

### **Section 3 Overview**

This section focuses on the actual delivery of treatment services to the family. The information in this section will assist staff in understanding procedures used throughout the entire service delivery process, from opening to termination. Including other professionals in the service delivery process is often vital for improved family functioning. This section will provide procedures for accessing and utilizing contracted services. Another important aspect of the service delivery process includes case evaluation and clinical supervision. Information pertaining to these topics can also be found in this section.

### **Chapter 5 Overview**

This chapter describes policy and procedures for working with contracted treatment providers.

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### **Memoranda History:**

[CD05-72](#), [CD06-14](#)

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## 5.1 Policy Requirements – Children’s Treatment Services (CTS)

**Children's Treatment Services (CTS) are intended to supplement, rather than supplant, the casework of the Children’s Service Worker (CSW). These services should be helpful in reducing risk and improving family functioning and are to be identified in the Written Service Agreement.**

NOTE: When contracted services are used, the Children Service Worker will act as the treatment team leader. The worker is responsible for the direction of the case and outcome of services.

Using CTS services requires the Children’s Service Worker to:

- Conduct an Emergency Assistance Services (EAS) assessment when an emergency situation exists for the family. An emergency situation exists when it is determined that abuse or neglect has occurred, a preventive services case is opened, and, because of an emergency situation, a child is at risk of abuse or neglect, or a child is placed in out-of-home care because of abuse or neglect. Complete a Missouri Title IV-A Emergency Assessment Services Form (CS-EAS-1) with the family, or when the child is in out-of-home care, the worker will complete the form. This is required when the decision has been made that purchased services will be delivered to the client. (Services which may be provided under EAS include CTS and all other purchased services, such as child care, residential treatment, foster care, relative care, emergency shelter, intensive in-home services, etc.)

Related Subject: Section 3, Chapter 4, Attachment C Crisis Intervention Funds

- Authorize these services by completing forms CS-67 and CS-67A and update these forms when changes are needed;
- Convey to each provider an understanding of the family situation, treatment issues to be addressed, and the specific services to be purchased.

This notification shall be given to the provider prior to the onset of the service delivery. It shall be presented through completion of form

- CS-13, Children's Treatment Services Referral Summary. Additional information should be attached as necessary. Remain involved with the family. Ongoing communication with the family members and contracted provider(s) is required to ensure services are provided to the family in an effective manner.

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## 5.2 Definition And Purpose

Children's Treatment Services (CTS) are contracted therapeutic services provided by independent, private providers. They are to be used to meet the service needs of the family which were identified in the family assessment. These services are purchased by the Division on behalf of the family.

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### 5.3 When To Use CTS

The Children's Service Worker should consider authorizing CTS when any of the following exist:

- Services which are needed are only available through contracted providers, i.e., child care, respite care;
- The family shows a need for a type of service that the worker is not qualified or able to provide;
- A contracted provider is best able to meet the service needs of the family due to other caseload demands upon the worker;
- An "expert witness" is required for impending court testimony and the worker would not be considered as an "expert witness", i.e., a Master's level degree in social work or counseling, or when a second opinion is deemed helpful;
- The juvenile court orders services that can best, or must, be provided by a contracted provider;
- A family member requests CTS services which may reduce levels of risk and improve family functioning.

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#### **5.4 CTS Referral Issues**

Family members may view professional guidance and therapy with apprehension or fear. The Children's Service Worker should help the family perceive this type of intervention as a positive way to improve family relationships and resolve conflict. Putting therapy in a punitive light will only make the family members feel angry, embarrassed, and resentful about participating.

The family should clearly understand the reasons for the referral and the objectives to be accomplished. When possible, the objectives should be stated in behaviorally specific terms and be measurable. This same information must be clear to the therapist.

It is also important that the therapist understand that the intervention of the Division is to bring families to minimally acceptable community standards. While it is important to give the therapist time to help the family resolve some of the problems and conflicts, the therapist should understand that the provision of services is time-limited.

If all family members are not willing to participate in family/group therapy, treatment should begin with one member or part of the family. Treatment may help those who are participating to resolve some issues and gradually encourage the reluctant family member to participate. Often, families begin to complain when sensitive issues arise and begin to be addressed. It is vital that the Children's Service Worker encourage the family to continue the therapy.

The Children's Service Worker should not arbitrarily refer all clients to the same therapist (unless this is the only resource). Workers should determine which provider best meets the family members' needs. He/She may ask the family members how they learn best. For example, do they learn best by talking, through demonstrations, viewing films, reading, participating in groups, or individually. This can help determine the best referral source and can assist the referral agency in planning the treatment. Other factors to consider are the therapist's empathy for the client(s), a comfortable mix of personalities, the therapist's ability to help with this particular set of problems, and the therapist's availability.

Professional treatment may not be the immediate solution or cure-all. It may be helpful only in clarifying client feelings and helping the family find better ways to cope with problems. This may be the most lasting benefit of this type of intervention.

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## 5.5 Communication With The CTS Provider

Contracted services to an individual or family shall be provided based on the goals developed by the Children's Service Worker, family or individual, and the provider. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered.

### 5.5.1 Content Of Referral

The Children's Service Worker shall submit a written referral summary to the provider before the provider initiates services with the family member(s). (Verbal referrals must be followed by the written referral.)

In most instances this form will provide the CTS provider with the necessary information to begin his/her delivery of services. **Additional information deemed necessary by the Children's Service Worker may be attached.** A copy will be kept for the case record in the Forms Section of the case record.

At a minimum, the written referral summary will contain:

- Relevant background data on the family;
- History of Children's Division (CD) involvement;
- Description of presenting problems/symptoms;
- Summary of treatment goals for the family, including expected time limits of the family treatment plan;
- Expected outcomes of the CTS intervention and estimated length of CD involvement;
- Plan for information sharing and service coordination. At a minimum, this must include the provider's 30-day initial report and subsequent 90-day reports as required in the CTS contract; and
- Additional comments, as appropriate.

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| NOTE: Form CS-40 will be used in protective services child care referrals in lieu of the CS-13. |
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### 5.5.2 Ongoing Communication

Verbal communication should occur continuously between the Children's Service Worker, provider, and family or individual. Verbal communication between the worker and provider is essential.

