychologist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

G. Psychiatric evaluation services and medication management provided by a licensed psychiatrist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

H. Medication management services by an M.D., R.N. or A.P.R.N. as indicated by the psychiatric evaluation

I. As appropriate, arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

***Staff Requirements***

A. Clinical

1. Clinical Oversight - The program must employ at least one licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least five hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);

2. Clinical and Treatment Services - The program must employ or contract with a sufficient number of other clinical staff including a licensed child psychiatrist, licensed Ph.D. psychologist, licensed clinical social workers to provide a comprehensive evaluation, individual therapy, group therapy, skills development services, psychological evaluation, psychiatric evaluation and medication management as necessary to implement treatment plans to improve the client's functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;
2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.
3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);
4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DFB
**Service** Family Based Residential Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Twenty-four hour family-based care, supervision and treatment services in a family home setting (hereafter referred to as treatment home) for up to three children / youth who have behavioral or adjustment problems. Under the supervision of a licensed mental health professional, trained staff will provide a therapeutic home environment, appropriate parenting, general guidance, skill development, supervision, and behavioral management designed to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed. The treatment home will be staffed with an individual or couple, age 21 or older (hereafter referred to as treatment parent/s) who have primary responsibility for providing room, board, behavior management, general guidance, and supervision of each child / youth placed in the home.
The program must have the capacity to service child / youth with mild emotional or behavioral problems and / or minimal delinquent record, have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. The child / youth may engage in antisocial acts and show deficits in social skills, cognition, and communication but there needs can generally be met in a family setting. They generally do not require one to one supervision or intensive monitoring.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $56.65 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $73.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $68.08 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $70.62 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $73.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

***Name:*** 3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing as a Child Placing Agency that provides services through a foster care program.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

A. The program must have the capacity to serve children/youth with mild emotional or behavioral problems and/or minimal delinquent record, have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They children/youth may engage in antisocial acts and show deficits in social skills, cognition and communication but are their needs can generally can be met in a family setting. They generally do not require one to one supervision or intensive monitoring.

B. The treatment home may have no more than six children under age 18 residing in the home including the children of the treatment parents. In addition,

1. There may be no more than three children in the home who are unrelated to the treatment parent/s including the children/youth in State custody;

2. There may be no more than two infants or non-ambulatory children in the home including infants/children of the treatment parent/s;

3. Children/youth in the custody of the Division of Child and Family Services may not be placed in the same home as children/youth in the custody of the Division of Youth Corrections.

C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

The staff to client ratio in each treatment home may vary based on the client's needs as determined by the licensed mental health therapist in conjunction with the client's caseworker. However, at a minimum each treatment home must have the following:

A. Treatment parent who is available to provide daily supervision and monitoring of each client placed in the home;

B. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient

documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Prior to providing direct care services, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Prior training may be substituted for the items listed below on a hour-for-hour basis if documented and received

within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Skills development or other rehabilitative services by a licensed day treatment program;

2. Individual therapy by a licensed mental health therapist;

3. Group therapy by a licensed mental health therapist;

4. Psychological evaluation by a licensed psychologist;

5. Psychiatric evaluation by a licensed psychiatrist;

6. Medication management services by a licensed physician, or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists/s to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Treatment Parent/s: Each treatment home utilized by the program must have treatment parent/s (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each client placed in the home. The treatment parent/s will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.

2. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to assure there is adequate 24-hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the home, provide behavior monitoring, or, crisis intervention, advocacy and linkages to other services.

***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group therapy, individual therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DFM
**Service** Family Based Residential Care, Mental Health
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Twenty-four hour family-based care, supervision and treatment services in a family home setting (hereafter referred to as treatment home) for up to three children/youth who have behavioral or adjustment problems. Under the supervision of a licensed mental health professional, clinical and trained staff will provide a therapeutic home environment, appropriate parenting, general guidance, supervision, behavior management, skill development, individual therapy, group therapy, psychological and psychiatric evaluation and medication management services designed to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed. The treatment home will be staffed with an individual or couple, age 21 or older (hereafter referred to as treatment parent/s) who have primary responsibility for providing for room, board, behavior management, general guidance, and supervision of each child / youth placed in the home.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $88.49 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation

Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities

and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy,

***Name:*** medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or

other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services , day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing as a Child Placing Agency that provides services through a foster care program.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

A. The program must have the capacity to serve children/youth with mild emotional or behavioral problems and/or minimal delinquent record, have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. The children/youth may engage in antisocial acts and show deficits in social skills, cognition and communication but are their needs can generally can be met in a family setting. They generally do not require one-to-one supervision or intensive monitoring.

B. The treatment home may have no more than six children under age 18 residing in the home including the children of the treatment parents. In addition:

1. There may be no more than three children in the home who are unrelated to the treatment parent/s including the children/youth in State custody;

2. There may be no more than two infants or non-ambulatory children in the home including infants/children of the treatment parent/s;

3. Children/youth in the custody of the Division of Child and Family Services may not be placed in the same home as children/youth in the custody of the Division of Youth Corrections.

C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

The staff to client ratio in each treatment home may vary based on the client's needs as determined by the licensed mental health therapist in conjunction with the client's caseworker. However, at a minimum each treatment home must have the following:

A. Treatment parent who is available to provide daily supervision and monitoring of each client placed in the home;

B. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Prior to providing direct care services, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

D. Group therapy by a licensed mental health therapist of as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D. or R.N.;

I. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ a sufficient number of clinical staff including licensed mental health therapists, certified/eligible child psychiatrists, RN, and licensed recreational therapists to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. At least one of the clinical staff must be a licensed mental health therapist. On average, clinical staff must provide at least two hours of documented management, oversight, supervision, consultation and/or training per client per month. (For example, if the average daily census in a given month is 8, there must be at least 16 hours of documented service by one or more licensed clinical staff for that month.)

2. Clinical and Treatment Services: The program must employ or contract with a sufficient number of other clinical staff including board certified/board eligible child psychiatrists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required 2 hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Treatment Parent/s: Each treatment home utilized by the program must have treatment parent/s (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each client placed in

the home. The treatment parent/s will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.

2. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to assure there is adequate 24-hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DIR
**Service** Individual Residential Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Client Description: Frequent or repetitive problems in one or more areas; may engage in anti-social acts, but is capable of meaningful interpersonal relationships. Requires supervision in structured supportive setting with counseling available from professional and/or para- professional staff. Facility- Individualized living arrangements provided by a licensed agency. Individual adult or couples will be trained and responsible for room, board, and general guidance and supervision of one youth per residence. In addition, the agency must provide clinical staff who will supervise this program. Additional staff will directly supervise the youth in the community, providing monitoring of behavior, crisis intervention, counseling, advocacy, and linkages to other services.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $65.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $85.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/01/1991 | $79.03 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $81.97 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $85.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

***Name:*** 2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing as a Child Placing Agency that provides services through a foster care program.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

A. The program must have the capacity to serve children/youth with mild emotional or behavioral problems and/or minimal delinquent record, have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They may engage in antisocial acts and show deficits in social skills, cognition and communication but are their needs can generally can be met in a family setting. They generally require one to one supervision or intensive monitoring.

B. The treatment home may have no more than six children under age 18 residing in the home including the children of the treatment parents. In addition:

1. There may be no more than one child/youth in the home who is unrelated to the treatment parent/s including the child/youth in State custody;

2. There may be no more than two infants or non-ambulatory children in the home including infants/children of the treatment parent/s;

3. Children/youth in the custody of the Division of Child and Family Services may not be placed in the same home as

children/youth in the custody of the Division of Youth Corrections.

C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

The staff to client ratio in each treatment home may vary based on the client's needs as determined by the licensed mental health therapist in conjunction with the client's caseworker. However, at a minimum each treatment home must have the following:

A. Treatment parent who is available to provide daily supervision and monitoring of each client placed in the home;

B. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Prior to providing direct care services, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Skills development or other rehabilitative services by a licensed day treatment program;

2. Individual therapy by a licensed mental health therapist;

3. Group therapy by a licensed mental health therapist;

4. Psychological evaluation by a licensed psychologist;

5. Psychiatric evaluation by a licensed psychiatrist;

6. Medication management services by a licensed physician or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.)

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists/s to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Direct Care Staff

1. Treatment Parent/s: Each treatment home utilized by the program must have treatment parent/s (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each client placed in the home. The treatment parent/s will also be responsible for implementing educational/vocational plans, arranging for

appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.

2. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to assure there is adequate 24-hour supervision of the resident during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the home, provide behavior monitoring, or, crisis intervention, advocacy and linkages to other services.

***Rate***

A. The daily rate includes reimbursement for room and board and intensive supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group therapy, individual therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

***Service Code:*** **DIS**

***Service*** **Individualized Residential Training Services-Cognitively Impaired**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

## *Description:*

A 24 hour individualized residential program for 3 or fewer youth/children provided in a community living residential support or "professional parent" home setting for children/youth with cognitive impairments and emotional or behavioral disorders. Services are provided under the direction of a licensed mental health therapist and are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental needs of the child/youth. Under the supervision of a licensed mental health professional, trained staff provide a therapeutic environment, general guidance, supervision, behavior management, skills development and other rehabilitation services designed to improve the child/youth's condition or prevent further regression so that services of this intensity will no longer be needed. The program must be able significantly increase or decrease the intensity of services and supervision for the child/youth, depending on their needs, without change in the placement setting.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $275.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

## *Service Code*

### *Client Assessment/Tx Plan*

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include skills development, individual therapy; group therapy, medication management, additional or on going diagnostic services, recreational, occupational or other

rehabilitative services designed to improve the client's functioning;

***Name:***

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. For services provided in a family home setting, the provider must be licensed by the Utah Department of Human Services, Office of Licensing as a Child Placing Agency and services provided in a home approved through the Child Placing License standards. For services provided in a community living support program (group home, mini group home, or supervised apartment) the facility or placement setting must be licensed by the Utah Department of Human Services Office of Licensing or certified by the Department of Human Services Division of Services for People with Disabilities (DSPD) to provide community living residential support.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening and the abuse background screening as allowed by DCFS Policy and Office of Licensing Rules.

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth who have mentally retardation or borderline intellectual functioning and a broad range of emotional or behavioral disorders. They may be aggressive or markedly withdrawn, socially isolated, present a risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. They typically require continuous monitoring and supervision, which may include awake night supervision.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License, if required.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal and treatment method related to the goal, a monthly note summarizing progress toward the treatment goal. For treatment goals with skills development services as the treatment method, the monthly note may be completed either by the staff directly providing the services or the staff responsible for overseeing the services. For other treatment methods, the monthly note must be completed by the individual providing the service. All monthly notes must include the treatment method and a summary of the frequency and duration of the service provided. Back up documentation to support the summary in the monthly note(s) of the frequency and duration of services must be maintained.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

A. The staff to client ratio will vary based on the client's needs as determined by the treatment provider, the licensed mental health therapist responsible for overseeing the clients treatment plan and the client's DCFS caseworker .

## ***Staff Training***

A. Community Living Residential Support Staff - Provider and staff must meet all requirements specified in Division of Services for People with Disabilities (DSPD) Policy and Rule as follows:

1. Policy 2-7 Provider Training and Personnel Requirements;

2. Rule R539-6-1, R539-6-4, R539-4-3

3. Policy 2-8 pertaining to Community Living Supports

B. Professional Parents must complete all training requirements specified in Division of Services for People with Disabilities (DSPD) Policy and Rule:

1. Policy 2-7, procedures 1, 2, 3B, 3C, 6 and 7C;

2. Policy 2-8, procedure 1;

3. Rule 539-8-7.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and/or compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Skills development or other rehabilitative services provided by a licensed day treatment program;

2. Individual therapy by a licensed mental health therapist;

3. Group therapy by a licensed mental health therapist;

4. Psychological evaluation by a licensed psychologist;

5. Psychiatric evaluation by a licensed psychiatrist;

6. Medication management services by a licensed physician or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month.;

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists to provide direct treatment and consultation services including comprehensive evaluation and skills development services to implement treatment plans to improve clients functioning and prevent regression.

B. Non-Clinical Staff

1. Treatment Parent/s: If services are provided through a family-based treatment home, the treatment home utilized by the program must have treatment parent/s (AKA: professional parents), age 21 or older, responsible to assist with providing for room, board, behavior management, general guidance and supervision of each client placed in the home. The treatment parent/s will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.

2. Facility Manager: If services are provided through a residential support, residential treatment facility or community living support program, the program must employ a trained individual or individuals responsible for the day-to-day supervision of the resident and operation of the placement setting.

3. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to assure there is adequate 24-hour supervision of the resident during the day, night time sleeping hours, weekends, and school hours and to meet all other identified non-clinical mental health needs. Trained staff may be employed to directly supervise the client in community or school settings outside the home, provide behavior monitoring, or, crisis intervention, advocacy and linkages to other services, skills development and other services. Additional non-clinical staff may include recreation therapists, dietitians, speech or language therapists, occupational therapists or physical therapists depending on the clients assessed needs..

## ***Rate***

A. The Provider will be reimbursed on a fee for service basis. The daily rate will be an individualized rate for each client based upon the Individualized Budget Plan Worksheet.

B. The daily rate includes reimbursement for supervision and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group therapy, individual therapy, psychological evaluation services, psychiatric evaluation services, medication management services by a MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

C. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DLF
**Service** Residential Treatment Services, Cognitively Impaired

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

A 24 hour intensive residential program for 4 or more children / youth with cognitive impairments that provides room and board, non secure intensive supervision and therapy services in a residential treatment facility. Services are provided under the direction of a licensed mental health therapist and include skills development. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the child / youth with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $131.74 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $167.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $154.87 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $160.65 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $167.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

***Name:***

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth who are mentally retarded or have borderline intellectual functioning. In addition to cognitive impairments, they may have severe emotional, behavioral, or similar disorders. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication or affect. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision, including intensive awake night supervision. They generally do not require or cannot benefit from individual or group therapy.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 3 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) -In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

## *Tx/Serv Requirement*

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Individual therapy by a licensed mental health therapist if indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

3. Group therapy by a licensed mental health therapist if indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.

2. Psychiatric evaluation by a board certified/board eligible child psychiatrist.

3. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## *Staff Requirements*

A. Clinical

1. Clinical Oversight - The program must employ at least one licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least five hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);

2. Clinical and Treatment Services - The program must employ or contract with a sufficient number of licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

## *Rate*

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent

from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;
2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program;
3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);
.
4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DLR
**Service** Independent Living Residential Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Twenty-four hour family (treatment home) or group home-based care, supervision and treatment services designed for youth with behavioral and adjustment problems. The services are intended to prepare the youth for independent living and to assist with such arrangements when appropriate. Under the supervision of a licensed mental health professional, trained staff will provide appropriate parenting, general guidance, skill development, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The family or group home staff will have primary responsibility for providing room, board, behavior management, general guidance and supervision of the youth

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $65.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $85.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $79.03 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $81.97 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $85.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

***Name:*** 2. The plan must be developed within one month of the client's admission into the program and include consultation with the
client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:
placed in the home.
a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Residential Support Services or as Child Placing Agency that provides services through a foster care program.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for

## ***Population Served***

A. The program must have the capacity to serve youth with moderate emotional or behavioral problems and/or delinquent records who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions designed to prepare the youth for independent living. They youth may be occasionally aggressive, withdrawn, engage in antisocial acts, present a low risk of harm to self or others and show deficits in social skills, cognition or communication.

B. If services are provided in a family-based setting, the treatment home may have no more than six children under age 18 residing in the home including the children of the treatment parents. In addition:

1. There may be no more than four youth in the home who are unrelated to the treatment parent/s including the youth in State custody;

2. There may be no more than two infants or non-ambulatory children in the home including infants/children of the treatment parent/s;

3. Children/youth in the custody of the Division of Child and Family Services may not be placed in the same home as youth

in the custody of the Division of Youth Corrections.

C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

A. For services provided in a family-based treatment home, the staff to client ratio in each treatment home may vary based on the client's needs as determined by the licensed mental health therapist in conjunction with the client's caseworker. However, at a minimum each treatment home must have the following:

1. Treatment parent who is available to provide daily supervision and monitoring of each client placed in the home;

2. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not necessarily awake) during nighttime sleeping hours.

