**SERVICE STANDARD**

**INDIANA DEPARTMENT OF CHILD SERVICES**

*Complete each section by filling in your proposed language in the yellow box below the description. Attach document in the ‘Service Narrative’ attachment under Specialized Services.*

**NAME OF SPECIALIZED SERVICE**

|  |
| --- |
|  |

# **Service Description**

Provide a general description of the service to be offered. Include any assessments or test, the target client (adult, youth), needs to be addressed, and overall intended goal.

|  |
| --- |
|  |

# **Service Delivery**

Provide the ‘how and when’ details here. What mode of delivery will be used, how often are services provided, what evidence based models, curricula, or resources are used? Describe how progress is tracked and how does the provider, family, and DCS know when services are complete and goals have been met.

|  |
| --- |
|  |

# **Target Population**

Section A below is standard language. Please add any additional details necessary in the box below.

## Services must be restricted to the following eligibility categories:

### Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINs status.

### Children and their families which have an Informal Adjustment or the children have the status of CHINS or JD/JS.

### Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

### All adopted children and adoptive families.

|  |
| --- |
|  |

# **Crisis Service**

If crisis services is part of the Specialized service, explain applicable use and availability. If Crisis Services are not part of your service, type N/A in the box

|  |
| --- |
|  |

# **Goals and Outcomes**

Outline each goal for the service and include objectives for each individual goal. Do not include a goal without objectives. Please include at least 3 goals.

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

# **Minimum Qualifications**

Outline qualifications for the Direct Worker, Supervisor, and any support staff or clinicians for the service.

Direct Worker

|  |
| --- |
|  |

Supervisor

|  |
| --- |
|  |

Support Staff

|  |
| --- |
|  |

Clinician(s)

|  |
| --- |
|  |

Other

|  |
| --- |
|  |

# **Billable Units**

## Explain proposed billing rate and increments (hour, per diem, month, etc.) and format (face to face, group, etc.), which may be adjusted by DCS. Indicate whether or not your service is Medicaid billable

|  |
| --- |
|  |

### (Standard) Face to Face Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

#### 0 to 7 minutes – Do not bill (0.00 hour)

#### 8 to 22 minutes – 1 fifteen minute unit (0.25 hour)

#### 23 to 37 minutes - 2 fifteen minute units (0.50 hour)

#### 38 to 52 minutes – 3 fifteen minute units (0.75 hour)

#### 53 to 60 minutes – 4 fifteen minute units (1.00 hour)

## Interpretation, Translation, and Sign Language Services – *Standard for all service standards*

### The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider.

### If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider.

### The referral from DCS must include the request for Interpretation services and the agencies’ invoice for this service must be provided when billing DCS for the service.

### Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.

### The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate.

### If the agency utilizes their own staff to provide interpretation, they can only bill for the interpretation services. The agency cannot bill for performing two services at one time.

## Court – *standard for most services*

### The provider of this service may be requested to testify in court.

### A Court Appearance is defined as appearing for a court hearing after receiving a written or email request or subpoena from DCS to appear in court, and can be billed per appearance.

### If the provider appeared in court two different days, they could bill for 2 court appearances.

#### Maximum of 1 court appearance per day.

### The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

## Reports – *DCS will* *remove if there will not be another payor source (insurance, Medicaid, etc)*

### If the services provided are not funded by DCS, the ‘Reports’ hourly rate will be paid

### DCS will only pay for reports when DCS is not paying for these services

### A referral for ‘Reports’ must be issued by DCS in order to bill

#### The provider will document the family’s progress within the report

# **Medicaid –** *DCS will remove if specialized service is not Medicaid eligible*

## For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS.

## For eligible families and children, some services may be provided through Medicaid Rehabilitation Option (MRO) with the remaining services paid by DCS.

## While the primary focus of these services is on the needs of the family, it is expected that some of these services will be deemed medically necessary to meet the behavioral healthcare needs of the MRO eligible client, and therefore may be billable to MRO.