As case manager, the Children's Service Worker must monitor the progress of the treatment plan, including the work of contracted providers. The worker shall be in regular contact with the contracted providers in addition to receiving regular written reports.

The current CTS contract requires the provider to submit a written report to the Children's Service Worker within 30 days after service is initiated and every subsequent 60 days. More frequent reporting is preferred and may be requested, but provider compliance is voluntary.

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| Related Subject: Section 3, Chapter 5, Attachment C, CTS Provider Requirements |
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The reports should include dates of contacts, persons attending counseling, the progress or regression of the behavior of those in counseling, the goals/objectives reached, and the methods used by the therapist in obtaining these goals/objectives. Time frames shall be given on each report as to the projected length of time it takes to achieve specific goals and also the estimated time for the conclusion of the counseling.

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## 5.6 Procedural Steps For Authorizing CTS

The following steps are to be taken by the Children's Service Worker when authorizing CTS:

1. Determine the appropriate treatment services with the family during the assessment and planning process;
2. Include the service in the Written Service Agreement, if agreed upon;
3. Conduct an Emergency Assistance (EAS) assessment when an emergency situation exists for the family.
4. Complete the CS-67 and immediately enter into the system;
5. Obtain clearance from the authorizing designee, according to local policy, to complete an authorization (CS-67A) for Children's Treatment Services or protective service child care.

Related Subject: Section 3, Chapter 5, Attachment B Listing of Purchased Services

6. Arrange referral with the provider. Identify the local office contact person for the provider to contact if there are problems with an authorization or invoice regarding services for this client;
7. Complete the CS-67A. Enter appropriate service codes, per forms instructions;
8. Obtain the signature of the authorizing designee prior to data entry; enter the CS-67A into system immediately.

NOTE: The system will produce appropriate notification the evening following entry, to both client and provider, for all services authorized. This notification is mailed to the client and the provider.

When the client is in need of an immediate or emergency service, and the notification is required within five (5) working days, enter the CS-67A into the system, then:

- Request that an "Immediate/Emergency Authorization" notice be printed;
- Provide the client with this notice to hand-deliver to the provider;

Related Subject: Forms Manual, for instructions regarding the CS-67A

- File a second copy in the case record; and

- Inform the client that an ongoing authorization letter will follow to both him/her and the provider;
9. Review the CS-67 and CS-67A turnarounds upon receipt to ensure correctness of all eligibility and authorization information which was entered into the system;

NOTE: A copy of all client notifications generated by the SEAS system will be sent to the authorizing worker. A copy of provider notification will be sent to the county director/designee.

10. Complete and submit the Children's Treatment Services Referral Summary, form CS-13, to the CTS provider the CS-40 is used for protective services child care referrals.

Related Subject: Section 3, Chapter 5, Attachment E, Protective Services Child Care

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## 5.7 Procedural Steps For CTS Payment

The following procedures are required by the county director/payment designee to ensure payment for CTS services:

1. The county director/payment designee must review each CS-65A, "SEAS Invoice," submitted by the provider, for these factors:
  - a. **Completeness** - check each invoice to ensure that entries have been made in all line items and column totals, and that each invoice is signed and dated by the provider.
  - b. **Reasonableness** - maintain controls for each invoice to ensure that the provider has completed all contractual agreements (i.e., the timely completion of quarterly reports, or that service was delivered per arrangements, between provider and the agency).

NOTE: At the time of authorization the provider's contracts and licenses are checked by the system. If, after the invoice is produced, the contract or license of a provider lapses or is closed during that invoice period, it is the responsibility of the payment designee to authorize payment only for the services provided during the time a valid contract or license existed. An invoice will not be produced in future months, even if actual authorizations remain open to the provider who no longer has a contract or license.

Related Subject: E-Forms Page for further clarification of CS-65A

2. Check the services and frequency claimed on each CS-65A submitted for payment for Children's Treatment Services against the CS-108(s) (Client Sign-In Register) that are to be attached. Assure that the services delivered, the frequency of attendance, and contracted length of time for the units billed coincide with that claimed on the CS-65A.

NOTE: If an invoice is submitted without a CS-108 attached for one or more clients, another method of verification may be used, such as direct contact with the client. When another type of verification is obtained, the county director/payment designee will document and attach this information to the CS-65A. It is mandatory that service delivery be verified.

NOTE: Sign-in forms for children who are unable to sign for themselves may be completed by a parent or parent substitute (i.e., foster parent, CSW).

NOTE: For P.S. child care cases, the client is required to sign the Child Care Sign-In Register (CS-109). It will not be mandatory that these forms accompany each CS-65A submitted for payment. However, if a county director/payment designee questions any child's claimed attendance, these signed forms may be requested from the provider, and reviewed prior to payment for their child being entered into the system.

3. Contact the provider whenever an error is identified on the invoice.
  - a. Return to the provider any CS-65A that is initially submitted for payment more than 60 days after the month of service delivery. This is in accordance with the provider's contract. The system will not allow entry of any invoice when the initial date of receipt is more than 60 days past the month of service delivery. Note this problem on the invoice that is returned to the provider.
  - b. Return to the provider, for correction, any CS-65 when either the entire invoice is in error or an error exists within a particular line item, and when these errors cannot be corrected by the county office after discussion with the provider.
  - c. Complete a CS-107 and attach to any invoice returned to provider. Indicate the reason returned and any action needed which will allow the county office to process the invoice in question.
  - d. Correct and initial any specific line item containing a minor error after contacting and reaching an agreement with the provider. Return a copy of the corrected CS-65A to the provider;
4. Enter or have entered the CS-65A into the system to generate payment to provider;
5. Send the original of each invoice to the Division of Budget and Finance (DBF);
6. File "office copy" in the business file;
7. The county director/payment designee must obtain verification from the Children's Service Worker that written reports were received, where appropriate, from the service provider by the end of contracted treatment period.