B. For services provided in a residential support or residential treatment facility , the program will have at a minimum a 1 to 4 staff to client ratio at all times except nighttime sleeping hours. Awake nighttime supervision is not required. Staff must be on site at all times youth are present and immediately available in emergency situations. If the program has a mixed gender population, they will have at least one male and one female staff on duty.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) -In addition to the above requirements, the provider must provide sufficient

documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Prior to providing direct care services, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Prior training may be substituted for the items listed below on a hour-for-hour basis if documented and received

within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Skills development or other rehabilitative services by a licensed day treatment program;

2. Individual therapy by a licensed mental health therapist;

3. Group therapy by a licensed mental health therapist;

4. Psychological evaluation by a licensed psychologist;

5. Psychiatric evaluation by a licensed psychiatrist;

6. Medication management services by a licensed physician, or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Treatment Parent/s: If services are provided through a family-based treatment home, treatment home utilized by the program must have treatment parent/s (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each client placed in the home. The treatment parent/s will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.

2. Facility Manager: If services are provided through a residential support or residential treatment facility, The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility.

3. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to assure there is adequate 24-hour supervision of the resident during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the home, provide behavior monitoring, or, crisis intervention, advocacy and linkages to other services.

***Rate***

A. The daily rate includes reimbursement for room and board and intensive supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group therapy, individual therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

***Service Code:*** **DLS**

***Service*** **Intensive Residential Treatment Services, Cognitively Impaired**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

## *Description:*

A 24 hour intensive residential program for 4 or more children/youth with cognitive impairments that provides room and board, non secure intensive supervision and therapy services in a residential treatment facility. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the child/youth with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed. Treatment services include psycho-social education and training groups such as daily living and social skills, family, individual and group therapy. If the program serves adolescent sexual offenders, it addresses treatment needs related to sexual offending behavior and / or sexually reactive behavior, provides an offense-specific risk and clinical evaluation and behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention.
The "Individualized Supports" work sheet contain the authorized rates for each client.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $141.93 |

## *BCM Maximum Allowable Rate (MAR)*

| Unit | MAR Rate |
|---|---|
| Daily | $180.65 |

## *BCM Rate Actions*

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 07/15/2002 | $180.65 | 07/01/2002 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

### *Client Assessment/Tx Plan*

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

4. Use of sexual arousal materials and plethysmography for client less than eighteen (18) years of age should not be included

as methods for evaluation or treatment progress monitoring.

***Name:***

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health. For Sexual Offender programs, the plan must also address strategies for work on the client's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth who are mentally retarded or have borderline intellectual functioning who can benefit from clinical therapy and are either: (1) Cognitively impaired adolescent juvenile sex offenders with a broad range of sexual offenses and/or sexually reactive behavior. This includes adolescents with patterned, repetitious sexual offenses and acting out behavior. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community; or (2) Cognitively impaired children/youth with severe emotional, behavioral, or similar disorders. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision,

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.
6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 3 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) -In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist. Sexual Offender programs will also include a sexual offense specific risk evaluation.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Individual therapy by a licensed mental health therapist of an average of one session per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Group therapy by a licensed mental health therapist of an average of one session per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

5. Family sessions (individual/group) and/or training for the parents in behavioral management strategies as indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

6. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.

2. Psychiatric evaluation by a board certified/board eligible child psychiatrist.

3. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight - The program must employ at least one licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least five hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);

2. Clinical and Treatment Services - The program must employ or contract with a sufficient number of licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of

the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to

assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility); .

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement.

**Service Code:** DPG
**Service** Residential Treatment Services, Pregnant/Parenting Teen

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

Twenty four hour group living services, supervision and treatment services in a residential program for 4 or more youth who are pregnant or teen parents and when needed, their child. Under the supervision of a licensed mental health professional, trained staff will provide a therapeutic group home environment which includes training and support related to the client's pregnancy and parenting, general guidance, skill development, individual therapy, group therapy, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The program will be staffed with full time trained house parents or staff to provide daily guidance and supervision to the youth and monitoring of the youth's care and management of their child.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $73.52 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $92.71 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $85.60 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $88.79 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $92.71 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

***Name:*** 1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment or Residential Support Services.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve pregnant teens and teen parents (and their child) with moderate emotional or behavioral problems and/or delinquent records who have difficulty with interpersonal relationships in a home environment, require a structured living environment, daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They may be occasionally aggressive, withdrawn or engage in anti-social acts but present a low risk of harm to self or others. They may show deficits in social skills, cognition and communication.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program is required to have a 1 to 4 staff to client ratio at all times except nighttime sleeping hours. The program does not require awake nighttime supervision, however, staff must be on site at all times clients are present in the facility and immediately available in emergency situations.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Individual therapy by a licensed mental health therapist of an average of one session per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Group therapy by a licensed mental health therapist of an average of one session per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

5. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Psychological evaluation by a licensed psychologist;

2. Psychiatric evaluation by a licensed psychiatrist;

3. Medication management services by a licensed physician, or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least three hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 9 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists/s to provide direct treatment services including comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents and their children during the day, night time sleeping hours, weekends, and school hours.

## ***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent

from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DPI
**Service** Intensive Psychiatric Residential Treatment Services

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

A 24-hour psychiatric residential treatment program for four or more children that provides room and board and treatment services in a psychiatric residential treatment program accredited by JCAHO. Services are provided under the direction of a licensed psychiatrist and include clinical oversight, diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management. There must be specific staff expertise and programming for treatment of sexually reactivity, attachment disorders and dual medical diagnosis. The facility must have private bedrooms for each child and each room must be monitored by an alarm system to ensure maximum client safety. Services are based upon a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and development aspects of the child / youth conducted by an interdisciplinary team with the expectation that the services offered must be reasonably expected to improve the child condition or prevent further regression so

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $263.96 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $300.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 11/01/1998 | $277.66 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $288.01 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $300.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client;

2. Must contain a history and evaluation of the client, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:*** B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by an interdisciplinary team which includes, at a minimum the following:

a. A licensed psychiatrist with experience in child psychiatry; and

b. A licensed clinical psychologist if the psychologist was involved in the evaluation of the client or the evaluation indicates the need for psychological testing and evaluation; and

that services of this intensity will no longer be needed. c. At least one or more other licensed mental health therapist/s.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge;

3. At a minimum, the plan must address client strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan, the other members of the interdisciplinary team and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The facility must be accredited as a Residential Treatment Facility by JCAHO.

B. The provider must be licensed by either the Utah Department of Human Services, Office of Licensing as a Residential Treatment Facility or Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children ages 6 to 13 with severe psychiatric, emotional, behavioral, or similar

disorders who require intensive psychiatric, behavioral, medical and other structured rehabilitative interventions and continuous monitoring. The program must have the capacity to serve primarily children who are sexually reactive and/or attachment disordered. They may be severely aggressive, exhibit self-destructive behavior or have grossly impaired reality testing, communication, cognition, or affect. The program must also have the capacity to serve, on-site, children with severe medical

conditions (e.g. diabetes, asthma, cystic fibrosis, etc.) who are non-compliant with their medical regime.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment

issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist of an average of two sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

D. Group therapy by a licensed mental health therapist of an average of five sessions per week per client, including specialty groups for sexual reactivity, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D., A.P.R.N. or R.N. as indicated by the psychiatric evaluation and directed by the psychiatrist responsible for overseeing the client's treatment plan;

I. Arrange for each client to attend an individualized accredited educational program, provided onsite if necessary, that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight

a. The program must employ or contract with at least one licensed psychiatrist with experience in child psychiatry for a sufficient number of hours to provide medical direction and to review the admission, discharge, treatment plan development and ongoing review of the treatment plan for each client in placement and provide consultation to staff or direct services to the client.

b. The program must employ at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least ten hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 5, there must be at least 50 hours of documented service by one or more licensed mental health therapists for that month.)

2. Clinical and Treatment Services

a. The program must employ or contract with at least one licensed psychologist to provide testing and evaluation services and

other clinical services as necessary; and

b. The program must employ or contract with a sufficient number of other clinical staff including licensed mental health therapists, licensed recreational therapists, R.N. nursing staff, licensed clinical social workers and licensed psychologists,

dieticians and speech and language pathologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

c. The program must employ or contract with a sufficient number of R.N. nursing staff to provide on-site nursing/medication management services at least two shifts per day.

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must be a licensed mental health therapist.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to

***Rate***

A The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

***Service Code:*** **DPM**

***Service*** **Psychiatric Residential Treatment Services, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

A 24 hour psychiatric residential treatment for four or more children / youth that provides room and board and treatment services in a psychiatric residential treatment program. Services are provided under the direction of a licensed psychiatrist and include clinical oversight, diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management. Services are based upon a comprehensive diagnostic evaluation of the medical psychological, social behavioral, and developmental aspects of the child / youth conducted by an interdisciplinary team with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed.

## *USSDS Rates as of 08/06/03*

| ***Unit*** | ***Rate*** |
|---|---|
| Daily | $225.76 |

## *Service Eligibility*

| ***Eligibility*** | ***Description*** |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

***Client Assessment/Tx Plan***

A. Evaluation

Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client;

2. Must contain a history and evaluation of the client, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by an interdisciplinary team which includes, at a minimum the following:

a. A licensed psychiatrist with experience in child psychiatry; and

b. A licensed clinical psychologist if the psychologist was involved in the evaluation of the client or the evaluation indicates the need for psychological testing and evaluation; and

c. At least one or more other licensed mental health therapist/s.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge;

***Name:*** 3. At a minimum, the plan must address client strengths and needs in the following areas: emotional and mental adjustment,
social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan, the other members of the interdisciplinary team and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services, day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must be licensed by either the Utah Department of Human Services, Office of Licensing as a Residential Treatment Facility or Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with severe psychiatric, emotional, behavioral, or similar disorders who require intensive psychiatric, behavioral, medical and other structured rehabilitative interventions and continuous monitoring. They may be severely aggressive, exhibit self-destructive behavior or have grossly impaired reality testing, communication, cognition, or affect.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist of an average of two sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

D. Group therapy by a licensed mental health therapist of an average of two sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation and directed by the psychiatrist responsible for overseeing the client's treatment plan;

I. Arrange for each client to attend an individualized accredited educational program, provided onsite if necessary, that is coordinated with the local school district.

## ***Staff Requirements***

1. Clinical Oversight

a. The program must employ or contract with at least one licensed psychiatrist, with experience in child psychiatry, for a sufficient number of hours to provide medical direction and to review the admission, discharge, treatment plan development and ongoing review of the treatment plan for each client in placement and provide consultation to staff or direct services to the client.

b. The program must employ at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least ten hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 5, there must be at least 50 hours of documented service by one or more licensed mental health therapists for that month.)

2. Clinical and Treatment Services

a. The program must employ or contract with at least one licensed psychologist to provide testing and evaluation services and other clinical services as necessary; and

b. The program must employ or contract with a sufficient number of other clinical staff including licensed mental health therapists, licensed recreational therapists, and R.N. nursing staff to provide direct treatment services to clients including a comprehensive evaluation of the clients needs, implement treatment plans to improve the clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DPR
**Service** Psychiatric Residential Treatment
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Client Description: Very severe impairment(s), disability(s), or need(s), consistently unable or unwilling to cooperate in own care. May be severely aggressive or exhibit self-destructive behavior or grossly impaired in reality testing, communication, cognition affect, or personal hygiene. May present severe to critical risk or causing serious harm to self or others. Children and adolescents in this level of care have acute or chronic emotional or behavioral disorders or conditions such that a highly structured program with 24-hour supervision and nursing care is essential to improved functioning or maintenance.

Facility: A psychiatric residential treatment facility accredited by JCAHO. These facilities provide intensive medical/therapeutic interventions for children with psychiatric disorders who require intensive behavioral, educational and programmatic intervention due to their mental disabilities. Staff-to-child ratio is determined by licensing, certification, or monitoring standards governed through the Division of Licensing. See policy manual for further detail.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $230.32 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $286.78 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 05/01/1993 | $264.77 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $274.65 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $286.78 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client;

2. Must contain a history and evaluation of the client, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:*** B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by an interdisciplinary team which includes, at a minimum the following:

a. A licensed psychiatrist with experience in child psychiatry; and

b. A licensed clinical psychologist if the psychologist was involved in the evaluation of the client or the evaluation indicates the need for psychological testing and evaluation; and

c. At least one or more other licensed mental health therapist/s.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge;

3. At a minimum, the plan must address client strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan, the other members of the interdisciplinary team and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The facility must be accredited as a Residential Treatment Facility by JCAHO.

B. The provider must be licensed by either the Utah Department of Human Services, Office of Licensing as a Residential Treatment Facility or Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with severe psychiatric, emotional, behavioral, or similar

disorders who require intensive psychiatric, behavioral, medical and other structured rehabilitative interventions and continuous monitoring. They may be severely aggressive, exhibit self-destructive behavior or have grossly impaired reality testing, communication, cognition, or affect.

## *Record Keeping*

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## *Staff to Client Ratios*

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## *Staff Training*

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse

victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist of an average of two sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

D. Group therapy by a licensed mental health therapist of an average of two sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation and directed by the psychiatrist responsible for overseeing the client's treatment plan;

I. Arrange for each client to attend an individualized accredited educational program, provided onsite if necessary, that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight

a. The program must employ or contract with at least one licensed psychiatrist with experience in child psychiatry for a sufficient number of hours to provide medical direction and to review the admission, discharge, treatment plan development and ongoing review of the treatment plan for each client in placement and provide consultation to staff or direct services to the client.

b. The program must employ at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least ten hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 5, there must be at least 50 hours of documented service by one or more licensed mental health therapists for that month.)

2. Clinical and Treatment Services

a. The program must employ or contract with at least one licensed psychologist to provide testing and evaluation services and other clinical services as necessary; and

b. The program must employ or contract with a sufficient number of other clinical staff including licensed mental health

therapists, licensed recreational therapists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight

required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DRC
**Service** Residential Group Care
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Client Description: Substantial problems; have physical, emotional, or social needs and behaviors that may present a moderate risk of causing harm to themselves or to others. Require treatment program in a structured supportive setting with therapeutic counseling available by professional staff. Facility- Has full-time trained parents or staff to provide guidance and supervision to youth. A planned program with behavioral programming and daily structure required and must include recreation, education, and work. Clinicians should meet with each youth on a regular schedule.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $64.35 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $81.28 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/01/1991 | $75.04 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $77.84 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $81.28 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the

client, parents, legal guardians or others in whose care the client will be released after discharge.

***Name:***

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Support Services or Residential Treatment Services and meet applicable local health, fire safety, building, business license and zoning requirements.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with moderate emotional or behavioral problems and/or delinquent records who have difficulty with interpersonal relationships in a family home environment, require a structured living environment, daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They may be occasionally aggressive, withdrawn or engage in anti social acts but present a low risk of harm to self or others. They may show deficits in social skills, cognition and communication.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements.

## ***Staff to Client Ratios***

At a minimum, the program is required to have a 1 to 4 staff to client ratio at all times except nighttime sleeping hours. The program does not require awake nighttime supervision, however, staff must be on site at all times clients are present in the facility and immediately available in emergency situations. If the program has a mixed gender population, they will have at least one male and one female staff on duty.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) -In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Skills development or other rehabilitative services by a licensed day treatment program;

2. Individual therapy by a licensed mental health therapist;

3. Group therapy by a licensed mental health therapist;

4. Psychological evaluation by a licensed psychologist;

5. Psychiatric evaluation by a licensed psychiatrist;

6. Medication management services by a licensed physician, or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists/s to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.

## ***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group therapy, individual therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent

from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.
2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.
3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).
4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

***Service Code:*** **DRH**

***Service*** **Intensive Psychiatric Treatment Services, Mental Health**

***Creation Date:*** 1/24/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

A 24 hour intensive residential treatment program for 4 or more children / youth that provides room and board, intensive awake night supervision and treatment services in a residential treatment program. Services include clinical oversight, diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social behavioral and developmental aspects of the child / youth with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be

## *USSDS Rates as of 08/06/03*

| ***Unit*** | ***Rate*** |
|---|---|
| Daily | $182.08 |

## *Service Eligibility*

| ***Eligibility*** | ***Description*** |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

***Client Assessment/Tx Plan***

A. Evaluation

Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities

and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy,

***Name:*** medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or

other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

needed. e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services , day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision, including intensive awake night supervision.

