Attachment A

Children's Treatment Services (CTS) Catalog Of Services

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Assessment

Service Description:

The assessment is usually the first stage of a treatment process, but mental health assessments may also be used for other varying purposes. The assessment includes social and biographical information, direct observations, and data from specifically administered tests. An assessment is most commonly carried out for clinical and therapeutic purposes, to establish a diagnosis and formulation of the individual's needs, to plan the individual's care and treatment. Assessments may be performed in an in-patient, out-patient, or community setting.

Eligible Provider:

Contractors and/or contractor's personnel providing services to a client must be licensed to practice under one of the following credentials:

- Psychiatrist
- Psychiatric Clinical Nurse Specialist (PCNS)
- Psychiatric Mental Health Nurse Practitioners (PMHNP)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

Service Requirements

All services must be provided in accordance with MO HealthNet standards. The contractor should observe the requirements below:

The contractor shall provide assessment services to identify the treatment needs of the client or family for the purpose of assisting the Department to develop and implement a treatment plan to correct or minimize those needs.

The assessment shall include at least one (1) face-to-face diagnostic interview between the therapist and the client which may include the use of tele-mental health or other technology as approved by the Department, not to exceed the maximum units for which the contractor has received prior authorization from the Department. The assessment shall also include administering, scoring or interpreting instruments used to identify the treatment needs of a client.

The diagnostic assessment may be conducted according to the following schedule:

- One (1) time per year for adults and adolescents (age thirteen [13] to twenty [20])
- Every six (6) months for children under age thirteen (13)
- The assessment may be updated for occurrence of crisis or significant clinical event

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered. The client record must include the clinical justification for conducting the assessment as well as the intended purpose.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel and the client; and/or, administering, scoring or interpreting any instrument used in the assessment. Scoring or interpreting shall be limited to two (2) units per client assessment. The maximum number of units allowed per year is ten (10).

CTS Procedure Code(s):

ASPA (Psychiatrist/PCNS/PMHNP)
ASPB (Psychiatrist/PCNS/PMHNP; in home)
ASPO (Psychologist)
ASPH (Psychologist; in home)
ASSA (LCSW/LPC/LMFT)
ASSB (LCSW/LPC/LMFT; in home)

Specialized Clinical Assessment/Psycho-Sexual Evaluation

Service Description:

This is a specialized clinical assessment of adult and juvenile sex offenders, which are also referred to as a psycho-Sexual evaluation. These assessments are generally performed by a psychiatrist or a psychologist; however may be performed by a Licensed Professional Counselor (LPC).

Psycho-Sexual Evaluations are generally court ordered and may be utilized for either an adult or juvenile sex offender (client) where the court is trying to determine any of the following:

- Risk of repeat behavior;
- Interventions;
- Specific risk factors;
- Client's willingness to participate in recommended treatments and/or interventions;
- Identifying factors that may prevent engagement in treatment and/or interventions; or
- Identifying strengths and protective factors

Psycho-Sexual Evaluations may be used by judges and/or other parties to make informed decisions regarding the following:

- Pre-sentencing in Adult or Juvenile Criminal Court;
- Custody disputes in Family Court; or
- Child Protection Cases

Psycho-Sexual Evaluations shall not be used to determine the following:

- Guilt or innocence;
- Whether or not a client is a sex offender; or
- Whether or not a client meets the profile of a sex offender

Eligible Provider:

Contractor and/or contractor's personnel providing services to a client must be licensed to practice under one of the following credentials:

- Psychiatrist
- Psychologist
- Licensed Professional Counselor (LPC)

Contractor and/or contractor's personnel completing psycho-sexual evaluations must have specialized training in treating sexual deviancy and clinical one-on-one experience in working with sexual issues to be considered a qualified evaluator.

Service Requirements:

Contractor and/or contractor's personnel shall utilize evidence based, sex offender-specific risk assessment instruments, which may include but are not limited to the following:

- Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR);
- STATIC-99: ten (10) item actuarial assessment instrument;
- Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR);
- Juvenile Sex Offender Assessment Protocol II (J-SOAP-II);
- Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRAT-II);
- Psychopathy Checklist-Revised (PLC-R);
- Sex offender treatment needs and progress scale;
- Child and Adolescent Needs and Strengths-Sexual Development (CANS-SD);
- Structured Assessment of Violence Risk in Youth (SAVRY); and/or
- Psychopathy Checklist Youth Version (PCLYV).

In addition to sex offender-specific risk assessment instruments, the contractor and/or contractor's personnel shall utilize effective interviewing techniques in an effort to collect quality information to compile a detailed and thorough sexual history which may include the individual's exploration of sexual development, attitudes, fantasies, and adjustment. The evaluation may explore the frequency, chronicity, range of sexual abusive behaviors, targets of the sex offenses, potential motivators, previously undetected sexually abusive behaviors, social supports, current living conditions (especially related to access to victims or vulnerable individuals); and the ability and willingness of other adults in the home to provide adequate safeguards.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered. The client record must include the clinical justification for conducting the assessment as well as the intended purpose.