**Do Not Process Payment If A Written Report Is Not Received.**

Title: Child Welfare Manual  
Section 3: Delivery Of Services/Intact Families  
Chapter 5: Working With Contracted Treatment Providers  
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## 5.8 Procedures For Ongoing Use, Updating, And Closing Of CTS

The following procedures are required of the Children's Service Worker for ensuring the efficient use of CTS:

1. Obtain progress or evaluation reports from the service provider, as needed, and as required by the provider's contract;
  - Inform the payment designee if written reports are not received appropriately. Payment for these services will not be made until reports are received;
2. Update the CS-67A when the frequency of service is to be increased (i.e., a child in child care, authorized for three (3) days per week, but now needs to attend five (5) days per week);
3. Close authorization(s), using CS-67A turnaround, when a client's actual service needs change, the frequency is to be reduced, a client moves to another county, or when the case plan indicates CTS or P.S. child care is no longer needed.
  - a. Complete a new authorization (CS-67A) for an alternate service, when needed.
  - b. Complete a new authorization (CS-67A) when frequency of service is reduced or increased.
  - c. When a client, presently authorized for a service, moves to another county/area he/she shall continue to receive the service if:
    - The client continues to need the service, and
    - A provider is available to provide the service.
    - When a client moves to another county and is expected to continue to receive services, the Children's Service Worker will close the CS-67A. The worker will enter the new county code and new client address, if known, on the CS-67 to transfer the form to the new county. The new county will update the eligibility information on the CS-67 and complete a new authorization (CS-67A).
  - d. When an out-of-home care child is placed in a permanent placement (i.e., adoptive home, natural parent, independent living) outside the present county of residence, services, whether or not presently received in the county of residence, shall be provided if:
    - The services are vital to the success of the placement; and

- There is a provider available to provide the service.
- e. Review turnaround for correctness, upon receipt.
4. Notify the client in writing at least ten (10) calendar days in advance when it is known that a provider's contract or license will not be renewed, or a CTS service is being terminated.
    - a. Submit a copy of the letter (CS-41 for license expiration) to provider;
    - b. Assist the family, if requested, in securing another provider;
    - c. Close the CS-67A which authorized services from a non-contracted provider on the date of contract expiration or earlier if the child moves to another provider. SEAS will not allow payments during the time a contract or license is not valid; and
    - d. Complete a CS-67A authorizing services with a new provider if child moves to another provider (child care).
  5. Monitor the family members' use of the service resource.
    - a. Set up and attend a conference with the provider, if he/she is not fulfilling the planned agreement with the family members or the Division.
    - b. Review activity with family members if they are failing to use the service appropriately;
  6. Record the use of the service in case narrative, as appropriate, but at a minimum of every 30 days.

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## **5.9 Evaluation Of Contracted Services**

The overall quality of the service delivered by the treatment provider must be evaluated constantly to ensure that family members receive appropriate interventions.

If, for any reason, CTS delivery fails to meet the standards sought for each household, the Children's Service Worker must take immediate steps to rectify the situation.

### **5.9.1 Provider Compliance Issues**

The following components of the provider's activities should be assessed before generating payment or reauthorizing services:

- Did the provider begin service delivery promptly?
- Was the provider's initial 30-day report received on time?
- Is the provider available to discuss the service delivery and results with the Children's Service Worker?
- Were the provider's subsequent 60-day reports received in a timely manner?
- Did the provider consistently report changes?

If the provider fails to meet CD standards outlined above, the Children's Service Worker must promptly clarify agency expectations with the service provider. In the event compliance issues remain unmet, payment shall be suspended until the full contracted service is delivered. To suspend payment, the worker should provide the SEAS payment designee with a full account of the reasons payment should be suspended. Once the compliance issues are resolved, the worker should notify the SEAS payment designee to allow payment.

### **5.9.2 Provider Effectiveness Issues**

If the provider's level of effectiveness is not adequate, the Children's Service Worker must take care to reiterate the purpose and goals of the original referral. The provider's input must be sought and, where necessary, the treatment plan adjusted in order to secure quality services. Continued ineffective service delivery should result in the withdrawal of authorizations and the selection of a new resource.

The following issues should be considered when evaluating the effectiveness of the contracted service provider:

- Did the provider establish a constructive relationship with household members?

- Were the provider's activities appropriate?
- Has there been progress toward achieving desired outcomes for the family?
- Do family members feel they have benefited from the service?
- Does the provider identify specific areas of progress or benefit for the family?

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**CTS Referral Summary Form, CS-13** deleted per CD06-90 dated October 18, 2006.

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## **Attachment B: Listing of Purchased Services**

### **Children's Treatment Services**

#### **1. Counseling Services**

All children in alternative care/adoption must use a Medicaid provider for any type of behavioral health services. This includes individual and family counseling, testing and assessment, etc. If a non-Medicaid provider serves the client(s), a bill that includes CPT (current procedural terminology) codes must be attached to the CS-65. The CPT codes will be used to determine the amount that Medicaid would have paid. This is the maximum amount that will be paid for that service, by CD, as CD is a Medicaid agency.

Adult clients are not eligible for counseling under straight Medicaid. If they do belong to a Managed Care plan, they are eligible for counseling services, but only through the plan network. Staff should be sure to explore all these options before authorizing counseling through CTS.

Payment for counseling services on a CS-65, when a service is not authorized in the SEAS system, must be entered in Central Office. Please make every effort to have SEAS authorizations entered timely to avoid payment via CS-65.

For all contracted counseling services, workers must put the appropriate service code (example: ITSO, ITSH, etc) and contracted rate as found in the CTS contract. To find these specific codes and rates, staff can access the ZCVR screen using the vendor number of the provider. Do not use COUN as the service code or the CS-65 will be returned to the county for the service code that is specific to the service provided.

If counseling services are court ordered, workers still **MUST** use either a Medicaid provider or a provider who has a CTS contract to provide the specific service needed. Most court orders do not specify which provider is to be used. If a provider is used who does not have a CTS contract, payment will be denied or reduced to the current rate paid under Medicaid.

On the CS-65, the vendor type and program area are CT. The acceptable fund code is generally 30, and in certain circumstances 32, 33, 65, 66, 03, 04 and 05 may be used. Always attach documentation/invoice or an IOC to the CS-65 and explain the service when submitting for payment. This could prevent CS-65's from being returned should a question arise.

The client receiving the counseling must have an open SS-63, SS-61 or CA/N investigation/Assessment during the month of service.