## ***Record Keeping***

A. Facility Administrative Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist an average of 1 session per week unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

D. Group therapy by a licensed mental health therapist an average of 1 session per week unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D. or R.N.;

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ a sufficient number of clinical staff including licensed mental health therapists, certified/eligible child psychiatrists, RN, and licensed recreational therapists to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. At least one of the clinical staff must be a licensed mental health therapist. On average, clinical staff must provide at least five hours of documented management, oversight, supervision, consultation and/or training per client per month. (For example, if the average daily census in a given month is 8, there must be at least 40 hours of documented service by one or more licensed clinical staff for that month.)

2. Clinical and Treatment Services: The program must employ or contract with a sufficient number of other clinical staff including board certified/board eligible child psychiatrists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required 2 hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

## ***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DRM
**Service** Residential Treatment Services
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision provided by trained parents or staff. The provider will provide therapeutic interventions designed to improve the child's functioning. Formalized behavioral programs will be implemented by staff under direct supervision of professional staff. Staff will provide recreational therapy of at least two contacts per week. Minimum of one group and one individual therapy session weekly. For

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $107.28 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $136.78 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/01/1991 | $126.28 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $130.99 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $136.78 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:*** B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental
further detail see policy manual. adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic
educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision, including intensive awake night supervision.

## ***Record Keeping***

A. Facility Administrative Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

3. Annually thereafter, an additional 30 hours of training based on an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Individual therapy by a licensed mental health therapist of an average of one session per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Group therapy by a licensed mental health therapist of an average of one session per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

5. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.

2. Psychiatric evaluation by a board certified/board eligible child psychiatrist.

3. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight - The program must employ at least one licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least five hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);

2. Clinical and Treatment Services - The program must employ or contract with a sufficient number of licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

## ***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider

Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

***Service Code:*** **DSM**

***Service*** **Intensive Residential Treatment Services, Sexual Offender, Level 6, Mental Health**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

## *Description:*

A 24-hour intensive residential treatment program for 4 or more juvenile sex offenders that provides room and board, maximum non secure supervision and intensive clinical intervention in a residential treatment facility meeting standards for a level 6 facility as specified by the National Task Force on Juveniles Offending Sexually (NOJOS). The program must be able to address the treatment needs of the full range of juvenile sexual offenders and provide an offense - specific risk and clinical evaluation. Treatment services include offense - specific treatment groups, psycho-social education and training groups in daily living and social skills, sex education, family, individual, group therapy, psychological evaluation and testing, psychiatric evaluation and, as appropriate, medication management. Treatment includes behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the child / youth with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $189.79 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

### *Client Assessment/Tx Plan*

Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status. The evaluation will also include a sexual offense specific risk evaluation.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

4. Use of sexual arousal materials and plethysmography for client less than eighteen (18) years of age should not be included as methods for evaluation or treatment progress monitoring.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health; strategies for work on the client's assault cycle, relapse prevention and

behavioral strategies to reduce deviant sexual arousal.

***Name:*** .

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. Therapies, activities and experiences must include offense specific treatment groups, psycho-educational groups to include but not limited to daily living and social skills, sex education (including AIDS and sexually transmitted diseases) and family services of this intensity will no longer be needed. sessions. Sex education should be responsive to offender specific issues, integrated with treatment goals, and should assist the client in confronting cognitive distortions. Family sessions must address sex offender specific issues. Methods to assure offender accountability must be well defined;

c. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

d. The credentials of the individuals who will deliver the services;

e. Reasonable measures to evaluate whether the objectives are met;

f. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

g. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services, day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must meet standards for a level six facility as specified by the Network on Juveniles Offending Sexually (NOJOS).

C. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

D. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

E. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve adolescent juvenile sex offenders with a broad range of sexual offenses . They include adolescents with patterned, repetitious sexual offenses and acting out behavior. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community. They include the following offender types: "Under socialized," "Pseudo-socialized", "Sexual Compulsives", "Sexual Aggressives",

and/ or "Group Influenced" (O'Brien and Bera, 1996). They also have extensive emotional and behavioral problems and symptoms that support a mental illness in addition to an offense history.

## ***Record Keeping***

A. Facility Administrative Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 3 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff or a ratio of 1 staff to 5 clients (whichever is greater in number of staff) must be on duty during nighttime sleeping hours.

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist. The evaluation will also include a sexual offense specific risk evaluation;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist one to four sessions per week with an expected average of two sessions per week per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

D. Group therapy by a licensed mental health therapist of an average of four to ten sessions per week with an expected average of six sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

E. Family sessions (individual/group) by a licensed mental health therapist one to four sessions per month with an expected average of two sessions per month unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

F. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

G. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

H. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

I. Medication management services by an M.D. or R.N.;

J. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ a sufficient number of clinical staff including licensed mental health therapists, certified/eligible child psychiatrists, RN to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. At least one of the clinical staff must be a licensed mental health therapist. On average, clinical staff must provide at least five hours of documented management, oversight, supervision, consultation and/or training per client per month. (For example, if the average daily census in a given month is 8, there must be at least 40 hours of documented service by one or more licensed clinical staff for that month.)

2. Clinical and Treatment Services: The program must employ or contract with a sufficient number of other clinical staff including board certified/board eligible child psychiatrists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required 2 hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

***Service Code:*** **DSS**

***Service*** **Intensive Residential Treatment Services, Sexual Offender, Level 7 Secure Care, Mental Health for DCFS**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

## *Description:*

A 24 hour intensive residential treatment program for 4 or more juvenile sex offenders that provides room and board, supervision (which includes 24 hour video and audio surveillance) and intensive clinical intervention in a physically secured residential treatment facility (to prevent AWOLs and afford greater community protection) meeting standards for a level 7 facility as specified by the National Task Force on Juveniles Offending Sexually. The program must be able to address the treatment needs of the full range of juvenile sexual offenders and provide an offense-specific risk and clinical evaluation. Treatment services include offense-specific treatment groups, psycho-social education and training groups in daily living and social skills, sex education, family, individual, group therapy, psychological evaluation and testing, psychiatric evaluation and, as appropriate, medication management. Treatment includes behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the child / youth with the expectation that the services offered must be reasonably expected to improve the child / youth's condition or prevent further regression so that services of this intensity will no longer be needed.
The "Individualized Supports" work sheet contain the authorized rates for each client.

## *USSDS Rates as of 08/06/03*

| ***Unit*** | ***Rate*** |
|---|---|
| Daily | $225.76 |

## *Service Eligibility*

| ***Eligibility*** | ***Description*** |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

### *Client Assessment/Tx Plan*

Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status. The evaluation will also include a sexual offense specific risk evaluation.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

4. Use of sexual arousal materials and plethysmography for client less than eighteen (18) years of age should not be included as methods for evaluation or treatment progress monitoring.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

***Name:*** 3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health; strategies for work on the client's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.

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4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. Therapies, activities and experiences must include offense specific treatment groups, psycho-educational groups to include but not limited to daily living and social skills, sex education (including AIDS and sexually transmitted diseases) and family sessions. Sex education should be responsive to offender specific issues, integrated with treatment goals, and should assist the client in confronting cognitive distortions. Family sessions must address sex offender specific issues. Methods to assure offender accountability must be well defined;

c. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

d. The credentials of the individuals who will deliver the services;

e. Reasonable measures to evaluate whether the objectives are met;

f. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

g. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services, day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must meet standards for a level seven facility as specified by the Network on Juveniles Offending Sexually (NOJOS).

C. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

D. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

E. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve adolescent juvenile sex offenders with a broad range of sexual offenses and the

presence of significant mental illness. These offenders may display psychotic processes, self destructive behavior and/or severe aggression. They often present a danger to themselves and others. Their psychiatric problems interfere with their amenability to treatment in other less secure or less psychiatrically based levels of care. These offenders are typically "Disturbed-Impulsive" (O'Brien and Bera, 1996) and display impulsive sexual offenses that indicate acute disturbance. Their

sexual offenses may reflect a malfunction of normal inhibitory mechanisms due to either endogenous or drug induced psychosis. Offenses may be a single, unpredictable, uncharacteristic act or patterns of bizarre and/or ritualistic acts.

## ***Record Keeping***

A. Facility Administrative Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records: The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 3 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff or a ratio of 1 staff to 5 clients (whichever is greater in number of staff) must be on duty during nighttime sleeping hours.

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour

basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist. The evaluation will also include a sexual offense specific risk evaluation;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist one to four sessions per week with an expected average of two sessions per week per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

D. Group therapy by a licensed mental health therapist of an average of four to ten sessions per week with an expected average of six sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

E. Family sessions (individual/group) by a licensed mental health therapist one to four sessions per month with an expected average of two sessions per month unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

F. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

G. Psychological testing and evaluation by a licensed Ph.D. Psychologist an average of 3/4 hours per week unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

H. Psychiatric evaluation services and medication management provided by a board certified/board eligible child psychiatrist at intake and on-going if indicated an average of 3/4 hours per client per week unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

I. Medical and nursing services provided by an R.N. an average of 1/2 hour per client per week unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

J. On call M.D. coverage available at all times with the expectation of response within 15 minutes of being paged;

K. On call R.N. coverage available at all times with the expectation of response within 30 minutes of being paged;

L. Recreational activities planned and supervised by a licensed recreational therapist an average of 3/4 hours per/client per week unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

M. Arrange for each client to attend an individualized accredited educational program, provided onsite if necessary, that is

***Staff Requirements***

A. Clinical

1. Clinical Oversight

a. The program must employ or contract with at least one licensed psychiatrist with experience in child psychiatry for a sufficient number of hours to provide medical direction and to review the admission, discharge, treatment plan development and ongoing review of the treatment plan for each client in placement and provide consultation to staff or direct services to the client.

b. The program must employ at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least five hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 5, there must be at least 25 hours of documented service by one or more licensed mental health therapists for that month.)

2. Clinical and Treatment Services

a. The program must employ or contract with at least one licensed psychologist to provide testing and evaluation services and other clinical services as necessary; and

b. The program must employ or contract with a sufficient number of other clinical staff including licensed mental health therapists, licensed recreational therapists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve clients functioning and prevent regression so clients can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to

***Rate***

A. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement.

**Service Code:** DST
**Service** Residential Treatment for Juvenile Sexual Offenders

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

Program Description: The program must be able to provide services to youth who are typically more predatory, violent and/or more entrenched in sex offender patterns. It should meet minimum standards of treatment of juvenile sex offenders as specified by the National Task Force on Juveniles Offending Sexually (1988). Treatment services must include a constellation of treatment modalities which include offense specific treatment groups and psychoeducational groups. Facility: A community based placement that provides maximum non-secure supervision and intensive clinical intervention to juvenile sex offenders. The program must provide 24?hour awake supervision with staff to client ratios of 1:3 daily and 1:5 after hours. The provider will offer specific risk and clinical assessment.

Services include: at least two individual and three group therapy sessions per week, organized, structured recreational activities

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $136.45 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $166.26 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 05/01/1993 | $153.50 | 07/01/2000 |
| Daily | COLA | 08/08/2001 | $159.23 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $166.26 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status. The evaluation will also include a sexual offense specific risk evaluation.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:*** 4. Use of sexual arousal materials and plethysmography for client less than eighteen (18) years of age should not be included as methods for evaluation or treatment progress monitoring.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

twice a week, and family sessions of twice a month. For further detail see policy manual. 3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health; strategies for work on the client's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. Therapies, activities and experiences must include offense specific treatment groups, psycho-educational groups to include but not limited to daily living and social skills, sex education (including AIDS and sexually transmitted diseases) and family sessions. Sex education should be responsive to offender specific issues, integrated with treatment goals, and should assist the client in confronting cognitive distortions. Family sessions must address sex offender specific issues. Methods to assure offender accountability must be well defined;

c. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

d. The credentials of the individuals who will deliver the services;

e. Reasonable measures to evaluate whether the objectives are met;

f. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

g. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must meet standards for a level six facility as specified by the Network on Juveniles Offending Sexually (NOJOS).

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve adolescent juvenile sex offenders with a broad range of sexual offenses. They include adolescents with patterned, repetitious sexual offenses and acting out behavior. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same

aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community. They include the following offender types: “Under socialized”, “Pseudo-socialized,”, “Sexual Compulsives”, “Sexual Aggressives”, and/ or “Group Influenced” (O’Brien and Bera, 1996). They may also have severe emotional and behavioral

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client’s treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 3 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff or a ratio of 1 staff to 5 clients (whichever is greater in number of staff) must be on duty during nighttime sleeping hours.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist. The evaluation will also include a sexual offense specific risk evaluation.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Individual therapy by a licensed mental health therapist one to four sessions per week with an expected average of two sessions per week per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Group therapy by a licensed mental health therapist of an average of four to ten sessions per week with an expected average of six sessions per week per client, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

5. Family sessions (individual/group) by a licensed mental health therapist one to four sessions per month with an expected average of two sessions per month unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the client's plan of care;

6. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.

2. Psychiatric evaluation by a board certified/board eligible child psychiatrist.

3. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight - The program must employ at least one licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least five hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);

2. Clinical and Treatment Services - The program must employ or contract with a sufficient number of licensed mental health

therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school

***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement)

**Service Code:** DTF
**Service** Residential Teaching Family Model
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision provided by trained parents or staff. The provider's intervention will be the teaching family model designed to improve the child's functioning. Families must be certified as a teaching family. Formalized behavioral programs will be implemented by staff under direct supervision of professional staff. Staff will provide recreational therapy of at least two contacts per week. Minimum of one group and one individual therapy session weekly. For further detail see policy manual.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $103.97 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $128.02 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 07/01/1995 | $118.20 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $122.60 | |
| Daily | COLA | 07/10/2002 | $128.02 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks of admission to the program, each client must have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:***

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The providers must maintain a formal agreement with a Certified Teaching-Family Model Sponsor Site. This agreement includes yearly review and sign off by the certified sponsor site in the area of training, consultation, and consumer evaluations to the Teaching-Family Model standards. This agreement must also include a formal, confidential evaluation of the providers primary consumer groups, i.e., youth, parents, case workers, therapists, schools, etc.

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

The program must have the capacity to serve children/youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. They may be sexually reactive or sexual offenders but have not displayed predatory patterns of offending, used force or weapons in committing their offenses, shown a propensity to sexually offend with same age peers or displayed acute or chronic psychiatric disturbance. Their needs are generally not able to be met

in a family-home setting and they require continuous monitoring and supervision.

***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Teaching-Family Model specific documentation including: multiple teaching interactions with the client registered on a daily treatment card; treatment cards reviewed daily with the client and analyzed by supervisory staff for therapeutic gain; target skills worksheets to relate specific and measurable skill-based interventions with the treatment plan; family group meeting documentation; consultation service delivery reports which include observation of direct care staff combined with feedback for improvement, treatment planning sessions and on-site visits.

9. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

## ***Staff to Client Ratios***

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. The program does not require awake nighttime supervision, however, staff must be on site at all times children/youth are present in the facility and immediately available in emergency situations. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements and in conjunction with the Certified Teaching-Family approved training the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour

basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Individual therapy by a licensed mental health therapist of as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Group therapy by a licensed mental health therapist of as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

5. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

6. Daily management of the treatment program including in home observations, behavioral data analysis, treatment planning and consultation meetings provided by a Certified Teaching-Family Model Consultant.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.

2. Psychiatric evaluation by a board certified/board eligible child psychiatrist.

3. Medication management services by an M.D. or R.N. as indicated by the psychiatric evaluation.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight - One Certified Teaching-Family Model Consultant to provide daily management of the treatment program including in home observations, behavioral data analysis, treatment planning and consultation meetings. Whether the individual is employed or under contract, they must provide, on average, at least 5 hours per month of documented management, supervision and training per client per week plus 24 hour, 7 day a week crisis intervention availability. If mental health services other than skills development are prescribed or the program is treating juvenile sex offenders or sexually reactive children/youth, the clinician must be a licensed mental health therapist. If only skills development services are prescribed, the Consultant must be a licensed mental health therapist, licensed registered nurse with experience in a psychiatric setting, licensed certified social worker or an individual certified or credentialed to provide rehabilitative services to children.