Billing Information:

One (1) specialized clinical assessment shall consist of the following: face-to-face client and collaborating interviews, administering, scoring or interpreting any instrument(s) used in the evaluation, the report document(s) submitted to the client's case manager, and any court appearances. The maximum number of evaluations allowed per year is one (1).

CTS Procedure Code(s)

ASSP (Psychiatrist/Psychologist)
ASSL (LPC)

Behavioral Health Services

Service Description:

Behavioral Health Services is a clinical and/or therapeutic service provided to a client to meet their behavioral health needs which exceed the maximum allowable units provided by MO HealthNet. Behavioral Health Services are intended to help the child acquire functional skills in their community placement, and to prevent hospitalization or placement disruption. The service is intended to address serious behavioral concerns including severe aggression and self-injury that traditional therapeutic techniques have been unsuccessful in treating. Behavioral Health Services may include but not be limited to:

- Creating a behavior support plan, including the collection and analysis of data related to the child's behavior.
- Behavioral modification strategies to assist the child and family (teaching/modeling).
- Development of coping strategies aimed at keeping the child in the foster/relative/relative or adoptive/guardianship home.
- Development of appropriate communication skills between the child and the parent/guardian.

Eligible Provider:

Contractor and/or contractor's personnel providing services to a client must be licensed to practice under one of the following credentials:

- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Behavior Analyst
- Licensed Assistant Behavior Analyst (working under the supervision of a Licensed Behavior Analyst)

Service Requirements:

All services must be provided in accordance with MO HealthNet standards and include the following:

- Professional documentation of need;
- Written MO HealthNet denial of initial or additional units of service; and
- Measurable/specific treatment goal

Behavioral Health Services will only be provided upon the recommendation of the following:

- Formal Functional Behavioral Assessment;
- Psychological Evaluation/Assessment;
- Recommendation from current treating therapist, explaining how additional Behavioral Health Services are needed to supplement traditional therapeutic services; and/or
- In-patient psychiatric hospitalization discharge

Service provision is intended to be similar to that of the Behavior Intervention Specialist procedure code located within the MO HealthNet Developmental Disabilities (DD) Waiver Manual.

Reporting requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel providing services, and the client. The maximum number of units allowed per month is ten (10).

CTS Procedure Code(s):

BHSP

Crisis Intervention

Service Description:

Contractor and/or contractor's personnel shall provide appropriate services to a client in order to alleviate or diffuse a situation of immediate crisis. The situation must be of significant severity to pose an imminent threat to the client's well-being or of such severity that the client poses a danger to others. Crisis intervention may be accessed when a family crisis is occurring which may result in child maltreatment.

Services shall be provided either in the home of the client or at any place mutually agreeable to the Department and contractor and as authorized by the Department.

Contractor and/or contractor's personnel may perform such services upon verbal authorization of the Department. Any verbal authorization given by the Department shall be committed in writing within the next business day.

Eligible Provider:

Contractor and/or contractor's personnel providing services to a client must be licensed to practice under one of the following credentials:

- Psychiatrist
- Psychiatric Clinical Nurse Specialist (PCNS)
- Psychiatric Mental Health Nurse Practitioners (PMHNP)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

Service Requirements:

All services must be provided in accordance with MO HealthNet standards and include the following:

- Professional documentation of need
- Measurable/specific treatment goal

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel providing services and the client. The maximum number of units allowed per year is twelve (12).

CTS Procedure Code(s):

CIPO (Psychiatrist/PCNS/PMHNP/Psychologist)
CIPH (Psychiatrist/PCNS/PMHNP/Psychologist; in home)
CISO (LCSW/LPC/LMFT)
CISH (LCSW/LPC/LMFT; in home)

Family Therapy

Service Description:

Family Therapy is a service performed at the contractor's facility or in the family's home, as authorized by the Department. Family Therapy should not be utilized for a supervised visit.

The focus of this service is to correct family dysfunction so that the child(ren) of the family may remain in their home rather than being placed in alternative care or, if the child is in an alternative care placement, be reunited with the family.

The service should be of limited duration, generally three (3) to six (6) months. Services shall include group therapy with the family, with the child present, as authorized, and occasional individual therapy sessions if requested or approved by the Department. This service includes structured interaction led by the contractor and/or the contractor's personnel, to include:

- Communication exercises
- Role playing
- Task assignment and analysis
- Parenting skills training

Eligible Provider:

Contractor and/or contractor's personnel must possess at a minimum, a Master's degree in the field of counseling, psychology, social work, or a closely related field and must possess specialized training or education in the therapeutic treatment of the family as a unit. If requested, the contractor must provide documentation of the specialized training or education to the Department.