## **2. Crisis Intervention**

Crisis Intervention is designed to allow workers access to funds for crisis situations for families with whom they are working. Some counties have fiscal agents that handle the allocation. A worker must go through that fiscal agent to get funds to pay for what is needed for the family. The fiscal agent then requests reimbursement from CD. The worker must complete a CS-65 using CT-CT as the vendor type and program area and CRNT as the service code. The fiscal agent is also allowed to charge a 10% administrative fee that is added to the CS-65 as a vendor payment (99999999) with a service code of CRAD. The program area and vendor type are both CT and the fund code will depend on the program in which the family is participating: CTS is fund code 30, Family Preservation is fund code 32, and Family Reunification is fund code 33.

CD policy states that no one client can receive crisis funds more than two times in any 6-month period and that the maximum amount that can be dispersed for that client is \$500.00.

## **3. Parent Education**

These providers are contracted through the CTS Supplementary Contract to provide instructional classes on parenting techniques. The class must consist of three or more individuals, three of whom must be CD clients. Each class should be at least one hour in length, but should not exceed three hours. The provider should not provide more than 12 sessions to the same group of individuals.

Payments made for Parent Education use CT for the vendor type and program area on the CS-65. The fund code is 30. The service code is PECB. This is a DCN specific service for the client actually receiving the service.

## **4. Interpretive Services for People with Hearing Loss**

The State of Missouri contracts with several agencies to provide interpretive services for people with hearing loss. Staff should only use those providers who are contracted for interpretive services. To obtain a copy of the contract that contains a list of the providers and their rates, staff should call Contract Management at (573) 526-5533.

If a provider is used who is not contracted and it is anticipated that they will be paid over \$3,000 in a year, staff should call Contract Management to obtain a contract.

On the CS-65, the vendor type and program area are CT. The service code is IINT. Valid fund codes are 30, 32, 33, 03, 04 and 05.

## **5. Language Translation Services**

The State of Missouri contracts with several agencies to provide language translation services. Staff should only use those providers who are contracted for these services. To obtain a copy of the contract that contains a list of the providers and their rates, staff should call Contract Management at (573) 526-5533.

If providers are used who are not contracted and it is anticipated that they will be paid over \$3,000 in a year, staff should call Contract Management to obtain a contract.

Interpretive services for language translation are paid on the CS-65 as CT vendor type and program area with a service code of LANG. Valid fund codes are 30, 32, 33, 03, 04 and 05.

## **6. Family Preservation**

Payments are made to contracted providers using the service code of FIHS with a vendor type of FP or FS and a program area of CT. The fund code used is 32, and the provider must have a valid FS contract.

The service code for ad-hoc services is FITA and for follow-up services is FITB. The fund code used is 30, and the provider must have a valid FS contract.

## **7. Family Reunification**

Payments are made using a service code of REUN, vendor type is FR and program area is CT. The fund code is 33, and the provider must have a valid FR contract.

## **8. Transportation**

The service code of TRAN is used even though the contracted service codes are MLFM (transporting a family) and MLIN (transporting an individual). The vendor type and program areas are both CT. The provider must have a valid transportation (TR) contract. Acceptable fund codes are 30, 32, 33, 03, 04 and 05.

The Medicaid/Managed plan can pay for transportation services to medical appointments. Staff can call the Managed Care provider to make arrangements and should always utilize this resource in lieu of using CTS funds.

Any person providing transportation services for any CD clients, including children in Alternative Care, **must** have a contract if payment is going to exceed \$3,000 per year. Any CS-65's that are submitted to pay for transportation services to a non-contracted individual will be returned to the county office if the total payments have exceeded this cap.

## **9. Resource Coordinator**

The Supplementary CTS contract states that a Resource Coordinator provides activities that are related to the delivery and/or development of services for clients. This can include coordinating interaction between CD and community resources for a specific client.

Any transportation costs are included in the flat hourly rate that is paid to the resource coordinator.

On the CS-65, the program area and vendor type are both CT and the service code is RECR. Fund code is usually 30, but can also be 32, 33, 03, 04, and 05.

## **10. Medical Examinations**

Medical payments for Sexual Assault Forensic Exams as a result of a child abuse and neglect investigation are paid at the established Medicaid rate. Staff can verify Medicaid eligibility by reviewing the screen MXIX. Providers should bill Medicaid first, before submitting the bill to the county office. For payments that need to be made on a CS-65 because the child is not covered by Medicaid, the vendor type and program areas are CT. The service code is MDTR (doctor), MHSP (hospital), MCLN (rural clinic), and SAFE (Child Advocacy Centers) and the fund code is 30. The DCN of the child examined should be used on the CS-65. When submitting a CS-65 for payment, please attach an itemized bill with the CPT (current procedural terminology) codes so reimbursement for the exams can be made at Medicaid rates. These CS-65's must be sent to Central Office for data entry.

## **11. Drug Testing**

Drug screening is a Medicaid and Managed Care covered service. Staff needs to verify Medicaid eligibility by reviewing the screen MXIX, or, if the client is enrolled with a Managed Care Plan, the screen MCII. If the client is covered by Medicaid, staff is to refer the client to a contracted Medicaid provider to complete the drug screening. If the individual is enrolled in a Managed Care Plan, they are to refer to that particular Managed Care Plan to arrange for the screening. For those circumstances when that cannot be done, payment will need to be made via a CS-65. The vendor type and program area are both CT, the service code is DRUG and the fund code 30. Please use the DCN of the client for whom the service was provided, attach an itemized bill with the CPT (current procedural terminology) codes, and submit to Central Office. Reimbursement for the screenings will be made at Medicaid or State contracted rates.

## 12. Legal Fees

When paying legal fees directly to an attorney for a child in the custody of the Division, the vendor type is UN and the program area is AC on the CS-65. When reimbursing a foster/adoptive parent, the vendor type is FH, RH, LG or AD. These payments can be entered at the local county office. Legal fees should be reimbursed to the attorney or adoptive parent/guardian. If the provider needs to be assigned a vendor number, staff will assign a vendor number according to the instructions in the Children's Service Integrated Payment System, [CSIPS](#), payment handbook.