2. Clinical and Treatment Services - The program must employ or contract with a sufficient number of licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve clients functioning and prevent regression.

(Direct service hours by clinical staff may not be counted toward the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager - The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours, to include, a trained married couple as treatment providers one of which must possess at least a Bachelors degree and an additional full time equivalent who also possess a Bachelors degree. All staff must be certified by a Teaching-Family Model Site or have the ability to be certified within one year of employment. They must also receive Teaching-Family Model Site approved training, consultation, evaluation and administrative support services.

***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DTM
**Service** Daytime Therapeutic Management Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
To provide for the daytime treatment of handicapped and/or emotionally disturbed preschool aged children. Some of the services provided are: family therapy, training of parents, transportation, day-care, and special education for children.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Quarter hour | $3.68 |
| Daily | $44.40 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $4.16 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 05/01/1993 | $3.84 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $3.98 | 07/01/2001 |
| Quarter hour | COLA | 07/10/2002 | $4.16 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

## Service Code

### Contractor Qualifications

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered mental health nurse specialist, licensed marriage and family therapist, licensed professional counselor;

B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education;

C. Licensed certified social worker;

D. Licensed registered nurse;

E. Licensed Social Service Worker;

F. Individual certified or credentialed to provide rehabilitative services to children;

G. Student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker;

H. Student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a registered nurse;

I. Student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed

***Name:*** mental health therapist, licensed certified social worker or a licensed social service worker; or

J. A licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, a licensed certified social worker, a licensed registered nurse, a licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

## ***Other***

Additional Requirements

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

## ***Record Keeping***

A. Daily log documenting the date and duration of the service and activities provided.

B. Monthly summary documenting the significant and specific activities in which the client participated and progress toward treatment. If more frequent summaries documenting progress toward treatment goals are written, the monthly summary is not also required.

If Skills Development treatment goals were met during the month as result of participation in the skills development program, then new individualized goals must be developed and added to the treatment plan.

C. Any other documentation required by the Division contract to assure compliance with Division policy and billing

## ***Tx/Serv Requirement***

Supervision Requirements for Group Skills Development Services

A. One of the following practitioners must provide the skills development services directly, or be available to provide consultation and supervision:

1. licensed mental health therapist;

2. individual not currently licensed but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education, working under the supervision of a licensed mental health therapist;

3. licensed registered nurse with experience in psychiatric nursing;

4. licensed certified social worker; or

5. individual certified or credentialed to provide rehabilitation services to children.

B. At least quarterly, an individual identified above must conduct a review of the group-skills-development program. This review must consist of the following components:

1. a review of the sample of client treatment plans to evaluate appropriateness of goals;

2. a comprehensive review of the daily activities scheduled for the next 90-day period to ensure activities correlate with individual treatment needs; and

3. consultation with group skills development staff to:

a. identify and resolve clinical concerns regarding program participants;

b. develop or modify programs to ensure they meet the needs of participants; and

c. ensure continuous improvement in the quality of the skills development services provided.

4. A written summary of the review must be kept on file and made available for State or Federal review, upon request.

## ***Rate***

The Provider will be reimbursed on a fee for service basis.

***Service Code:*** **DTN**

***Service*** **Day Treatment Non-Medicaid**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide for day treatment services for emotionally or behaviorally disturbed children. Services may include individual / group therapy, skills development, and other therapy services, transportation, and parent training. This service is intended to be used for day treatment services when the child is not eligible for Medicaid or DHS is unable to be reimbursed by Medicaid for the services.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $44.40 |
| Month | $0.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **DTO** ***Creation Date:*** 1/25/2001

***Service*** **Daytime Therapeutic Management-Basic Rate** ***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

To provide for the daytime treatment of handicapped and/or emotionally disturbed preschool aged children. Some of the services provided are: family therapy, training of parents, and special education for children.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|

## *BCM Maximum Allowable Rate (MAR)*

| Unit | MAR Rate |
|---|---|
| Daily | $28.17 |

## *BCM Rate Actions*

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 08/09/2001 | $26.01 | 07/01/2001 |
| Daily | COLA | 08/09/2001 | $26.98 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $28.17 | 07/01/2002 |

***Service Code:*** **DTR**

***Service*** **Transitional Living Residential Care, Mental Health**

***Creation Date:*** 3/ 6/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

## *Description:*

Twenty-four hour supervised transitional living residential care program for 4 or more youth provided in a licensed facility with "apartment-like" rooms. The program provides room and board, behavior management, general guidance, supervision, diagnostic and treatment services designed for youth with behavioral, psychiatric and adjustment problems. Diagnostic and treatment services may include mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management services are provided under the direction of a licensed mental health professional and are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition and/or develop the ability to live in a less structured placement, so that services of this intensity will no longer be needed. child/youth's condition or prevent further regression so that services of this intensity will no longer be needed. The services are intended to prepare the youth for independent living and to assist with such arrangements when appropriate.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $145.78 |

## *BCM Maximum Allowable Rate (MAR)*

| Unit | MAR Rate |
|---|---|
| Daily | $146.74 |

## *BCM Rate Actions*

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $146.74 | 01/25/2001 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

### *Client Assessment/Tx Plan*

A. Evaluation: Within two weeks of admission to the program, each client must have a current comprehensive mental health evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must complete or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be completed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

***Name:***

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be completed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health, safety, and basic life skills.)

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of interventions, activities, and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post-discharge plans and coordination of services with related community services to ensure continuity of care for mental health services upon discharge.

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division caseworker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often, as needed, if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services

***Contractor Qualifications***

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services , day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the "maintenance of effort" agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment or Residential Support Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-15).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

***Population Served***

A. The program must have the capacity to serve youth, ages 16 1/2 to 21 years of age with moderate emotional or behavioral problems and/or delinquency records who are designated as Serious Emotionally Disordered (SED). They may also have difficulty with interpersonal relationships and activities of daily living that require daily supervision and monitoring, behavioral treatment, and other rehabilitative interventions, in order to prepare them for successful independent living. They may occasionally be aggressive or withdrawn, engage in antisocial behavior, show deficits in social skills, cognition, or communication, but must present a low risk of harm to self or others for services provided in an apartment-like residential setting.

## ***Record Keeping***

A. Facility Administrative Records -The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records -The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

A. For services provided in an apartment-based facility designed to promote independence and self sufficiency, the staff-to-client ratio may vary based on the client's needs, as determined by the licensed mental health therapist, in conjunction with the client's caseworker. However, at a minimum the program must have the following:

1. Treatment staff who are available to provide daily supervision and monitoring of each client placed in the facility;

2. Awake night staff who are on-site and immediately available to respond to any emergency during nighttime sleeping hours.

B. For services provided in a residential support, apartment-based facility, the program will have at a minimum a 1 to 5 staff- to-client ratio at all times except nighttime sleeping hours. Awake nighttime supervision is required. Staff must be on site at all times youth are present and immediately available for emergency situations.

## ***Staff Training***

A. All Staff

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff)

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Tx/Serv Requirement***

The provider must have the capacity to provide the following services directly to each client in the program as indicated by the client's evaluation, directed by the licensed mental health therapist responsible for overseeing the client's treatment plan and approved by the client's caseworker:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the clients condition;

C. Individual therapy by a licensed mental health therapist.

D. Group therapy by a licensed mental health therapist.

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. These services should include a focus on the skills needed by the client to appropriately access educational, training or employment resources. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the clients treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D. or R.N.;

## ***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist(s) to provide management and oversight of the treatment program, ongoing clinical supervision, consultation, and training to all direct care staff. Whether employed or under contract, mental health therapist(s) must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of other mental health therapists, including board certified/board eligible child psychiatrists, to provide direct treatment services to clients including a comprehensive evaluation of the clients needs and to implement treatment plans to improve the clients independence and self sufficiency. (Direct service hours by clinical staff may not be counted toward the required 2 hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Treatment Staff: Treatment staff (persons over age 21) utilized by the program will be responsible for skills development, behavior management, and general guidance and supervision of each client placed in the facility. Treatment staff will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing

transportation, as needed, and providing other care and supervision, as appropriate, to promote independence and self sufficiency.

2. Facility Manager: The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility.

3. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to ensure adequate 24-hour supervision of the resident during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the home,

***Rate***

A. The Provider will be reimbursed on a fee-for-service basis at a daily rate of $ 146.74 per day.

B. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. Academic educational costs are not covered as they should be provided by the local school district.

C. Although the Division may reimburse the provider at the daily rate when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit;

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DTS
**Service** Individual Transitional Care Services
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

This service has been developed with the intention of providing a sense of continuity from the psychiatric residential and intensive residential to the setting of therapeutic foster / proctor care. Children or youth involved in the transitional care may range in age from 4 to 18. Payment for these services will begin on the date of placement. The child / youth can't be maintained on transitional status for ninety days. Prior to or at the end of the ninety day period, the child's / youth's placement status will be changed to a lower level of care. If the provider, therapist or caseworker are of the opinion that the child / youth is still in need of transitional services, they may request a review by a member of the DCFS Utilization Review Team to determine if the child / youth would benefit from continued transitional care services. If continued transitional care is determined to be in child's / youth's best interest, the DCFS Utilization Review team may authorize an additional thirty to ninety days of transitional care. Prior to or at the end of this period it is expected that the child/youth will step down to a lower level of care.
Note: This rate is linked to other rates that received an MAR Cola adjustment

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $65.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $85.60 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | COLA | 01/25/2001 | $79.03 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $81.97 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $85.60 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## Service Code

### Client Assessment/Tx Plan

A. Evaluation - Within two weeks prior to admission to the program, each client must have a current comprehensive evaluation on file . If the evaluation is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.

2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.

3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

***Name:*** B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be developed within two weeks prior to the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case worker.

C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## ***Contractor Qualifications***

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing as a Child Placing Agency that provides services through a foster care program.

B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

## ***Population Served***

A. The program must have the capacity to serve children/youth needing intensive transition services to move from psychiatric residential or intensive residential levels of care to a family-based treatment setting. The children/youth may have mild emotional or behavioral problems and/or minimal delinquent record, have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. The children/youth may engage in antisocial acts and show deficits in social skills, cognition and communication but are their needs can generally can be met in a family setting. They generally require one to one supervision or intensive monitoring.

B. The treatment home may have no more than six children under age 18 residing in the home including the children of the treatment parents. In addition,

1. There may be no more than three child in the home who are unrelated to the treatment parent/s including the children/youth in State custody;

2. There may be no more than two infants or non-ambulatory children in the home including infants/children of the treatment parent/s;

3. Children/youth in the custody of the Division of Child and Family Services may not be placed in the same home as

children/youth in the custody of the Division of Youth Corrections.

4. There may be no more than one child/youth in the home receiving this level of service (DTS).

C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

## ***Record Keeping***

A. Facility Administrative Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Current License.

2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.

4. Weekly or daily program schedules indicating the routine and planned activities.

5. Staff attendance and time sheets.

6. Client daily attendance and absences including reason for absence.

7. Facility incident reports.

8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records - The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).

2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C)

4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

5. Client specific incident reports.

6. Documentation of transition services to include date, duration and description of provider staff contacts with psychiatric/intensive residential facility staff.

7. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

## ***Staff to Client Ratios***

The staff to client ratio in each treatment home may vary based on the client's needs as determined by the licensed mental health therapist in conjunction with the client's caseworker. However, at a minimum each treatment home must have the following:

A. Treatment parent who is available to provide daily supervision and monitoring of each client placed in the home;

B. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not

## ***Staff Training***

A. All Staff - The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures.

B. Direct Care Staff (Non-Clinical Staff) - In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Prior to providing direct care, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Prior training may be substituted for the items listed below on a hour-for-hour basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

c. Other training as needed based on the program model and an evaluation of individual staff training needs.

***Tx/Serv Requirement***

A. The provider must have the capacity to provide the following services directly to each client in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks prior to admission to the program. If a prior evaluation was completed by a mental health therapist, the prior evaluation may be updated by a licensed mental health therapist.

2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition.

3. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.

4. Initiate transition services up to 90 days prior to discharge from the facility to the treatment home. The treatment parents will work with the treatment team from the facility to develop a relationship with the client prior to placement, obtain training specific to working with the client, coordinate with the Division caseworker to facilitate other services as needed for the client's placement in the home such as arranging therapy services, medication management, education, recreation and reunification services. They will also coordinate and consult with the treatment team after the client's placement in the home to ensure the placement is meeting the client's needs.

B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's evaluation or treatment plan and approved by the client's caseworker. Such services may be reimbursed by the Division or Medicaid directly to the provider of the service if Medicaid requirements are met:

1. Skills development or other rehabilitative services by a licensed day treatment program;

2. Individual therapy by a licensed mental health therapist;

3. Group therapy by a licensed mental health therapist;

4. Psychological evaluation by a licensed psychologist;

5. Psychiatric evaluation by a licensed psychiatrist;

6. Medication management services by a licensed physician, or registered nurse.

C. Arrange for each client to attend an individualized accredited educational program that is coordinated with the local school district.

***Staff Requirements***

A. Clinical

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of mental health therapists/s to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve clients functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Treatment Parent/s: Each treatment home utilized by the program must have treatment parent/s (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each client placed in the home. The treatment parent/s will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent. They will also be responsible to work in cooperation with the psychiatric or intensive residential facility as part of the treatment team for up to 90 days prior to discharge from the facility to the treatment home.

2. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to assure there is adequate 24-hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the

## ***Rate***

A. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group therapy, individual therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD or RN. In general, academic educational costs are not covered but should be negotiated with the local school district.

B. Although the Division may reimburse the provider at the daily rate for up to 8 days per episode when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

1. Planned family/home visit.

2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.

3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility).

4. Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code:** DVC
**Service** Family Violence Children's Treatment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

## Description:

This provides for assessment, group, and individual therapy for children exposed to domestic violence (ages 5 - 17). It includes parental involvement (as appropriate) and in compliance with the DHS licensure requirements for Outpatient Treatment for domestic violence.