Contractor and/or contractor's personnel providing services to a client must be licensed to practice under one of the following credentials:

- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

Service Requirements:

Service must be provided in accordance with MO HealthNet standards and requirements.

Contractor and/or contractor's personnel shall provide an intensive level of family therapy treatment services to families authorized by the Department. The contractor shall provide such services at the contractor's facility or in the home of the family as authorized by the Department.

Contractor and/or contractor's personnel shall focus on correcting family dysfunction so that the children of the family may remain in their home rather than being placed in alternative care or, if in an alternative care placement, be reunited with the family or supported to achieve another permanency plan. The service should be of limited duration, generally three (3) to six (6) months.

Reimbursable activities, as authorized by the Department, shall include, but not limited to the following:

- Group therapy with the family (with or without the child present)
- Occasional individual therapy sessions
- Structured interaction(s)
- Communication exercises
- Role playing
- Task assignment and analysis
- Parenting skills training.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel providing services, and two (2) or more family members, or occasionally one (1) family member, as authorized by the Department's local office. The maximum number of units allowed per month is ten (10).

CTS Procedure Code(s):

FPCO (Psychologist with client present)
FPWO (Psychologist without client present)
FPCH (Psychologist in home with client present)
FPWH (Psychologist in home without client present)
FSCO (LCSW/LPC/LMFT with client present)
FSWO (LCSW/LPC/LMFT without client present)
FSCH (LCSW/LPC/LMFT in home with client present)
FSWH (LCSW/LPC/LMFT in home without client present)

Group Therapy

Service Description:

This service is group therapy in the form of guidance and instruction through therapeutic interaction between the contractor and/or contractor's personnel and a group consisting of at least three (3) but no more than ten (10) individuals, who are not all members of the same family.

Eligible Provider:

Contractors, and/or contractor's personnel providing services to a client, must be licensed to practice under one of the following credentials:

- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

Service Requirements:

All service must be provided in accordance with MO HealthNet standards and requirements.

The contractor and/or contractor's personnel shall provide group therapy in the form of guidance and instruction through therapeutic interaction between the contractor and/or contractor's personnel and a group consisting of three (3) or more individuals, but no more than ten (10) individuals, who are not all family members.

The contractor and/or contractor's personnel shall direct therapy toward a specific need or problem area such as health, employment, education, housing, substance abuse, personal and social dysfunction, parenting, child abuse and neglect, problem pregnancies, marital and family relationships, foster care, or adoption.

The contractor and/or contractor's personnel shall have knowledge of group dynamics, child development, modes of discipline, parenting skills, interpersonal relationships, human behavior, and treatment techniques commensurate with the educational level required of the contractor and/or contractor's personnel. In the event the group therapy is directed at the treatment of sexual abuse, the contractor shall possess, or provide a therapist(s) who possesses, specialized training or education in the treatment of sexual abuse. If requested, the contractor must provide documentation of the specialized training or education to the Department for each therapist.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel providing services to a client within the group. Unless otherwise authorized by the Department, group therapy must consist of at least three (3) but no more than ten (10) individuals who are not members of the same family. The contractor shall be reimbursed on a per client basis. The maximum number of units allowed per month is fifteen (15).

CTS Procedure Code(s):

GTPO (Psychologist)
GTSO (LCSW/LPC/LMFT)

Individual Therapy

Service Description:

Individual Therapy is an intensive level of client-specific therapeutic treatment services performed at the contractor's facility or in the client's home, as authorized by the Department.

The focus of individual therapy is to correct client dysfunction so that the children of the family may remain in their home rather than being placed in alternative care or, if in an alternative care placement, be reunited with the family.

Eligible Provider:

Contractor, and/or contractor's personnel providing services to a client, must be licensed to practice under one of the following credentials:

- Psychologist;
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

Service Requirements:

All service must be provided in accordance with MO HealthNet standards and requirements.

The contractor and/or contractor's personnel shall provide individual therapy in the form of guidance and instruction, through therapeutic interaction between the contractor and/or contractor's personnel and a client.

The contractor and/or contractor's personnel shall direct therapy toward a specific need or problem area such as health, employment, education, housing, substance abuse, personal and social dysfunction, parenting, child abuse and neglect, problem pregnancies, marital and family relationships, foster care, or adoption.

The contractor and/or contractor's personnel shall have knowledge of child development, modes of discipline, parenting skills, interpersonal relationships, human behavior, and treatment techniques commensurate with the educational level required of the contractor or the contractor and/or contractor's personnel. The service should be of limited duration, generally three (3) to six (6) months. The service may include structured interaction led by the contractor and/or contractor's personnel, communication exercises, role playing, task assignment and analysis, and parenting skills training.