If the child has not been in CD custody or the court has ordered CD to pay for legal fees for a natural parent, the vendor type and program areas on the CS-65 are both CT and the fund category is 30. These payments must be entered in Central Office. Please be sure to attach a copy of the court order to the CS-65, along with a signed W9 Form if the provider does not have a vendor number. The service code in both situations is LEGL.

**Guardianship Payments** for children in CD custody are paid as vendor type UN and program area AC with a service code of LEGL. For children not in the custody of the Division prior to guardianship, these are paid as CT/CT fund code 30 and service code of LEGL. The maximum reimbursement is \$500 per child.

## 13. Parent Aide

The Supplementary CTS contract defines a Parent Aide as a contractor who provides a trained parent aide to go into the home of a client and "model" appropriate parenting and homemaking skills. The goal is for the client to reach an acceptable level of parenting and maintenance of the physical home. Services are to be provided in the home of the client primarily. The fixed, hourly price includes any transportation costs.

On the CS-65, the vendor type and program areas are CT and the fund code is 30. The service code is PRAD. Payments are made using head of household DCN. These payments must be entered in Central Office.

## 14. Day Treatment

The contractor shall provide a therapeutic program for children who are emotionally disturbed, physically disabled and/or abused and neglected. Therapy for the family shall also be provided. Intense supervision should be provided along with a child specific treatment plan.

A unit of service shall be a portion of a twenty-four hour day of care outside the home. It must be at least four hours minimum.

All vendors providing this service **must** have a CTS contract for Day Treatment. Staff can check for a valid contract on the ZCVR screen using the provider's vendor number.

When submitting a CS-65 for payment due to lapsed or late authorization, the vendor type and program areas are both CT with a fund code of 30. Service code is DTRP (preschool age) and DTRS (school age). Payments are child (DCN) specific.

### **15. Homemaker**

The contractor shall provide paraprofessional homemaker services to clients authorized by CD. This service should cover training in home management skills, cooking, and house cleaning. The contractor can also teach homemaking skills in a group consisting of two or more clients. The firm, fixed price stated in the contract includes any transportation costs.

A unit of service is fifty (50) minutes of direct service in the home of the client or to a group of individuals in a specified meeting place.

On the CS-65, the vendor type and program area are both CT and the fund code is 30. The service code is HOMK. Payments are made using head of household DCN.

### **16. Family Assistance**

The contractor shall provide an aide to assist a child, or his family, with normal, daily living activities as part of the child/family treatment plan. The aide shall assist in accessing community resources, shadowing a child to ensure safety, one-on-one supervision of a child in a school setting as pre-approved by the case manager, and other tasks determined appropriate by CD. Services should be provided in the home of the family or in the community.

The firm, fixed price includes all transportation costs. A unit of service is fifty (50) minutes of direct face-to-face service with the child or family member. Reimbursement will be made for only one child per aide per unit of service.

On the CS-65, the vendor type and program areas are both CT with a fund code of 30. Service code is FMAS. These payments are client (DCN) specific.

### **17. Paternity Testing**

Effective October 1, 2004, Paternity Testing Corporation (PTC) became the sole provider of genetic testing services to the Family Support Division (FSD) and the Children's Division (CD). [Ref: CSE-#51 (2004)] Although FSD is not changing its genetic testing policy, under certain circumstances, CD staff will now be scheduling genetic tests for which CD will have the responsibility for payment.

In the process of terminating parental rights as part of the adoption process, CD staff receive court orders directing a genetic test to clarify paternity. The Department of

Social Services has faced conflicts when the orders' wording directed FSD to conduct genetic testing for children for whom legal paternity had already been established.

FSD will not schedule or pay for genetic tests when the legal paternity of a child has been established. It is important to understand the definitions FSD uses to define paternity; these definitions can be found in Section IX, Chapter 1 of the Child Support Enforcement (CSE) Procedural Manual on the Intranet. Basically, "legal paternity" is established when:

- An administrative or judicial order determines a man to be a child's father; or;
- The parents completed an Affidavit Acknowledging Paternity on the Missouri-born child after July 1, 1997; or
- The parents acknowledged paternity of the out-of-state-born child on an affidavit, filed the affidavit in the state where the child was born, and that state's law provides that a paternity acknowledgment by affidavit establishes a legal finding of paternity.

In these situations, FSD will not schedule or pay for genetic testing. Additional FSD policy on this topic can be found in CSE Procedural Manual, Section IX, Chapter 6. When legal paternity has not been established for the child, FSD will continue to schedule and pay for genetic tests on cases referred by CD staff.

When CD requests or is court ordered to seek a genetic test and FSD is not able and will not schedule or pay for genetic testing, CD will be responsible for scheduling the test and paying for it. In these cases, CD staff should follow the steps outlined in [Section 3, Chapter 5, Attachment G](#).

## **18. Paying for Medical Records**

Fees for copies of medical records are made on the CS-65 using CT-CT, Fund code 30, service code RCRD. If the provider to be paid does not have a vendor number, staff will assign a vendor number according to the instructions in the Children's service Integrated Payment System, [CSIPS](#), payment handbook. Attach the bill to the CS-65 and send the CS-65 and attachments to the Children's Division Payment Unit, Central Office. Payments for medical records for AC children and in the case of a CA/N investigation should never be paid via a DBF-14.

The maximum amount that providers can be paid for copying medical records is as follows:

Retrieval fee:           \$21.36  
Per photocopy page: \$ .50

These rates are per State Statute 191.227 RSMo.

### **Intensive In-Home Services**

Intensive In-Home Services (IIS) are intensive in nature, provided in the home setting and designed to prevent the unnecessary out-of-home placement of children. These services are provided only to families authorized by the state agency where the following conditions exist:

- There is a child abuse or neglect situation or a child who has committed a status offense. (Some projects also accept referrals on delinquent children and children with severe emotional disturbances);
- One or more child(ren) will be placed in out-of-home care within 48 hours unless the family crisis can be resolved; and
- The family will accept Intensive In-Home Services and the safety of the child(ren) and In-Home therapist is reasonably assured.

**NOTE:** Intensive In-Home services are provided in some service areas by CD staff instead of being purchased through a contract, or by CD staff and contracted providers.