This service was developed through a specific legislative building block for domestic violence children's treatment services. The initial contracts are intended to pilot new approaches to treatment and to work closely with the Division to develop practice models, standards, and outcome measures. As the initial contracts are intended to "pilot" the new services, the new contracts will be cost reimbursement to allow maximum flexibility (3 contracts for $50,000 were awarded). The initial amounts were the result of a

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $50,000.00 |
| Hourly | $15.36 |
| Hourly | $57.34 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $50,000.00 |
| Hourly | $15.36 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Initial Review | 03/21/2002 | $50,000.00 | 03/21/2002 |
| Hourly | Initial Review | 03/21/2002 | $57.34 | 03/21/2002 |
| Hourly | Initial Review | 03/21/2002 | $15.36 | 03/21/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| UN | UNIVERSAL |

***Service Code:*** **EFB**

***Service*** **Emergency Foster group Home (Boys)**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Used for boys placed in emergency foster care through Salt Lake County Boys Group Home Shelter facility. The entire costs will be used for maintenance.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $143.70 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **EFG**

***Service*** **Emergency Foster group Home (Girls)**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Used for girls placed in emergency foster care through Salt Lake County Girls Group Home Shelter facility. The entire costs will be used for maintenance.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $149.21 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **EFP**

***Service*** **Emergency Foster Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Regular Emergency Foster Care shall be used for temporary out-of-home care when the involvement of Juvenile Court is not warranted or necessary. Its use is time limited, and a more permanent placement / disposition should be made. The rate is the same as CFP with a $5 payment for the first day for miscellaneous needs of the youth.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **ETP**

***Service*** **Emergency Care Transportation Payment**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Used for transporting children in shelter care or emergency foster care to school, treatment setting, or medical services.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Month | $122,000.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** FAC
**Service** Contracted Adoption Promotion and Support Services

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "FPA-Adoption Promotion and Support Services" but is used when services are purchased through a contract. It is used to purchase adoption related promotion and support activities such as adoption home studies. It is for services provided through the Title IV-B, part 2 Federal Grant for Adoption Promotion and Support Services.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $600.00 |
| Month | $30,000.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $30,000.00 |
| Personal Need | $600.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Personal Need | Review | 05/09/2001 | $600.00 | 05/08/2001 |
| Month | Review | 05/09/2001 | $21,000.00 | 05/08/2001 |
| Month | Review | 05/22/2003 | $30,000.00 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **FCT**

***Service*** **Foster Child Contracted Transportation Services**

***Creation Date:*** 12/10/2001

***Obsolete Date:***

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Payments made to a contracted individual or agency to cover the cost of transporting children in DCFS custody to and from activities which are included in the servcie plan or necessary to insure the child receives needed services in the community. It may also include the costs of transporting a child to and from school for children in out-of-state placements.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $8.70 |
| Trip or Ticket | $8.70 |

## *BCM Maximum Allowable Rate (MAR)*

| Unit | MAR Rate |
|---|---|
| Trip or Ticket | $8.70 |
| Daily | $8.70 |

## *BCM Rate Actions*

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 12/10/2001 | $8.70 | 12/05/2001 |
| Trip or Ticket | Initial Review | 12/10/2001 | $8.70 | 12/05/2001 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** FHX
**Service** Individual High Cost Maintenance
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** Yes

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This code is used to pay the maintenance costs (Board & room, care & supervision) for specialized placements for individual children in the custody of the Division of Child and Family Services. The rate for this service is negotiated on a case-by-case basis depending on the needs of the child and the availability of a contractor to provide the needed services. The maximum rate has historically been tied to the highest rate we have negotiated. To provide individual high cost maintenance (concentrated supervision) payments for care designed to assist youth in making changes in their emotional and behavioral functioning necessary to facilitate successful return to their own home or other less restrictive alternative.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $205.00 |
| Month | $6,500.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $6,500.00 |
| Daily | $205.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Review | 05/10/2001 | $6,500.00 | 03/16/2001 |
| Daily | Review | 05/10/2001 | $150.00 | 03/16/2001 |
| Daily | Review | 04/23/2003 | $205.00 | 04/23/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **FPA**

***Service*** **Adoption Promotion and Support Services (IV-B,2)**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Post legal adoption services and activities provided to adopted children and their adoptive families with state adoption assistance agreements designed to preserve and support adoptive placements. These involve a variety of preventive and remedial activities and services that may include but are not limited to: 1) child specific services, such as respite care, crisis respite care, behavioral assessment and management: or 2) adoption community based activities, such as newsletters, parent support groups, classes, or payment of consultants or behavioral experts. These funds are intended to provide maximum flexibility and to be utilized and directed at the region's discretion to accomplish the goal of adoption promotion and support. They are intended to supplements, not to replace or duplicate the adoption assistance funds utilized for a child. Utilization is not to exceed $2,000 per year for a specific

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $2,000.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **FPF**

***Service*** **Family Preservation Flex Fund**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 8/ 7/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Provide flexible funding for unique needs of families and children being served by the Division. This funding will be used for unique services that will help to strengthen and preserve families or for one-time costs to help stabilize a family. Examples of these costs may include unique wrap-around supports or paying for deposit or first month's rent when housing is one of the reasons a child cannot be returned home, or bedding, or other furniture or personal items needed for the child or parent.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Personal Need | $2,000.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **FPG**

***Service*** **Family Support Services**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Contract services funded through Promoting Safe and Stable Families Grant (Title IV-B, Part 2) for family support services. Contracts are for community-based services to promote the safety and well being of children and families. Services are designed to increase the strength and stability of families, to increase parents confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment and to enhance child development.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $10,000.00 |
| Personal Need | $600.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **FPR**

***Service*** **Reunification Services, Title IV-B,2**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

This service is intended to provide flexible funding for purposes of reunifying children with their families. Payments are made on a "special needs" basis and may include such things as therapy for parents, rent or rent deposits, bedding, furniture or other personal items, homemaker services, peer parenting or other time limited services that are necessary but may not be otherwise available to assist reunification efforts. Funding for this service is through the Promoting Safe and Stable Families Grant funded through title

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Personal Need | $2,000.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** FTC
**Service** Foster Child Transportation-Case Activity
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 8/ 7/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Payments made to Foster Parents to cover only the costs of traveling to and from transporting Foster Children to and from reviews, court activities, case planning/staffing and placement transitions.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Mile | $0.31 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Mile | $0.36 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Mile | Review | 08/07/2001 | $0.31 | 06/21/2001 |
| Mile | Review | 07/18/2002 | $0.36 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** FTM
**Service** Family Transportation Payment-Medical Mileage for Medicaid Eligible

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** No contract allowed for this service
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Payments made to Foster Parents to cover the cost of transporting a Medicaid eligible child to and from medical, dental, and mental health appointments. In order to receive this payment the foster parent must have a signature or stamp from the provider.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Mile | $0.31 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Mile | $0.36 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Mile | Initial Review | 07/01/1999 | $0.32 | 07/01/2000 |
| Mile | COLA | 08/09/2001 | $0.31 | 07/01/2001 |
| Mile | Review | 07/10/2002 | $0.36 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** FTP

**Service** DCFS: Family Transportation Payment-Non Medical Mileage. DSPD: Transportation Supports/Per Mile

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Agencies Using Code**

DCFS
DSPD

## Description:

DCFS
Payments made to Foster Parents to cover the cost of transporting Foster Care youth to and from activities which are included in the service plan. These activities may include medical, dental, and mental health appointment if the child is not medicaid eligible. The requested daily rate of $8.70 is a negotiated rate used in a sole source contract for a child in DCFS custody placed in California and is the cost to transport the child to and from school, daily. It is based on actual charges out of state. The provider must pay to have a child in DCFS custody transported daily to and from and off site school.

DSPD
Transportation supports serve the purpose of allowing the person access to other supports necessary to live an inclusive community life. They are only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation must be documented as necessary to fulfill other identified support in the Individual Service Plan and the associated documents. Transportation Supports will pay the established per-mile rate for transportation approved under the individual's Individual Support Plan.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $999.99 |
| Daily | $8.70 |
| Mile | $0.31 |
| Trip or Ticket | $999.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Mile | $0.36 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Mile | Initial Review | 07/01/1999 | $0.32 | 07/01/2000 |
| Mile | COLA | 08/09/2001 | $0.34 | 07/01/2001 |
| Mile | COLA | 07/10/2002 | $0.36 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| SG | SELF DETERM NON-MEDICAID |
| SM | SELF DETERM MEDICAID |

## *Service Code*

### *Name: Client Assessment/Tx Plan*

The division is responsible for assisting the individual in developing their person centered plan. The individual service plan is developed based on the supports listed in the Person Centered Plan and other supports identified as important to the person. These plans are developed by the individual and their support coordinator prior to the delivery of services. Each individual also has an authorized spending limit that cannot be exceeded when purchasing supports from providers. The array of services available for Community Living Residential Supports can be found on the Community Living Supports Worksheet.

### *Contractor Qualifications*

Providers must comply with all division policies and guidelines pertaining to transportation as well as all applicable licensing and certification requirements.

### *Population Served*

Services are provided to individuals who meet the definition of disabled in the Utah Code Annotated § 62A-5-101, and found eligible by the Division .

### *Record Keeping*

Treatment and service requirements are documented in the individual's plan and community living worksheet.

SPECIAL RECORD KEEPING REQUIREMENTS
Providers are required to meet division policies and guidelines governing records, including but not limited to individual's records, and file documentation and retention.

### *Staff to Client Ratios*

N/A

### *Staff Training*

Provider and staff must meet all requirements specified in Division Policy and Rule:
Policy 2-7 Procedure 6E
Rule R539-8-4
Policy 2-8 pertaining to Transportation Supports

### *Tx/Serv Requirement*

Transportation Supports are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. The need for transportation must be documented as necessary to fulfill other identified supports in the individual support plan and the associated outcomes.

Transportation (codes MTP and RTS) are for services provided to individuals who are attending a day training, prevocational service, or supported employment. Transportation is provided to and from the individual's own home or residential site by the day training provider or from their residential site by the residential provider to the day training, prevocational service or supported employment location.

Transportation in a private vehicle will be reimbursed at the FTP mileage rate. Individuals providing the service must have a valid Utah Driver License and liability insurance as required by state law. This transportation option must be pre approved by the regional director.

Limitations: Medicaid payment for transportation under the approved waiver plan is not available through medical transportation, transportation available through the State plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to residential or day support providers contracted to provide transportation to and from the person's residence to the site(s) of a day support when payment for transportation is included in the established rate paid to the community living or day support provider.

### *Staff Requirements*

Staffing requirements are established in the individual worksheets.

**Service Code:** FTV
**Service** Foster Child Transportation-Visitation
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 8/ 7/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Payments made to Foster Parents to cover only the costs of transporting Foster Children to and from visits with parents, siblings, or other relatives/primary caregivers.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Mile | $0.31 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Mile | $0.36 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Mile | Review | 08/07/2001 | $0.31 | 07/01/2001 |
| Mile | Review | 07/18/2002 | $0.36 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **FVP**

***Service*** **Family Violence Payment**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide shelter, protection, support services, referral, and transitional housing for abused spouses and their dependent children. This is a temporary service that an abused spouse can use for up to 30 days during any one year.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $30.00 |
| Month | $300.00 |
| Personal Need | $999.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| UN | UNIVERSAL |

**Service Code:** FVS
**Service** Family Violence Treatment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
To provide therapy, counseling, and court advocacy for family violence perpetrators, their abused spouses and dependent children. This is a time limited service.

Individual treatment $72.97/hour
Group treatment $19.54/hour

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $100,000.00 |
| Hourly | $57.34 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Hourly | $76.19 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | Initial Review | 07/01/1997 | $70.34 | 07/01/2000 |
| Hourly | COLA | 08/09/2001 | $72.97 | 07/01/2001 |
| Hourly | COLA | 07/10/2002 | $76.19 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| UN | UNIVERSAL |

**Service Code:** GAI
**Service** Adoption Incentive Grant Services
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 10/24/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Provide flexible funding for unique needs of families and children. This funding will be used for unique services that help address special needs of adoptive children, help prevent removal of children from the home, and prevent disruption of adoptive placements.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $2,000.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Personal Need | $2,000.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Personal Need | Initial Review | 10/24/2001 | $2,000.00 | 10/24/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** GAR
**Service** Guardianship Subsidy
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 2/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Guardianship Subsidy would be given to foster parents who have been given permanent custody and guardianship through the Juvenile Court. The following would apply before a guardianship subsidy contract is put in place: 1-Child has been in placement continuously for 12 months or longer; 2-Foster parents meet all agency licensing requirements and there are no concerns with the care given; 3-Child and foster family both commit to the placement until the child reaches the age of majority; 4-Child and foster family are no longer in need of services, except financial; 5-Permanent custody and guardianship are in the best interest of the child. Payment will be negotiated based on the needs of the child (not to exceed the payment of child's previous placement with

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $519.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $519.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Review | 05/10/2001 | $519.00 | 03/13/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** GCP
**Service** Guardianship Foster Subsidy Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is a long term foster care service. Foster parents are encouraged to obtain permanent custody and guardianship through the Juvenile court where all of the following would apply: 1- Child has been in placement continuously for 12 months or longer; 2- Foster parents meet all agency licensing requirements and there are no concerns with the care given; 3- Child and foster family both commit to the placements until the child reaches the age of majority; 4- Child and foster family are no longer in need of services, except financial; 5- Permanent custody and guardianship are in the best interests of the child. Payment is based on previous status at the time of the transfer. For further information see DCFS policy manual.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $14.99 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 04/01/1993 | $13.84 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $14.35 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $14.99 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **GHX**

***Service*** **Group Home Extraordinary Placement**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide highly structured, specialized individual care and treatment for youth, 18 and under, who are moderately delinquent and/or have demonstrated emotional/behavioral problems. The care and treatment are determined by either a licensed social worker, therapist, psychologist, or psychiatrist. Services include such activities as counseling and therapy.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $300.00 |
| Session | $200.00 |
| Month | $6,000.00 |
| Hourly | $100.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** GSP
**Service** guardianship Specialized Subsidy Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is a long term Specialized foster care service. Foster parents are encouraged to obtain permanent custody and guardianship through the Juvenile court where all of the following would apply: 1- Child has been in placement continuously for 12 months or longer; 2- Foster parents meet all agency licensing requirements and there are no concerns with the care given; 3- Child and foster family both commit to the placements until the child reaches the age of majority; 4- Child and foster family are no longer in need of services, except financial; 5- Permanent custody and guardianship are in the best interests of the child. Payment is based on previous status at the time of the transfer. For further information see DCFS policy manual.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $22.23 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $20.52 | 03/19/2001 |
| Daily | COLA | 08/09/2001 | $21.29 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $22.23 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **HBN**

***Service*** **Home Based Needs Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide services to a child and/or family who are in need of services in order to increase the likelihood of maintaining the child in the home. This payment provides services such as, but not limited to, personal care and grooming expenses, special clothing purchases, rent deposits, utility payments, food purchases, therapy services, or other needs necessary to maintain the child in the

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $1,000.00 |
| Session | $1,000.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** HTS
**Service** Homemaker Teaching Service
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
In-home, one-on-one service to parents of neglected and/or abused children that includes teaching of home management skills (i.e., housekeeping, food preparation, money management) for self-sufficiency to help parents maintain children in their own homes. This is a hands-on learning experience with parents doing the work.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Hourly | $15.66 |
| Session | $31.30 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Hourly | $16.89 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | Initial Review | 06/01/1993 | $15.59 | 07/01/2000 |
| Hourly | COLA | 08/09/2001 | $16.17 | 07/01/2001 |
| Hourly | COLA | 07/10/2002 | $16.89 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **ICP**

***Service*** **Initial Clothing Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

One-time emergency clothing needs when the child lacks basic clothing at time of placement. Maximum amount $163.00. Amount spent for clothing while child was in shelter must be deducted. Total amount must be spent within 30 days of first payment.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $163.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** ILP
**Service** Independent Living Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Children in Foster Care at age 16 can be considered for independent living arrangements; should be in school, employed, or a combination of both. All living arrangements must be approved by a district director or designee. Payments may go directly to the youth or foster parents. A contract between the child and agency is reviewed every three months to continue or terminate the Division of Child and Family Services custody. The payment for this code is not to exceed the basic foster care rate (CFP).

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $15.75 |
| Personal Need | $488.25 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $15.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 01/01/1990 | $13.84 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $14.35 | 07/01/2001 |
| Daily | COLA | 07/10/2002 | $14.99 | 07/01/2002 |
| Daily | Review | 08/05/2003 | $15.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **INR**

***Service*** **Statewide Domestic Violence Info and Referral Service**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

The Human Services Information and Referral Center located in Salt Lake County will provide a statewide information and referral service through a 1 (800) line for domestic violence services.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Month | $0.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| UN | UNIVERSAL |

***Service Code:*** **ITR**

***Service*** **In Home Transitional Rural**

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide continuity in treatment and services to children in DCFS custody as they transition from residential treatment center placements to family home settings. Services include: 1) pre-discharge involvement of parents or other identified care taker by incorporating them into the treatment team and providing them training as necessary to facilitate transition; 2) discharge planning to arrange appropriate services in the home and community; 3) post-discharge follow-up including direct training and therapeutic interventions in the home insuring appropriate community resources are available and responding to the families' needs. These services are provided to children/families residing in rural areas of the State (areas other than Salt Lake, Tooele, Utah, Davis, and Weber counties.)

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $130.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **ITW**

***Service*** **In Home Transitional-Wasatch**

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

To provide continuity in treatment and services to children in DCFS custody as they transition from residential treatment center placements to family home settings. Services include: 1) pre-discharge involvement of parents or other identified care taker by incorporating them into the treatment team and providing them training as necessary to facilitate transition; 2) discharge planning to arrange appropriate services in the home and community; 3) post-discharge follow-up including direct training and therapeutic interventions in the home, insuring appropriate community resources are available and responding to the families' needs. These services are provided to children/families residing on the Wasatch Front (Salt Lake, Tooele, Utah, Davis, and Weber counties).

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $92.16 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **JSP**

***Service*** **Joyous Season Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS
DYC

***Description:***

Division of Youth Corrections:

For Christmas gifts to be given to and by the child. If funds are available, $42.00 is given to foster parents for each child and an additional $12.00 is given to each child over age five to spend for gifts. If the funds are not available, payments will be reduced or eliminated.