## The service standard is not a Medicaid standard and includes services that are not billable to Medicaid.

## It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them.

### Including Provider Qualifications

### Including Pre-Authorization

### Appropriately bill services in cases where they are Medicaid reimbursed

## Services not eligible for MRO may be billed to DCS

## Medicaid section is not included in all standards

### For those standards it is included, format should be changed from paragraph form to this outline form

1. Language is standard

# **Case Record Documentation –** *this is typical language, edit as appropriate*

## Case record documentation for service eligibility must include:

### A completed, and dated DCS/ Probation referral form authorizing services

### Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for these documents from referral source.

## 3. Safety issues and Safety Plan Documentation

## 4. Documentation of Termination/Transition/Discharge Plans

### 5. Treatment/Service Plan

#### Must incorporate DCS Case Plan Goals and Child Safety goals.

#### Must use Specific, Measurable, Attainable, Relevant, and Time Sensitive goal language

### Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

#### Provider recommendations to modify the service/ treatment plan

#### Discuss overall progress related to treatment plan goals including specific examples to illustrate progress

### Progress/Case Notes Must Document: Date, Start Time, End Time, Participants, Individual providing service, and location

### When applicable Progress/Case notes may also include:

#### Service/Treatment plan goal addressed (if applicable-

#### Description of Intervention/Activity used towards treatment plan goal

#### Progress related to treatment plan goal including demonstration of learned skills

#### Barriers: lack of progress related to goals

#### Clinical impressions regarding diagnosis and or symptoms (if applicable)

#### Collaboration with other professionals

#### Consultations/Supervision staffing

#### Crisis interventions/emergencies

#### Attempts of contact with clients, FCMs, foster parents, other professionals, etc.

#### Communication with client, significant others, other professionals, school, foster parents, etc.

#### Summary of Child and Family Team Meetings, case conferences, staffing

### Supervision Notes must include:

#### Date and time of supervision and individuals present

#### Summary of Supervision discussion including presenting issues and guidance given.

# **Service Access – STANDARD LANGUAGE**

## All services must be accessed and pre-approved through a referral form from the referring DCS staff.

## In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required.

## Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS.

## Providers must initiate a re-authorization for services to continue beyond the approved period.

# **Adherence to DCS Practice Model – STANDARD LANGUAGE**

## Services must be provided according to the Indiana Practice Model, providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect.

## Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

# **Interpreter, Translation, and Sign Language Services – STANDARD LANGUAGE**

### All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non-English language speakers or who are hearing- impaired.

### Interpretation is done by an Interpreter who is fluent in English and the non-English language and is the spoken exchange from one language to another.

#### Certification of the interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.

### Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., An interpreter may be able to explain what a document says to the non-English speaking client).

### Sign Language should be done in the language familiar to the family.

### These services must be provided by a non-family member of the client, be conducted with respect for the socio- cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner.

### The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session.

### No side comments or conversations between the Interpreters and the clients should occur.

# **Trauma Informed Care – STANDARD LANGUAGE**

## Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA ([http://www.samhsa.gov/nctic/):](http://www.samhsa.gov/nctic/))

### Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

### NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

### When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.

### Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization

## Trauma Specific Interventions: (modified from the SAMHSA definition)

### The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.

### The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)

### The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

# **Training – STANDARD LANGUAGE**

A. Service provider employees are required to complete general training competencies at various levels.

B. Levels are labeled in Modules (I-IV), and requirements for each employee are based on the employee’s level of work with DCS clients.

C. Training requirements, documents, and resources are outlined at: <http://www.in.gov/dcs/3493.htm>

1. Review the **Resource Guide for Training Requirements** to understand Training Modules, expectations, and Agency responsibility.

2. Review **Training Competencies, Curricula, and Resources** to learn more about the training topics.

3. Review the **Training Requirement Checklist** and **Shadowing Checklist** for expectations within each module.

# **Cultural and Religious Competence – STANDARD LANGUAGE**

## Provider must respect the culture of the children and families with which it provides services.

## All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.

## All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.

### Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.

### Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.

### The guidebook can be found at:

http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf

## Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.

## Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

# **Child Safety – STANDARD LANGUAGE**

## Services must be provided in accordance with the Principles of Child Welfare Services.

## All services (even individual services) are provided through the lens of child safety.

### As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family.

### Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statue, IC 31-33-5-1.

## All service plans should include goals that address issues of child safety and the family’s protective factors. The monthly reports must outline progress towards goals identified in the service plans.