The model represents a psycho-educational crisis intervention approach which emphasizes teaching and skill building during periods when the family is in crisis and most susceptible to change. As the current crisis is resolved, the family is taught alternate responses to minimize future problems.

Intensive In-Home specialists may provide IIS for no more than two (2) families at any one time. Services are provided to the family for a maximum of six weeks and must be delivered in the family's home, school or other natural environment.

There are no waiting lists for the provision of services. Families referred for these services are accepted for assessment on a first-come, first-serve basis. The contractor accepts all referrals for assessment unless the caseload of the specialist will not allow for the provision of immediate services. If available to provide services, the specialists must see the family within 24 hours of the initial referral. Upon determination that the family is appropriate for IIS, the specialist completes a family assessment that evaluates the safety of the children and of all family members. A treatment plan is developed with the family that sets achievable and measurable goals.

**NOTE:** If the assessment determines a family is not appropriate for IIS, the contractor is paid for the assessment only by using service code ASMT.

Specialists are available to the family 24 hours per day, seven (7) days per week. They are linked to a paging system that assures availability. Depending upon the needs of the family, the IIS specialist delivers a wide variety of educational and counseling services. Specialists must also, if necessary, transport clients, complete household chores, and obtain additional community services for families.

A crisis intervention fund is maintained for dispensing funds as authorized by CD to provide concrete services to meet the basic or emergency needs of families receiving IIS. When no other resources exist, this fund is used to pay reasonable immediate expenses for families to assist them in resolving the crisis that might otherwise result in removal of a child. Funds are dispensed upon the approval of the Division. The types of expenses covered may include, but are not limited to, rent, clothing, utilities, auto repair, gasoline, pest control, laundry cost, food, etc.

### **Interpretative and Counseling Services for the Deaf**

Services under this contract provide special services for deaf persons. Persons eligible for these services include:

- Abused and neglected deaf children;
- Deaf members of their families; and
- Deaf applicants for, or recipients of, public assistance benefits for CD.

### **Medical Examinations (SAFE Network and Other Medical Examinations)**

#### **Medical Examinations needed during a CA/N Investigation**

|   |
|---|
| Related subject: Section 2 Chapter 4 1.3.1 <a href="#">Investigations Involving Reported Injuries and Sexual Maltreatment</a> |
|---|

SAFE Network (Sexual Assault Forensic Examination Network): This is a group of medical professionals who provide comprehensive examinations of child victims of sexual assault. All examinations by SAFE Network physicians are reported on a uniform medical report form and are performed through established protocol. The rate is reimbursed by completing form CS-65 with the itemized bill and submitting it to Central Office for entry, if the child is not eligible for Medicaid.

### **Transportation Services**

Contractors must provide round trip transportation service for clients between their residence, and other designated location. In addition, the contractor must also transport authorized members of client's family or foster family. A member of the client's family or foster family will either be accompanying the client or, together with the client, be accessing services as a family group.

Clients under the age of 12 years will be accompanied by authorized members of their family or foster family.

Service codes for these services are:

TRAN – Transportation

TRMD – Transportation, Medical

TROM – Transportation, Other

Contractors shall only transport those clients for whom they have received prior written authorization from the state agency.

**Chapter Memoranda History:** (prior to 01-31-07)

[CD05-27](#), [CD05-34](#), [CD06-84](#)

**Memoranda History:**

[CD07-24](#), CD08-39, CD08-116, CD09-30, CD10-42, CD11-37

Title: Child Welfare Manual  
Section 3: Delivery of Services/Intact Families  
Chapter 5: Working with Contracted Treatment Providers  
Attachment B: Listing of Purchased Services  
Effective Date: April 29, 2010  
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## **Medical Examinations (SAFE Network and Other Medical Examinations)**

### **Medical Examinations needed during a CA/N Investigation**

Related subject: Section 2 Chapter 4 1.3.1 [Investigations Involving Reported Injuries and Sexual Maltreatment](#)

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### **Chapter Memoranda History:** (prior to 01-31-07)

[CD05-27](#), [CD05-34](#), [CD06-84](#)

### **Memoranda History:**

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Title: Child Welfare Manual  
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Attachment C: CTS Provider Requirements  
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## **Attachment C: CTS Provider Requirements**

The standard Children's Treatment Services contract specifically lists provider (contractor) requirements for providing the Children's Service Worker with written reports and notification.

The following information is taken directly from Section 3 of the scope of work of the contract. The paragraph numbers (3.1, 3.1.1, 3.3, etc.) are the reference numbers of the contract document.

### **Deliverables and Reportables**

For each client authorized for services, the contractor must submit written reports, as specified herein, to the client's Children's Service Worker at the state agency's local office. The contractor shall submit the following reports:

1. The contractor must submit an initial report within 30 days after service is initiated, which shall include, at a minimum, the following information. The initial report shall be required for all services except all levels of evaluation and diagnosis. The contractor should use the report form included herein this attachment, Initial Progress Report, to provide the required information. (See page 3 of this attachment for a copy of this report.)
  - An explanation of any diagnostic or assessment procedure used at the inception of service delivery, identification of any test(s) administered and the results of any such test(s) or procedure(s), and any specific problems identified.
  - A summary of the proposed treatment plan including any specific tasks or objectives the client is expected to attain or accomplish and the expected achievement date.
2. The contractor shall submit subsequent reports within seven (7) days prior to the authorization end date or at no more than 60 day intervals during the authorization period. Such subsequent reports shall include, at a minimum, the following information:
  - A summary of the client's progress since the last report; and
  - Any change to the treatment plan or expected achievement date specified in the initial report.

The contractor shall notify the client's Children's Service Worker at the state agency's local office, within one week of occurrence, of any of the following which apply for each client:

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- Broken appointments;
- Identification of additional services needed by a client for which the contractor is unable to provide or services requiring additional authorization by the state agency for the contractor; and
- Changes in the family situation of the client, including major illness, injury, death or pregnancy of any family member, or other significant event creating stress in the family.

The contractor shall not make changes in the treatment plan including goals, objectives, and specific individual tasks without prior consultation with and concurrence of the state agency.

See page 3, of this attachment, for the initial progress report, identified in the above section. As the contract states, the provider "should" use the form; its use is not mandatory. However, the information contained in the form is required to be presented to the Children's Service Worker in written form.