Division of Children & Family Services:

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $54.00 |
| Month | $9,999.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** MCA
**Service** Medicaid Special Assessment
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:
The assessment shall be completed by a qualified staff (i.e., licensed psychiatrist, licensed psychologist, etc.). Identify the existence, nature and extent of emotional and behavioral problems for the purpose of determining the youth's need for services. The content of the assessment shall comply with Medicaid requirements.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Hourly | $56.00 |
| Quarter hour | $27.59 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $31.19 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 07/01/1999 | $28.79 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $29.87 | 07/01/2001 |
| Quarter hour | COLA | 07/11/2002 | $31.19 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended:

1. licensed physician;

2. licensed psychologist;

3. licensed clinical social worker;

4. licensed advanced practice registered mental health nurse specialist;

5. licensed marriage and family therapist;

6. licensed professional counselor; or

B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education, working under the supervision of a

licensed mental health therapist identified above. Masters level social workers, masters level marriage and family therapist and

***Name:*** certified social workers must obtain approval from the Division of Occupational and Professional Licensing(DOPL) before

beginning their clinical training after completion of their education. Without DOPL approval they may not do mental health therapy, such as mental health evaluations, individual, family or group therapy. Masters level prospective professional counselors who intend to apply for licensure as a professional counselor, must be engaged in a post-masters supervised practice in order to do mental health therapy.

C. Individuals identified below may participate as part of a multi-disciplinary team in the evaluation process by gathering the psychosocial data when working under the supervision of a licensed practitioner identified in section 1 or 2 above:

1. licensed certified social worker;

2. licensed social service worker;

3. licensed registered nurse, or

4. licensed practical nurse.

They may also participate in the development of the treatment plan, but they may not independently diagnose or prescribe

***Other***

ADDITIONAL REQUIREMENTS

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

***Record Keeping***

Evaluation report, reevaluation report, diagnosis, treatment recommendations and individual treatment plan, if needed.

***Rate***

The Provider will be reimbursed on a fee for service basis. The periodic reevaluation of the client's treatment plan by a licensed mental health therapist may be billed only if the reevaluation is conducted during a face-to-face interview with the

**Service Code:** MFC
**Service** Medically Fragile Child
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an auxiliary code for medically fragile children to be attached to the specialized foster care rate. These funds are to cover extra expenses foster parents incur in caring for HIV, drug-exposed, fetal alcohol, pre-mature failure to thrive, infants and children with severe medical problems.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $10.00 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **PAN**

***Service*** **Child Abuse Prevention**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Child abuse and neglect prevention education and training programs to the general public including: children, teens, parents, and community groups. The resources for this service comes from the State of Utah's Children's Trust Account, which is funded by a $3 surcharge added to each birth certificate. Providers of this service must match State monies dollar for dollar either in cash or in-kind. However, only 50% of the matching funds can be in?kind.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Month | $0.00 |
| Session | $0.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PDE
**Service** Child Abuse Physical Examinations
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This service is to purchase by contract physical examinations of child victims of sexual or physical abuse by a qualified physician, nurse practitioner or other qualified medical person. The examination is for the purpose of gathering physical evidence and assisting in child abuse investigations. This service is similar to PDP but is not funded through Federal grants.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $0.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Review | 05/10/2001 | | |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **PDP** ***Creation Date:*** 1/25/2001

***Service*** **Physical Examinations of Child Abuse Victims** ***Obsolete Date:***

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Physical examination of child victims of sexual and serious physical abuse by a qualified physician, nurse practitioner or related medical person. The examination is for the purpose of gathering physical evidence not only for treatment, but also for evidence in criminal investigations.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Session | $999.00 |
| Month | $200,000.00 |
| Personal Need | $999.99 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PFP
**Service** Family Preservation Services
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Intensive in-home services provided to families where a child(ren) are in imminent danger of being place in out-of-home care, or for children who are in current out of home placement who could be returned home immediately with intensive in-home services to the family. the maximum in?home caseload is six cases. The time is limited to 90 days. An extension may be granted by the Regional Director or designee.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Hourly | $56.00 |
| Month | $525.00 |
| Trip or Ticket | $26.00 |
| Daily | $23.82 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $26.12 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 02/01/1998 | $24.12 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $25.02 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $26.12 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PGM
**Service** Sexual Abuse Treatment-Group (Medicaid Enhancement)

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
To provide sexual abuse assessment to abuse victims who are 18 years old and under, and therapeutic treatment to victims and their families for the purpose of helping them adjust to the crime. Assessments are done by a licensed psychologist or licensed social worker.

The purpose of this code is to identify the group therapy "PIC" cases which are eligible for reimbursement through the medicaid

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Hourly | $15.00 |
| Month | $99,999.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Hourly | $20.41 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | Initial Review | 02/01/1995 | $18.84 | 07/01/2000 |
| Hourly | COLA | 08/09/2001 | $19.54 | 07/01/2001 |
| Hourly | COLA | 07/11/2002 | $20.41 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PIC
**Service** Protective Intervention Child
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
To provide sexual abuse assessment to abuse victims who are 18 years old and under, and therapeutic treatment to victims and their families for the purpose of helping them adjust to the crime. Assessments are done by a licensed psychologist or licensed social worker.

Supplemental sources of payments: State of Utah Crime Victim Reparation funds, Medicaid, and third party insurance. Also, to assist in the physical diagnosis of child abuse and neglect and to facilitate and disseminate information to allied agencies and the community.

Assessment $72.97

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $1.00 |
| Month | $30,000.00 |
| Session | $100.00 |
| Hourly | $57.34 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Hourly | $76.19 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | Initial Review | 03/01/1992 | $70.34 | 07/01/2000 |
| Hourly | COLA | 08/09/2001 | $72.97 | 07/01/2001 |
| Hourly | COLA | 07/11/2002 | $76.19 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **PIM**

***Service*** **Sexual Abuse Treatment-Individual (Medicaid Enhancement)**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

To provide sexual abuse assessment to abuse victims who are 18 years old and under, and therapeutic treatment to victims and their families for the purpose of helping them adjust to the crime. Assessments are done by a licensed psychologist or licensed social worker.

The purpose of this code is to identify the individual therapy "PIC" cases which are eligible for reimbursement through the medicaid

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Hourly | $58.20 |
| Month | $9,999.00 |

## *BCM Maximum Allowable Rate (MAR)*

| Unit | MAR Rate |
|---|---|
| Hourly | $76.19 |

## *BCM Rate Actions*

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | Initial Review | 02/01/1995 | $70.34 | 07/01/2000 |
| Hourly | COLA | 08/09/2001 | $72.97 | 07/01/2001 |
| Hourly | COLA | 07/11/2002 | $76.19 | 07/01/2002 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PLP
**Service** Family Preservation Services-Provided by Mental Health Therapist

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Intensive in-home services provided to families where a child(ren) are in imminent danger of being placed in out-of-home care, or for children who are in current out of home placement who could be returned home immediately with intensive in-home services to the family. the maximum in-home caseload is six cases. The time is limited to 90 days. An extension may be granted by the Regional Director or designee. These service are provided by a licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended, to include: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered mental health nurse specialist, licensed marriage and family therapist, licensed professional counselor; or an individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education, working under the supervision of a licensed mental health therapist identified above.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $828.00 |
| Daily | $28.32 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $31.06 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 02/01/1998 | $28.68 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $29.75 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $31.06 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PMC
**Service** Protective Services Counseling-Intensive Mental Health

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

A range of activities designed to treat and supervise neglected, abused, exploited, or at risk children in their own homes on a voluntary basis. These activities include case management, counseling/therapy, education/skill building, advocacy, and/or the provision of other essential services such as food, clothing, housing, or health care. This service represents voluntary services to families at risk of abuse, neglect, or ungovernability. Treatment components include case transfer (when needed), engaging the family, assessing needs, creating the treatment plan, coordinating and implementing the treatment plan, and home visits. At a minimum, the service includes home visit by the caseworker at least once per month, collateral contacts to monitor the child's and family's progress at least monthly and case management. These services are differentiated from non-intensive protective services counseling in that they are intended for children/youth with serious emotional disorders who require immediate and on-going access to a comprehensive mental health program that includes, but is not limited to, psychiatric services, 24 hour crisis mental health services and short term crisis placement, medication management, continuity of treatment into the adult mental health system when needed for the child and immediate availability of mental health services for other family members (including adults) when necessary and case management staff with specialized training and skills in treating the seriously emotionally disturbed child/youth and the ability and knowledge to rapidly access a broad range of mental health resources and services within the community. Case management staff must be licensed as Social Service Workers and have at least two years of experience in working with children/youth with serious emotional disorders. The number of cases per worker is expected to range between 16-18.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $10.52 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $11.81 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 08/09/2001 | $10.91 | 01/31/2001 |
| Daily | COLA | 08/09/2001 | $11.31 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $11.81 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PMS
**Service** Protective Services Supervision-Intensive Mental Health

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

Mandatory services ordered by the Court or for Interstate compact placements. Includes a range of activities designed to treat and supervise neglected, abused, exploited, or at risk children in their own home. These activities include case management, counseling/therapy, education/skill building, advocacy, and/or the provision of other essential services such as food, clothing, housing, or health care. This service represents voluntary services to families at risk of abuse, neglect, or ungovernability. Treatment components include case transfer (when needed), engaging the family, assessing needs, creating the treatment plan, coordinating and implementing the treatment plan, and home visits. At a minimum, the service includes home visit by the caseworker at least once per month, collateral contacts to monitor the child's and family's progress at least monthly and case management. These services are differentiated from non-intensive protective services supervision in that they are intended for children/youth with serious emotional disorders who require immediate and on-going access to a comprehensive mental health program that includes, but is not limited to, psychiatric services, 24 hour crisis mental health services and short term crisis placement, medication management, continuity of treatment into the adult mental health system when needed for the child and immediate availability of mental health services for other family members (including adults) when necessary and case management staff with specialized training and skills in treating the seriously emotionally disturbed child/youth and the ability and knowledge to rapidly access a broad range of mental health resources and services within the community. Case management staff must be licensed as Social Service Workers and have at least two years of experience in working with children/youth with serious emotional disorders. The number of cases per worker is expected to range between 16-18.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $10.52 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $11.81 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 08/09/2001 | $10.91 | 01/31/2001 |
| Daily | COLA | 08/09/2001 | $11.31 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $11.81 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **PPI**

***Service*** **Peer Parenting-In Home Services**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Peer parenting is a service provided by DCFS by foster parents who are trained to work with primary families in an effort to maintain the unity or reunite the family. PPI is used to maintain a family.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Hourly | $8.75 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **PPO**

***Service*** **Peer Parenting Out of Home**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Peer parenting is a service provided by DCFS by foster parents who are trained to work with primary families in an effort to maintain the unity or reunite the family. PPO is used when the child(ren) are in DCFS custody.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Hourly | $8.75 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PSC
**Service** Protective Services Counseling-(Contracted)
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Includes a range of activities for families designed to treat and supervise neglected, abused, exploited or children at risk in their own homes. Includes case management, counseling/therapy, education/skill building, advocacy, and/or provision of other essential services such as food, clothing, housing or health care. Treatment includes case transfer, engaging the family, assessing needs, creating coordinating and implementing treatment plans. Includes at least one home visit per month by the caseworker, monthly collateral contacts to monitor the child and family's progress and case management.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $210.00 |
| Daily | $7.31 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $8.21 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 02/01/1998 | $7.58 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $7.86 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $8.21 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** PSS
**Service** Protective Services Supervision-(Contracted)
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Mandatory services ordered by the Court or for Interstate Compact Placements. Includes a range of activities for families designed to treat and supervise neglected, abused, exploited or children at risk in their own homes. Includes case management, counseling/therapy, education/skill building, advocacy, and/or provision of other essential services such as food, clothing, housing or health care. Treatment includes case transfer, engaging the family, assessing needs, creating coordinating and implementing treatment plans. Includes at least one home visit per month by the caseworker, monthly collateral contacts to monitor the child and family's progress and case management.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $7.31 |
| Month | $9,999.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $8.21 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 02/01/1998 | $7.58 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $7.86 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $8.21 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **PST**

***Service*** **Parent Skills Training**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Family life education and skill training that help groups of parents through an educational process to understand and deal adequately with community and family living situations that create stress within the family. funds may be used for the following: Group presenter/facilitator, participant transportation, supplies and training materials, participant expenses, payment of tuition, payment of facility use fees.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $999.00 |
| Hourly | $9.78 |
| Mile | $0.27 |
| Session | $999.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **PYS**

***Service*** **Protective Youth Service**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Services to runaway and ungovernable youth and their parents, up to 60 days of counseling and time limited shelter in a youth service center. Includes crisis intervention, counseling, referrals to appropriate resources, developing treatment plan, counseling and mediation with youth/parents, and arranging transportation.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $7,200.00 |
| Daily | $42.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** RE1
**Service** Respite Care (Basic)
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
The purpose of respite is to provide intermittent, time limited relief from the day-to-day demands and parenting responsibilities for children placed in foster care. The respite will be provided in a licensed respite or foster home, or by an individual meeting Child Welfare policy requirements for providing the service. RE1 is for foster parents who have completed basic care training and whose foster children are at a basic care rate.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $13.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $13.00 | 01/24/2001 |
| Daily | Review | 08/05/2003 | $13.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** RE2
**Service** Respite Care (Specialized)
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
The purpose of respite is to provide intermittent, time limited relief from the day-to-day demands and parenting responsibilities for children placed in foster care. The respite will be provided in a licensed respite or foster home, or by an individual meeting Child Welfare policy requirements for providing the service. RE2 is for foster parents who have completed specialized care training and whose foster children are at a specialized care rate.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $16.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $16.75 | 01/24/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** RE3
**Service** Respite Care (Structured)
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
The purpose of respite is to provide intermittent, time limited refief from the day-to-day demands and parenting responsibilities for children placed in foster care. The respite will be provided in a licensed respite or foster home, or by an individual meeting Child Welfare policy requirements for providing the service. RE3 is for foster parents who have completed structured care training and whose foster children are at a structured care rate.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $26.25 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $26.25 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $26.25 | 01/24/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **RE4**
***Service*** **Structured step-down Respite**
***Contract Type:*** No contract allowed for this service
***Residential:*** No

***Creation Date:*** 7/14/2003
***Obsolete Date:***

***Agencies Using Code***
DCFS

***Description:***
The purpose of respite is to provide intermittent, time limited relief from the day to day demands of parenting responsibilities for children placed in foster care. The respite will be provided in a licensed respite or foster home, or by an individual meeting Child Welfare policy requirements for providing the service. RE4 is for foster parents who have completed structured care training and whose foster children are at a structured step down rate.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $21.75 |

## *BCM Maximum Allowable Rate (MAR)*

| Unit | MAR Rate |
|---|---|
| Daily | $21.75 |

## *BCM Rate Actions*

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 08/05/2003 | $21.75 | 07/01/2003 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

## *Service Code*

***Rate***
Respite care will be provoded in a licensed respite or foster care home, by an individual meeting Child Welfare policies for providing the service. RE4 is for foster parents who have completed structured care training and whose foster children are at a structured step-down rate

Daily rate all ages $21.75 per day

**Service Code:** REC
**Service** Contracted Retainer Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/10/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "RET-Retainer Payment" but is used when services are purchased through a contract. It is used to help ensure immediate access to emergency placement beds for children in need of temporary out of home placement.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $400.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Month | $400.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Month | Review | 05/10/2001 | $400.00 | 05/08/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **RET**

***Service*** **Retainer Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/26/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

This is used by Family Services Regions that do not have adequate emergency placement funds to pay private homes with well-trained foster parents to handle high risk, hard to place adolescents, infants with AIDS, or those who have failed other shelter placements. This code will facilitate Child Protective Services which has responsibility for most of the children who are victims of

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $400.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **RP1**

***Service*** **Parent Managed Respite Care-DSPD, Provider/Home based (Basic) Respite Care-DCFS**

***Creation Date:*** 1/26/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DSPD

## *Description:*

Division of Services for People with Disabilities: The purpose of respite is to provide intermittent, time limited care to eligible individuals to enable parents/primary caretakers relief from the demand of parenting and/or living with a person with disabilities. Parent is responsible for hiring the individual who provides respite services to their child. The employees are paid under a Fiscal Agent Model.

Division of Child and Family Services: The purpose of respite is to provide intermittent, time limited relief from the day-to-day demands and parenting responsibilities for children placed in foster care. The respite will be provided in a licensed respite or foster home or by an individual in provider's home that meets DCFS Child Welfare Policy. RP1 Respite is for foster parents whose foster

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Hourly | $9.92 |
| Daily | $58.52 |
| Quarter hour | $2.48 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| BG | SPINAL CHORD GENERAL FUND |
| BM | SPINAL CHORD MEDICAID |
| SG | SELF DETERM NON-MEDICAID |
| SM | SELF DETERM MEDICAID |

***Service Code:*** **SAC**

***Service*** **Subsidized Adoption Costs-Supplemental Costs**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Used for supplemental costs on Non-IV-E Adoption subsidies. Supplemental adoption assistance may be available for expenses not otherwise covered by the monthly subsidy upon prior approval from the regional adoption committee, if state funding permits. The funds may be utilized after other resources have been determined unavailable such as insurance, Supplemental Security Income, and Social Security Assistance for parent disability or death. If the purpose of the request is to obtain professional services for the child, the documentation of projected expenses and the recommendation of the professional shall be provided to the committee. Approval may be given retroactively in an emergency. Examples of the use of supplemental adoption assistance include residential treatment, other out of home placements, day treatment, respite carte requiring a specially trained caregiver, extensive therapy and therapeutic equipment, non-covered dental/orthodontia medical expense, and other extraordinary, infrequent, or uncommon

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $9,000.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SAD**

***Service*** **Shelter Administration Payment**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Used for the administration costs of running Children's Shelter Care office, such as Salt Lake County's. This includes processing paper work, admitting of youth to the shelter care program, arranging Juvenile court hearings, transportation of youth, and crises intervention. It pays for the Children's Shelter Care office or other contractor to license, recruit, and train shelter care providers. Also included are worker salaries, office rents, and utilities of the Shelter Care office. This code may also be used for cost of service reimbursements with other providers based on an RFP or other approved contracting methodology as approved by the

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $0.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SAP**

***Service*** **Subsidized Adoption Payment**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Payment for child who is in the custody of a licensed child placing agency and who has medical or emotional problems or some other serious condition which makes adoptive placement difficult. Payments may be made for medical or dental problems (including immunizations, medical supplies, and orthodontics) or a short and/or long term maintenance subsidy up to 21 years of age. This is to be used for expenses not covered by medicaid or third party insurance. There is no maximum limit.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Month | $999.99 |
| Personal Need | $0.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SAR**

***Service*** **Subsidized Adoption Non-Recurring Costs**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

This code will be used for non-recurring costs on IV-E Adoption subsidies. Reimbursement of non-recurring expenses directly related to the legal adoption of a child with special needs, limited to costs incurred prior to finalization and approved by the regional adoption committee. Expenses may include reasonable and necessary adoption fees, court costs, attorney fees, adoption home study, health and psychological examinations, supervision of the placement prior to adoption, and transportation and reasonable costs of lodging and food for the child and/or adoptive parents during the placement or adoption process.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Personal Need | $2,000.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FT | AFDC-FC |

**Service Code:** SCC
**Service** Contracted Shelter Care Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "SCP-Shelter Care Payment" but is used when services are purchased through a contract. It is used to purchase services for children requiring removal from their own home and in need of placement in a temporary home or facility until they are returned home or a more permanent placement can be found. The $5.00 extra for the first day is for the miscellaneous needs of the child.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $15.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/09/2001 | $13.00 | 05/08/2001 |
| Daily | Review | 08/05/2003 | $15.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** SCF
**Service** Substitute Care Services-Contracted
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Total casework services for children in Out?of?Home Care. Services include direct client contact, development and implementation of service plans, completion of administrative, citizen and court review and dispositional hearings, attendance at detention hearings, completion of quarterly progress reports, activity logs to Medicaid standards; completion or coordination of mental health assessments; of health care, educational services, coordination of visits with parents and siblings; coordination with DCFS for Medicaid applications, Coordination with the Attorney General's Office, Office of the Guardian Ad Litem and other community agencies and resources as required; 24 hour crisis intervention services, determination of placements, accurate and complete maintenance of out of home and DCFS traveling files.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $9.82 |
| Month | $210.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $9.90 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 02/01/1998 | $9.14 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $9.49 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $9.90 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SCP**

***Service*** **Shelter Care Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Children in immediate danger of abuse or neglect requiring removal from homes are placed into shelter care until returned home or placed into foster care. Basic shelter care shall only be used for children unable to function in a regular shelter home because of severe emotional or behavioral problems. Justification for placement in basic shelter care must be documented in the case record. The $5.00 extra for the first day is for miscellaneous needs of the child.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $13.75 |
| Daily | $14.75 |
| Daily | $15.75 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** SDS
**Service** Skills Development Services
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

**Description:**
Rehabilitative services designed to: (1) Assist youth to develop competence in basic living skills. (2) Assist youth to develop social skills. (3) Assist youth to develop community awareness. Skills development may also include, supportive counseling directed toward eliminating psychosocial barriers.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Quarter hour | $3.03 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $3.43 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 01/01/1994 | $3.16 | 07/01/2000 |
| Quarter hour | COLA | 08/30/2001 | $3.28 | 07/01/2001 |
| Quarter hour | COLA | 07/11/2002 | $3.43 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

**Contractor Qualifications**

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered mental health nurse specialist, licensed marriage and family therapist, licensed professional counselor;

B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education;

C. Licensed certified social worker;

D. Licensed registered nurse;

E Licensed Social Service Worker;

F. Individual certified or credentialed to provide rehabilitative services to children;

G. Student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker;

H. Student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a registered nurse;

***Name:***

I. Student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker or a licensed social service worker; or

J. A licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, a licensed certified social worker, a licensed registered nurse, a licensed social service worker, or an individual certified or

***Other***

Additional Requirements

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

***Record Keeping***

A. Daily log documenting the date and duration of the service and activities provided.

B. Monthly summary documenting the significant and specific activities in which the client participated and progress toward treatment. If more frequent summaries documenting progress toward treatment goals are written, the monthly summary is not also required.

If Skills Development treatment goals were met during the month as result of participation in the skills development program, then new individualized goals must be developed and added to the treatment plan.

C. Any other documentation required by the Division contract to assure compliance with Division policy and billing

***Tx/Serv Requirement***

Supervision Requirements for Group Skills Development Services

A. One of the following practitioners must provide the skills development services directly, or be available to provide consultation and supervision:

1. licensed mental health therapist;

2. individual not currently licensed but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education, working under the supervision of a licensed mental health therapist;

3. licensed registered nurse with experience in psychiatric nursing;

4. licensed certified social worker; or

5. individual certified or credentialed to provide rehabilitation services to children.

B. At least quarterly, an individual identified above must conduct a review of the group-skills-development program. This review must consist of the following components:

1. a review of the sample of client treatment plans to evaluate appropriateness of goals;

2. a comprehensive review of the daily activities scheduled for the next 90-day period to ensure activities correlate with individual treatment needs; and

3. consultation with group skills development staff to:

a. identify and resolve clinical concerns regarding program participants;

b. develop or modify programs to ensure they meet the needs of participants; and

c. ensure continuous improvement in the quality of the skills development services provided.

4. A written summary of the review must be kept on file and made available for State or Federal review, upon request.

***Rate***

SDS

***Service Code:*** **SEP**

***Service*** **Specialized Emergency Foster Care**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Specialized Emergency Foster Care shall be used for temporary out-of-home care when the involvement of Juvenile Court is not warranted or necessary. It is time limited, and a more permanent placement / disposition should be made. This shall be used for youth who are unable to function in a regular emergency foster home because of severe emotional or behavioral problems. The rate is the same as SFP with a $5 payment for the first day for miscellaneous needs of the youth.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |
| RF | REFUGEE |
| YC | YOUTH CORRECTIONS |

**Service Code:** SFD
**Service** Structured Family Home Services with Skills Development

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** No contract allowed for this service
**Residential:** No

**Agencies Using Code**
DCFS

**Description:**
Children must meet Foster Care criteria. Payment is for board, room, clothing, and other basic maintenance costs. This is the same as SFD but also includes a daily differential to cover skills development services provided by the foster home parents.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $31.25 |
| Daily | $32.25 |
| Daily | $33.25 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $48.78 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/10/2001 | $45.04 | 03/19/2001 |
| Daily | COLA | 08/09/2001 | $46.72 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $48.78 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** SFP
**Service** Specialized Foster Care Payment
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Children meeting criteria for specialized foster care are placed in foster care homes for care and supervision.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $22.23 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 01/01/1990 | $20.52 | 07/01/2000 |
| Daily | COLA | 08/09/2001 | $21.29 | 07/01/2001 |
| Daily | COLA | 07/11/2002 | $22.23 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** SFS
**Service** Specialized Structured family Home
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Older youth meeting criteria for specialized structured family home care(i.e. emotionally disturbed, involved or will be involved in treatment for serious delinquent behavior) are placed in homes for care and supervision. Youth are divided into two groups 11-14 year olds and 14-17 year olds. The rate pays for board, room, clothing, and other basic maintenance costs.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $26.25 |
| Daily | $27.25 |
| Daily | $28.25 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $36.72 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Initial Review | 05/10/2001 | $33.90 | 03/19/2001 |
| Daily | COLA | 08/09/2001 | $35.17 | 07/01/2001 |
| Daily | COLA | 07/12/2002 | $36.72 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SHB**

***Service*** **Shelter Group Home (Boys)**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Used for boys placed in Salt Lake County Boys Group Home Shelter facility. The entire cost will be used for maintenance.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $143.70 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SHG**

***Service*** **Shelter Group Home (Girls)**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Used for girls placed in Salt Lake County Girls Group Home Shelter facility. The entire cost will be used for maintenance.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $149.21 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SIL**

***Service*** **Youth Special Independent Living Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Youth meeting criteria for independent living, i.e. the youth is in foster care, 16 or older, and in the Division of Child and Family Services custody, can be placed in a training program to learn self sufficiency skills such as time or money management. These training programs, which can take place in a school, at home, or at other locations, are varied depending upon local resources and youth needs. The payments can go directly to the youth as an incentive to attend training programs.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $999.00 |
| Daily | $75.00 |
| Session | $50.00 |
| Trip or Ticket | $999.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| IL | SPECIAL INDEP LIVING |

**Service Code:** SMF
**Service** Substitute Care Services-Intensive Mental Health

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Agencies Using Code**
DCFS

## Description:

Total casework services for children in Out of Home care. Services include direct client contact, development and implementation of service plans, completion of administrative, citizen and court reviews and dispositional hearings, attendance at detention hearings, completion of quarterly progress reports, completion of activity logs to Medicaid standards, completion or coordination of mental health assessments, coordination of health care services, coordination of educational services, coordination of visits with parents and siblings, coordination with DCFS for Medicaid applications, coordination with the Attorney General's office, the Office of the Guardian Ad Litem and other community agencies when multi-disciplinary staffings are required, 24 hour crisis intervention services, determination of placements, accurate and complete maintenance of the out of home files and DCFS traveling file, coordination and referral to community resources. These services are differentiated from non-intensive substitute care services in that they are intended for child / youth with serious emotional disorders who require immediate psychiatric services, 24 hour crisis mental health services and short term crisis placement, medication management, continuity of treatment into the adult mental health system when needed for the child and immediate availability of mental health services for other family members (including adults) when necessary and case management staff with specialized training and skills in treating the seriously emotionally disturbed child / youth and the availability and knowledge to rapidly access a broad range of mental health resources and services within the community. Case Management staff must be licensed as Social Service Workers and have at least two years of experience in working with children / youth with serious emotional disorders. The average caseload is expected to be 13 - 15 cases.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $12.70 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $14.26 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 07/15/2002 | $14.26 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SNB**

***Service*** **Special Needs-Baby**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

This code is to be used for special baby needs such as diapers, special formulas, baby furniture / equipment. Funds shall not accumulate in the child's account.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $200.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SNC**

***Service*** **Special Needs-Clothing**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Child and family related expenses for additional clothing. Funds shall not accumulate in the child's account.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $200.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SNE**

***Service*** **Psychological and Other Evaluations-Parent Evaluation and Therapy Services**

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

In addition to psychological evaluations, this service also includes parental competency evaluations and other evaluations or mental health treatment by licensed mental health professionals to assist the Division in making treatment and dispotitional decisions regarding children and their families. Used for services for parents of children in DCFS custody.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Personal Need | $1,500.00 |
| Session | $150.00 |
| Hourly | $55.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SNG**

***Service*** **Special Needs-Gifts**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Child and family related expenses for gifts including additional Christmas gifts, birthday, and graduation.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $200.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SNL**

***Service*** **Special Needs-Lessons**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Child and family related expenses for lessons such as music, art, swimming, dance, drama. This also covers the rental/purchase of musical instruments (rent if possible) and lesson supplies.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $200.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** SNM
**Service** Special Needs-Miscellaneous
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/25/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Child and family related expenses not covered under other special needs codes. This would include court-ordered services for the child or parents, interpreter services, and other miscellaneous expenses that are needed by the child and family that were previously covered under the old ANP code.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $5,000.00 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **SNR**

***Service*** **Special Needs-Recreation**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Child and family related expenses for recreation activities including trips, vacations, and fishing licenses. This also covers sports/sports equipment, and bicycles.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $200.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |

**Service Code:** SPC
**Service** Contracted Specialized Shelter Care Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 9/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This is an equivalent service to "SSP-Specialized Shelter Care Payment" but is used when services are purchased through a contract. It is used to purchase services for children requiring removal from their own home and in need of placement in a temporary home or facility until they are returned home or a more permanent placement can be found. This service is used for children unable to function in a regular shelter home because of severe emotional or behavioral problems. The $5.00 extra for the first day is for the miscellaneous needs of the child.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Daily | $18.75 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Daily | Review | 05/09/2001 | $16.75 | 05/08/2001 |
| Daily | Review | 08/05/2003 | $18.75 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SSP**

***Service*** **Specialized Shelter Care Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Children in immediate danger of abuse or neglect requiring removal from homes are placed into shelter care until returned home or placed into foster care. Specialized shelter care shall only be used for children unable to function in a regular shelter home because of severe emotional or behavioral problems. Justification for placement in specialized shelter care must be documented in the case record. The $5.00 extra for the first day is for miscellaneous needs of the child.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $16.75 |
| Daily | $17.75 |
| Daily | $18.75 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **STA**

***Service*** **Seventy-two Hour Assessment**

***Contract Type:*** Either a non-fixed or fixed amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

This service constitutes evaluation and assessment of child and family functioning performed by a licensed mental health professional within 72 hours of referral for assessment. The purpose of the assessment is to assist the Division and the Juvenile Court to determine appropriate disposition and service needs for children (and their families) referred to the Court by DCFS, Probation Officers or Juvenile Court Intake Workers. Referral for this service is through the DCFS Juvenile Court Liaison or their designee. Assessment includes a psychosocial evaluation for the child and family situation, a completed Child Welfare Risk Assessment and written report and recommendations of services for the child and family including DCFS and community resources to resolve the crisis. This service also requires the evaluators attendance at Juvenile Court hearing to present the findings, when

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Quarter hour | $14.34 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **STP**

***Service*** **School Expense - Non-Tuition**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

This code is used for student body fees, locker costs and any other standard school fees such as yearbooks, school pictures, graduation costs, and driver's education fees. It also may include costs for equipment (band/orchestra rentals), special clubs and activities, and special classes. May also cover costs of summer classes and costs for school packets. Cannot include tuition costs. Monies can be paid to either the foster parent or the school directly. Maximum amount is $999.99, unless approval is given

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $999.99 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SUB**

***Service*** **IV-E Adoption Study**

***Contract Type:*** Closed or fixed dollar amount contract required

***Residential:*** No

***Creation Date:*** 1/25/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

Federal matching payment for child who is in the custody of a licensed child placing agency and who has medical or emotional problems or some other serious condition which makes adoptive placement difficult. Payments may be made for medical or dental problems (including immunizations, medical supplies, and orthodontics) short and/or long term maintenance subsidy. There is a one-time payment for non reoccurring expenses such as attorney fees for getting the child adopted

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Month | $1,000.00 |
| Personal Need | $0.00 |
| Session | $0.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FT | AFDC-FC |

***Service Code:*** **SXP** ***Creation Date:*** 1/25/2001

***Service*** **Specialized Foster Care Payment (contracted)** ***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Children must meet Foster Care criteria. Payment is for board, room, clothing, and other basic maintenance costs. This is the same as SFP but also includes a daily differential to cover recruiting, licensing and training foster families.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $19.71 |
| Daily | $20.71 |
| Daily | $21.71 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **SXS** ***Creation Date:*** 1/25/2001

***Service*** **Structured Family Home Services (contracted)** ***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS

***Description:***

Children must meet Foster Care criteria. Payment is for board, room, clothing, and other basic maintenance costs. This is the same as SFP but also includes a daily differential to cover recruiting, licensing and training foster families.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Daily | $29.21 |
| Daily | $30.21 |
| Daily | $31.21 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

***Service Code:*** **TFS**

***Service*** **Structured Step Down Family Home**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 7/14/2003

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

A new Service to allow youth whose behaviors have improved to step down to a more permanent family setting

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Daily | $21.75 |
| Daily | $23.75 |
| Daily | $25.75 |

## *BCM Maximum Allowable Rate (MAR)*

| *Unit* | *MAR Rate* |
|---|---|
| Daily | $0.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

## *Service Code*

***Rate***

Structured step-down is a time limited placement in the same foster home, not to exceed 12 months. The rate pays for board, room, clothing and other basic maintaince costs.