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**Memoranda History:**

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INITIAL PROGRESS REPORT\*

Children's Treatment Services  
Children's Division

TO: \_\_\_\_\_  
CD Worker County

FROM: \_\_\_\_\_  
Reporter Contractor Date of Report

RE: \_\_\_\_\_  
Client Authorization Dates of Service  
Period

1. Please explain each diagnostic/assessment procedure(s) used at the inception of service delivery; and all specific problem areas identified.
2. Outline the treatment plan for this client. Indicate the expected date of achievement \_\_\_\_\_.
3. Summarize any written or verbal contracts/agreements established with the client.
4. Summarize specific tasks/objectives that the client is expected to accomplish.

\* Must be submitted within 30 days after service is initiated.

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Attachment D: Communication With Non-English Speaking And  
Special Needs Clients  
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## **Attachment D: Communication With Non-English Speaking And Special Needs Clients**

Staff should follow the below procedures when working with clients who may be deaf, hearing impaired, do not speak English, or those with special needs who have difficulties making their service needs known.

### **Working with Non-English Speaking Clients**

Parents and children whose native language is not English have the right to communicate together, and with the Children's Service Worker, in their native language during the CA/N investigation, treatment services process, and out-of-home care services process.

To ensure these rights, the Children's Service Worker should allow the parents and children the choice of communicating in their native language, English, or a language in which the worker is fluent.

If the client chooses to speak in his/her native language, an interpreter may be needed. The Children's Service Worker shall make "reasonable efforts" to obtain an interpreter at no cost to the family. "Reasonable efforts" are defined as attempts that are made to locate an interpreter in the community, or within a reasonable distance from the community who can assist during the interview/visitation.

The interpreter should be able to speak and translate the native language fluently. An interpreter may be needed in the following circumstances:

- If the Children's Service Worker needs to monitor the communication for counseling or therapeutic purposes. The client should be advised of the importance for everyone to know what is being said; and
- If the Children's Service Worker has reason to believe that parents and/or children are using their native language to circumvent the authority of Children's Division (CD) or the courts in matters of child custody or out-of-home care placement.

Payment for interpreter services may be made through SEAS, if contracted, or through CSIPS by using appropriate forms.

If the Children's Service Worker is unable to obtain a qualified interpreter, all efforts made to obtain the services of such an interpreter shall be documented.

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### **Working with Deaf and Hearing Impaired Clients**

When working with an individual who is deaf or hearing impaired it is important that they are made aware of available services to enhance communication. One service is **RELAY MISSOURI** which provides telephone services such as Text Telephone (1-800-735-2966) and Amplified Voice (1-800-735-2466).

#### **Provider List**

Children's Division workers are able to use Sign Language Interpreter services when needed by following the Contracted Provider protocols found in the Child Welfare Manual. To review a list of available language and sign-language interpreter providers please refer to the Children's Division Intranet Site.

#### **Chapter Memoranda History:** (prior to 01-31-07)

[CD05-74](#)

#### **Memoranda History:**

Title: Child Welfare Manual  
Section 3: Delivery Of Services/Intact Families  
Chapter 5: Working With Contracted Treatment Providers  
Attachment E: Protective Services Child Care  
Effective Date: August 2, 2010  
Page: 1

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## **Attachment E: Protective Services Child Care**

### **Definition and Purpose**

Protective services child care is a purchased child care service for children who are receiving preventive services or treatment for child abuse or neglect. Child care services are based upon the child's need for child care as part of the Written Service Agreement, CD-14B or Child Assessment and Service Plan, CS-1 developed with the child's family.

Children's Division Staff is to refer to sections 1210.030.00 through 1210.030.55 in the Child Care Manual for Protective Services child care policy.

### **Special Instructions For HIV Children**

The Children's Service Worker shall utilize the team approach to determine the most appropriate child care setting for a child who tests HIV positive. Team members should include:

- The child's physician;
- Public health representative;
- The child's parent or caretaker;
- Children's Division (CD) Worker;
- Potential child care provider; and,
- Child care licensing representative.

The HIV child in child care has the right to privacy. This right, necessary to protect the child from harm and persecution, requires that only those persons directly responsible for the child's care should be informed of his/her condition. The child care provider should be informed of the child's condition and advised of the prohibition against further disclosure.

### **Chapter Memoranda History:** (prior to 01-31-07)

[CD05-72](#). CD10-90

### **Memoranda History:**

## **Attachment F: Individual Duties Related To The Seas System**

### **Introduction**

Procedures for the SEAS system require the identification of three individuals who have different and specific roles within the operation of the system. They are the authorizing designee, the payment designee, and the authorizing worker.

### **Administrative Roles**

Within each office it will be necessary to assign the roles of authorizing designee, and payment designee. These roles should be performed by separate individuals, whenever possible, to assure the separation of the duties involved.

### **Authorizing Designee**

The authorizing designee is the individual(s) who has the responsibility of maintaining local control over the number of services authorized. This will ensure that the spending by a county does not exceed the funding allocated within a particular program area.

The authorizing designee's approval and signature is mandatory and shall appear on all CS-67A's prior to data entry.

The duties of the authorizing designee will include:

- Assuring that the services authorized appropriately meet the needs of the client, in a fair and equitable manner;
- Coordination with the payment designee to ensure that allocated funds are neither being overspent nor under-utilized;
- Checking that funds for the program area being authorized are available;
- Checking the correctness of the form submitted for data entry;
- Communicating with a provider if problem exists with a specific authorization that cannot be resolved by the worker involved; and
- Reviewing copies of notices to providers, appropriate inquiry screens, system reports, and taking any action necessary to ensure that the services and funds available are being utilized appropriately.

### **Payment Designee**

The payment designee is the individual(s) responsible for assuring that correct payment is made for all services authorized and delivered. The payment designee will review

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each invoice, CS-65A, submitted for payment each month for completeness, reasonableness of service delivery, and accuracy.

The signature of the payment designee is mandatory and will be required prior to data entry of any CS-65A.

Duties of the payment designee include:

- Checking the payment requested on the CS-65A to ensure accuracy and completeness;
- Processing all invoices submitted for payment in an expedient manner to ensure prompt payment, avoiding any unnecessary delays. If providers do not receive their payment within 45 days from the date of receipt of a complete and accurate invoice, they may claim interest at the rate of 12% for any unpaid balance;
- Contacting the provider immediately to resolve any incompleteness or inaccuracies identified on submitted invoices. A decision must be made regarding the following items:
  - Can a specific invoice be corrected at the office level after receiving clarification from the provider, entered for payment, and the "correction copy" returned to the provider for their record;
  - Must the entire invoice be returned to the provider for correction and resubmission for payment; and
  - Can payment be processed for correct line items, with return of the partially paid invoice to the provider for correction and resubmission for payment of the remainder of these items.
- Reviewing system generated reports to ensure that payments have been made correctly.

### **Children's Service Worker Roles**

SEAS allows three different workers to be identified when necessary. The first, the authorizing worker, is the worker who must complete and update all forms and information for SEAS through the use of the CS-67 and CS-67A. The system requires that the worker I.D. number always be entered for the authorizing worker. Additionally, the system can identify a case manager and direct service worker. The case manager and direct service worker I.D. numbers are to be entered only when required, as explained below.

## **Authorizing Worker**

In the majority of cases the authorizing worker will be the case manager. The authorizing worker will receive copies of all letters sent by the system to clients.

- For Family Support Division (FSD) and IE child care, the authorizing worker will be responsible for taking applications, determining client eligibility for services, authorizing clients for services and maintaining and updating case records.
- For all children's treatment services and protective services child care, the authorizing worker will maintain case records that will indicate the need for these services as part of the case plan. This worker will be responsible for completing and updating all eligibility and authorization information.

RCST becomes the "authorization worker" for a child placed in residential treatment (excluding emergency residential treatment), and handles all invoices resulting from this placement. RCST will also be the "authorization worker" for all other contracted services while the child is in the residential facility.

NOTE: A household that has both a protective service case and an FSD or IE child care case, may have two authorizing workers. This will occur only when the family is receiving IM or IE child care, and also receives children's treatment service through the protective service case.

## **Case Manager**

In some cases it will be necessary to identify, and enter into the system, a different worker I.D. number for the case manager. This will occur, for example, when a family, receiving protective services, requests and/or also receives IM or IE child care. Identification of a separate case manager will also occur in alternative care cases where a child is not residing in the county of court jurisdiction, and is receiving a purchased service, such as PS child care. The case manager will receive reports regarding eligibility and authorization information on their cases. In cases where a family is receiving both protective services and IM or IE child care, the case manager has the responsibility of immediately informing the authorizing worker of any changes within the household which may affect a family's eligibility. This is necessary since the authorizing worker, as identified in the system, is the only worker able to update information in the system.

## **Direct Service Worker**

In a limited number of cases it will also be necessary to identify a direct service worker. This would occur when a family with court involvement moves from the county of court jurisdiction, and continues to receive protective services and IM or IE child care in the county of residence. In these cases, the authorizing worker for the FSD or IE child care, when different, will identify both the case manager, and the direct service worker, so

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both will receive reports concerning activities related to this household's authorizations for services.

**Chapter Memoranda History:** (prior to 01-31-07)

**Memoranda History:**

## **Attachment G: Genetic/Paternity Testing**

When CD requests or is court ordered to seek a genetic test and FSD is not able to schedule or pay for genetic testing, CD will be responsible for scheduling the test. In these cases, CD staff should use the following steps:

### **Genetic Testing**

#### **Steps for Children's Division Staff:**

##### **1. Court Ordered Genetic Testing for Alleged Fathers**

- A. Case Manager (CM) obtains copy of court order.
- B. Case Manager completes referral form, with identifying information including DCN'S and social security numbers for child, alleged father(s) and mother, addresses, and with whom they want the child tested. **All participants must have DCN's for the referral to be accepted, this includes an alleged father who may or may not be part of a case plan.**

**When possible the Case Manager should include the mother in all genetic testing. This is important in that when the mother is also tested it gives a much higher validity to the test.**

- C. Case Manager faxes or hand delivers the completed referral form and copy of court order to assigned Regional Liaison.

##### **2. Payment of Testing, Copy of Results**

- A. Per contract language, the awarded contractor will send invoice for payment and results of the test to the respective CD regional liaison at the provided address.
- B. Within one business day of receiving results, the Regional Liaison will send the results to the referring Case Manager.
- C. The Regional Liaison will process the invoice for payment.
- D. Regional Liaison will keep a copy of the referral form in the Regional Office.

### 3. Regional Liaison Steps for Genetic Testing

- A. The Regional Liaison will ensure that the referral form is filled out completely with names, addresses, and DCN's for all participants and that they have also received the court order for the case. The Regional Liaison will fax the referral form and court order to the genetic testing contracted provider, Paternity Testing Corporation. Once the Regional Liaison confirms the specific time, date and place the testing will take place, they will fill in the specific address for the test and will fax or hand deliver within 2 working days to the Case Manager.
- B. When possible the Case Manager will be present at the testing for facilitation purposes. The Case Manager will also be responsible to make sure the individuals that need to be tested are notified of the testing, and arrange for them to be at the correct location. Notification should be accomplished in writing, which should be a letter generated from the Case Manager. The referral form should not be given to individuals outside of the agency. The referral form contains confidential information on other individuals which can not be shared. The Case Manager, will also inform the participants that they:
- must have photo ID/birth certificate with them at testing
  - should not eat or drink for 30 min. prior to the testing
  - must be accompanied by a parent or guardian if the individual to be tested is a minor

NOTE: If the mother is a minor but has a child, she is considered emancipated. All alleged father's who are minors must have a parent/guardian present at testing.

- C. The Regional Liaison will maintain a copy of the original Case Manager's referral, a copy of the court order, and copy of the complete referral sent to PTC. The Regional Liaison will keep an automated log (EXCEL) of all referrals made to the Region, which should include: Participant Names, DCN, Worker, Date Received, PTC Case Number, County, Date Initiated, Date Tested, and Date Concluded

**Chapter Memoranda History:** (prior to 01-31-07)

[CD06-14](#)

**Memoranda History:** CD09-51