Ages 0-11 $21.45 per day
Ages 12-15 $23.75 per day
Ages 16+ $25.75 per day

**Service Code:** TLP
**Service** Transitional Living Payment
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 5/ 1/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Upon leaving states custody, many youth struggle to make the transition to adulthood. The purpose of the service is to provide a time limited support to youth ages 18-21, who have aged out of the Child Welfare System, and need temporary assistance with expenses related to room and board. Payments can be made directly to the youth or to providers as needed. A case will be open which requires a minimal service plan and periodic case notes to track the progress of youth receiving these services.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Personal Need | $500.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Personal Need | $500.00 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Personal Need | Review | 05/10/2001 | $500.00 | 03/13/2001 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **XCP**

***Service*** **Shelter Clothing Payment**

***Contract Type:*** No contract allowed for this service

***Residential:*** No

***Creation Date:*** 1/26/2001

***Obsolete Date:***

***Agencies Using Code***

DCFS

***Description:***

One-time emergency clothing payment when the child lacks basic clothing at the time of the placement. Any clothing furnished under this provision will be considered a part of the foster care special clothing allowance. Payments are given to the foster parent to buy the clothing for the child and are not to exceed $36.00.

## *USSDS Rates as of 08/06/03*

| *Unit* | *Rate* |
|---|---|
| Personal Need | $36.00 |

## *Service Eligibility*

| *Eligibility* | *Description* |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| FT | AFDC-FC |

**Service Code:** YAP
**Service** Youth Advocate Program, Level three
**Contract Type:** No contract allowed for this service
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
This level of the Youth Advocate program is for intensive services to youth, 18 years and younger, who may be out of control, may have serious behavioral or emotional problems, may be substance abusers, may be preparing for independent living, or may require stringent costly out of-home placements if less restrictive interventions are not provided. Intensive youth advocate workers provide one-on-one intensive supervision that may include, but are not limited to: monitoring of behavior, client advocacy, basic living skills training, and being a friend; also, linkage to educational, vocational, employment, and recreational services.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Hourly | $9.00 |
| Month | $0.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Hourly | $9.74 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Hourly | Initial Review | 04/01/1992 | $8.99 | 07/01/2000 |
| Hourly | COLA | 08/09/2001 | $9.33 | 07/01/2001 |
| Hourly | COLA | 07/12/2002 | $9.74 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |

***Service Code:*** **YDT**

***Service*** **Youth Corrections/Adolescent Work Environment**

***Creation Date:*** 1/26/2001

***Obsolete Date:***

***Contract Type:*** Open or non-fixed dollar amount contract required

***Residential:*** No

***Agencies Using Code***

DCFS
DYC

***Description:***

A non residential adolescent work environment designed to offer a comprehensive goal directed process of technical skill development. Participants are trained and supervised by trained adults. Participants receive hands on training and a positive paid work experience. Ultimately participants develop life, social, and marketable employment skills.

## *USSDS Rates as of 08/06/03*

| Unit | Rate |
|---|---|
| Month | $99,999.00 |
| Daily | $40.00 |

## *Service Eligibility*

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

**Service Code:** YFC
**Service** Individual Counseling
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:
Individual mental health therapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $99,999.00 |
| Hourly | $51.52 |
| Quarter hour | $22.62 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $25.57 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 11/01/1993 | $23.61 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $24.49 | 07/01/2001 |
| Quarter hour | COLA | 07/12/2002 | $25.57 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications

a. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended:
(1) Licensed physician;
(2) licensed psychologist;
(3) licensed clinical social worker;
(4) licensed advanced practice registered mental health nurse specialist;
(5) licensed marriage and family therapist;
(6) licensed professional counselor; or

b. An individual who is working within the scope of his or her certificate or license:
(1) Certified psychology resident working under the supervision of a licensed psychologist;
(2) Certified social worker working under the supervision of a licensed clinical social worker;
(3) Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;

(4) Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or

***Name:*** (5) Certified professional counselor intern working under the supervision of a licensed mental health therapist.

c. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;

d. Additional Requirements: The individual(s) providing therapy services shall also meet the following requirements:
(1) Knowledge of the requirements of the DHS/DCFS contract.
(2) Review and sign off on the DHS Provider Code of Conduct.

## ***Other***

## ***Record Keeping***

Documentation: Documentation shall include for each session:
a. Date and actual clock time of service.
b. Duration of the service.
c. Setting in which the service was rendered.
d. Individuals present in the session.
e. Specific service rendered.
f. Treatment goal(s).
g. Clinical note describing the client's progress toward treatment goal(s).
h. Signature and title of individual who rendered the services.

## ***Rate***

The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the client. The treatment plan review may be billed as individual therapy only if it is conducted during a face-to-face interview with the client.

**Service Code:** YFW
**Service** Family Therapy without the Client Present
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 6/26/2003
**Obsolete Date:**

**Agencies Using Code**
DCFS

**Description:**
Family therapy without the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is not present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Quarter hour | $22.62 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $22.62 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 06/26/2003 | $22.62 | 07/01/2003 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Other

The service is reimbursable to DHS by Medicaid. Previously, the definition for Individual/Family Therapy included Family Therapy (with or without the client present). Medicaid, however, has asked DHS to differentiate these services into Individual Mental Health Therapy, Family Therapy with the Client Present and Family Therapy without the Client Present. By October 2003, Medicaid plans to eliminate the Medicaid "Y" procedure codes and begin required DHS to bill using CPT-4 or HCPCS codes and this new code is intended to help accommodate this change as Family Therapy with the Client Present and Family Therapy without the Client Present have unique CPT-4 codes. This new services will be effective July 1, 2003.

### Contractor Qualifications

Contractor Qualifications: The individual(s) providing mental health therapy shall be one of the following:
a. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
(1) Licensed physician;
(2) Licensed psychologist;
(3) Licensed clinical social worker;
(4) Licensed advanced practice registered nurse;
(5) Licensed marriage and family therapist;
(6) Licensed professional counselor;

b. An individual who is working within the scope of his or her certificate or license:
(1) Certified psychology resident working under the supervision of a licensed psychologist;
(2) Certified social worker working under the supervision of a licensed clinical social worker;
(3) Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;

***Name:*** (4) Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or

(5) Certified professional counselor intern working under the supervision of a licensed mental health therapist;

c. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;

d. Additional Requirements: The individual(s) providing therapy services shall also meet the following requirements:
(1) Knowledge of the requirements of the DHS/DCFS contract.
(2) Review and sign off on the DHS Provider Code of Conduct.

***Record Keeping***

Documentation: Documentation shall include for each session:
a. Date and actual clock time of service.
b. Duration of the service.
c. Setting in which the service was rendered.
d. Individuals present in the session.
e. Specific service rendered.
f. Treatment goal(s).
g. Clinical note describing the client's progress toward treatment goal(s).
h. Signature and title of individual who rendered the services.

***Rate***

The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the family members. The rate is equivalent to the rate for Individual Mental Health Therapy (service code YFC effective July 1, 2003. Prior to July 1, this service was billable as Individual Mental Health Therapy and was included in the definition for Individual Mental Health Therapy. The rate was established in conjunction with Medicaid.

**Service Code:** YGT
**Service** Group Therapy
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

## Description:
Group counseling to youth having emotional and/or behavioral disorders. Therapeutic needs may include, but are not limited to: sex abuse victim treatment, socialization, substance abuse treatment, sex offender treatment, violent and aggressive behavior treatment, victim support/awareness, independent life skills enhancement, parent education, peer support, and treatment to transition youth from protected/secure care to the community.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Session | $40.00 |
| Quarter hour | $5.27 |
| Hourly | $15.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $5.95 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 11/01/1993 | $5.50 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $5.70 | 07/01/2001 |
| Quarter hour | COLA | 07/12/2002 | $5.95 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended:

1. licensed physician;

2. licensed psychologist;

3. licensed clinical social worker;

4. licensed advanced practice registered mental health nurse specialist;

5. licensed marriage and family therapist;

6. licensed professional counselor; or

***Name:*** B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education, working under the supervision of a licensed mental health therapist identified above.

***Other***

Additional Requirements

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

***Record Keeping***

A. The individual client file will contain monthly clinical notes summarizing progress toward treatment goals. If the provider chooses to write progress notes summarizing progress toward treatment goals for each group session, an additional monthly progress note is not be required.

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

***Rate***

The Provider will be reimbursed on a fee for service basis.

**Service Code:** YIS
**Service** Intensive Supervision-Youth Corrections
**Contract Type:** Open or non-fixed dollar amount contract required
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

**Description:**
A non-residential service of community supervision and advocacy for youth. Trackers provide intensive supervision to include monitoring of behavior, basic living skills counseling, crisis intervention, and linkage to educational, vocational, employment, therapeutic recreational services, and assistance in transitioning youth from protected/secure care to the community.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $99,999.00 |
| Hourly | $12.77 |
| Quarter hour | $3.17 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $4.19 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 03/01/1992 | $3.87 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $4.01 | 07/01/2001 |
| Quarter hour | COLA | 07/12/2002 | $4.19 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

**Contractor Qualifications**

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide child placing, residential or outpatient services in the form of intensive supervision/tracking.

B. All persons employed by the provider/licensee to provide intensive supervision services shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. Staff providing intensive supervision must meet the following requirements prior to employment:

1. Have a high school graduation diploma or Graduate Educational Diploma (GED) equivalent;

2. Have three written references from persons not related to the applicant;

3. Possess a valid drivers license which is reviewed annually by the agency;

4. Be twenty-one years of age or older.

## ***Record Keeping***

***Name:*** A. Daily log notes indicating date, duration of service and activities.

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

## ***Staff Training***

Training Requirements

A. The provider must ensure that all staff providing intensive supervision services are well trained and receive at least 25 hours of training prior to providing direct client services. Prior training may be substituted for the items listed below on a hour-for-hour basis if documented and received within two years of employment. Training subjects shall include:

1. Orientation to the requirements of the contract;

2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;

3. Emergency response and evacuation procedures;

4. Basic first aid and CPR including certification;

5. Emergency response and evacuation procedures;

6 Basic child/adolescent behavior and development;

7. If services are to be provided to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

8. Other training as needed based on the program model and an evaluation of individual staff training needs.

B. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

1. Behavior management and discipline methods including specialized skill training in aggression management;

2. Parenting skills and skills development requirements;

3. Other training as needed based on the program model and an evaluation of individual staff training needs.

## ***Rate***

A. Daily log notes indicating date, duration of service and activities.

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

**Service Code:** YMM
**Service** Medication Management-Psychiatrist
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

**Description:**
Services are provided by a licensed Psychiatrist for purposes of prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Session | $77.47 |
| Hourly | $120.00 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Session | $87.59 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Session | Initial Review | 07/01/1999 | $80.87 | 07/01/2000 |
| Session | COLA | 08/09/2001 | $83.89 | 07/01/2001 |
| Session | COLA | 07/12/2002 | $87.59 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications
Licensed physician or licensed advance practice registered nurse with prescriptive practice.

### Other
Additional Requirements

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

### Rate
The Provider will be reimbursed on a fee for service basis.

**Service Code:** YMR
**Service** Medication Management by a registered Nurse

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Agencies Using Code**
DCFS
DYC

## Description:
Services are provided by a Registered Nurse for purposes of prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Session | $33.87 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Session | $38.29 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Session | Initial Review | 07/01/1999 | $35.36 | 07/01/2000 |
| Session | COLA | 08/09/2001 | $36.67 | 07/01/2001 |
| Session | COLA | 07/12/2002 | $38.29 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications

A. Licensed advance practice registered nurse;

B. licensed registered nurse;

C. licensed practical nurse working under the direct supervision of a licensed physician, licensed advance practice registered nurse or licensed registered nurse.

### Other

Additional Requirements

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

***Record Keeping***

A. Clinical notes per session in the individual client file.

***Name:***

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

***Rate***

The Provider will be reimbursed on a fee for service basis.

**Service Code:** YPE
**Service** Youth Corrections Psychiatric Evaluation
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

**Description:**
Individual clinical evaluation by a certified Psychiatrist to evaluate mental status and treatment needs. Prescribe and monitor psychotropic medications. May be called on to do emergency evaluations in secure facilities or detention and to facilitate

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $99,999.00 |
| Hourly | $120.00 |
| Session | $120.00 |
| Quarter hour | $29.80 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $33.69 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 07/01/1999 | $31.10 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $32.26 | 07/01/2001 |
| Quarter hour | COLA | 07/12/2002 | $33.69 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications
Licensed psychiatrist

### Other
A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

### Record Keeping
A. Evaluation report to be submitted the Division caseworker.

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

requirements. ***Rate Name:*** The Provider will be reimbursed on a fee for service basis.

hospitalization.

**Service Code:** YXE
**Service** Psychological Evaluation
**Contract Type:** Either a non-fixed or fixed amount contract required
**Residential:** No

**Creation Date:** 1/26/2001
**Obsolete Date:**

**Agencies Using Code**
DCFS
DYC

**Description:**
Evaluations to include a general assessment of cognitive functioning, personality profile and specific diagnostic study and description of areas of pathology related to the behavior. Clinical intervention to youth may be ongoing. Staff consultation upon

## USSDS Rates as of 08/06/03

| Unit | Rate |
|---|---|
| Month | $99,999.00 |
| Session | $115.00 |
| Hourly | $51.52 |
| Quarter hour | $27.55 |

## BCM Maximum Allowable Rate (MAR)

| Unit | MAR Rate |
|---|---|
| Quarter hour | $31.14 |

## BCM Rate Actions

| Unit | Action | Action Date | New Rate | Effective Date |
|---|---|---|---|---|
| Quarter hour | Initial Review | 11/01/1993 | $28.75 | 07/01/2000 |
| Quarter hour | COLA | 08/09/2001 | $29.82 | 07/01/2001 |
| Quarter hour | COLA | 07/12/2002 | $31.14 | 07/01/2002 |

## Service Eligibility

| Eligibility | Description |
|---|---|
| FB | CHILD WELFARE NON IV-E |
| YC | YOUTH CORRECTIONS |

## Service Code

### Contractor Qualifications

A licensed psychiatrist or licensed psychologist or psychology intern enrolled in a program leading to licensure or engaged in completion of clinical training after completion of the education, working under the supervision of a licensed psychologist. Master-level psychologists may administer psychological test to clients. However, such individuals may interpret tests only under the direct supervision of a licensed psychologist or psychiatrist. The supervising psychologist or psychiatrist must review the tests administered, actively participate in the interpretation process, review the written report, and countersign the

### Other

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

***Record Keeping***

A. Dates of the testing, brief history, test administered, test scores, evaluation of test results, current functioning of

***Name:*** examinee, diagnosis and prognosis.

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

***Rate***

The Provider will be reimbursed on a fee for service basis.

request.