In the event the individual therapy is directed at the treatment of sexual abuse, the contractor shall provide specialized training or education in the treatment of sexual abuse. If requested, the contractor must provide documentation of the specialized training or education to the Department for each therapist.

The contractor shall agree that the only reimbursable activities shall be individual face-to-face therapy sessions between a client and the contractor and/or the contractor's personnel. Such sessions may include structured interaction led by the contractor or the contractor's therapist, communication exercises, role playing, task assignment and analysis, and parenting skills training.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor, and/or the contractor's professional personnel providing services, and the client. The maximum number of units allowed per month is ten (10).

CTS Procedure Code(s):

ITPO (Psychologist)
ITPH (Psychologist; in home)
ITSO (LCSW/LPC/LMFT)
ITSH (LCSW/LPC/LMFT; in home)

Speech Therapy

Service Description:

Speech Therapy is for clients who have speech, language, or hearing impairments. The client's need for this therapy must be determined in a speech/language evaluation conducted by a certified audiologist or a state certified speech therapist. Speech/language therapy (ST) is the evaluation and provision of treatment for the remediation and development of age appropriate speech, expressive and receptive languages, and oral motor and communication skills. Speech therapy includes activities that stimulate and facilitate the use of effective communication skills. Speech/language therapy includes treatment in one or more of the following areas: articulation, language development, oral motor/feeding, auditory rehabilitation, voice disorders, and augmentative communication modes. Speech Therapy is a client-specific treatment modality.

Eligible Provider

The contractor, and/or contractor's personnel providing services to a client, must hold the following designations:

- Master's Degree in the study of human communication, its development, and/or disorders;
- State certification/licensure in the field of practice (e.g., license to practice as a Speech-Language Pathologist in the State of Missouri or certification as a Speech and Language Specialist by the Missouri Department of Elementary and Secondary Education);
- Certification of clinical competency from the American Speech-Language Hearing Association (ASHA); or
- Must be a MO HealthNet approved contractor or there must be documentation that a MO HealthNet approved contractor is not available in a fifty (50) mile radius.

The contractor and/or contractor's personnel shall:

- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development.
- Have general techniques of communicating with adolescent clients at all age levels.
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments.
- Possess the ability to communicate with clients, their family members, and other treatment staff in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients.
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

The contractor shall plan, develop, evaluate, coordinate, implement and/or monitor speech, language, and hearing services for children. This shall include: evaluating the speech, language, and hearing status of individuals; recommending or administering therapy and/or other corrective measures; assisting families and teachers of individuals with speech and hearing problems; and coordinating cooperative therapeutic programs with staff and other agencies to meet the needs of individuals with communication disorders.

Contractor and/or contractor's personnel who provide services to a client shall, when requested and professionally appropriate to do so:

- Administer, interpret, and/or arrange for diagnostic tests to assess speech production, including articulation, phonological development, phoneme stimulability, vocal quality and/or speech fluency, and language abilities, such as receptive, expressive and/or pragmatic skills.
- Administer screening tests for hearing acuity and assessment of auditory skills; recommend referrals for follow-up.
- Administer or arrange for remedial and therapeutic services through individual and/or group instruction for children and/or adults with speech, language or hearing disorders; observe and test for progress.

- Identify, develop and maintain cooperative relationships with existing community, educational, service and health agencies to facilitate speech, language, and hearing (re)habilitation for disabled children and/or adults.
- Confer with family members and prepare written instructions for home treatment and/or provide information regarding normal speech and language development.
- Provide consultation to educational and treatment staff; demonstrate speech therapy techniques, and participate as a member of an interdisciplinary team in developing and/or implementing individual treatment plans.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face contact with the client. The maximum number of units allowed per day is four (4).

CTS Procedure Code(s):

SPTH

Testing

Service Description:

Testing services shall include the administration and interpretation of an individual series of one (1) or more psychological/psychiatric tests appropriate to the needs of the client, the submission of a written report which includes the test results, a professionally appropriate analysis and interpretation of the result of the tests, and a recommendation for treatment.

Though often performed directly following the completion of a mental health assessment, psychological/psychiatric testing services may be provided, in lieu of or in addition to, previously completed mental health assessments as warranted on a case-specific basis. Testing services are often utilized to rule various mental health/personality disorders in or out and/or to reach a diagnostic determination.

Eligible Provider

The contractor and/or contractor's personnel providing services to a client shall possess appropriate training and expertise in the administration of any diagnostic tests or instruments required in performing the service.

The contractor and/or contractor's personnel providing services to a client must be licensed to practice under one of the following credentials:

- Psychiatrist
- Psychiatric Clinical Nurse Specialist (PCNS)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Psychologist

Service Requirements:

All services must be provided in accordance with MO HealthNet standards and requirements.

The contractor must assess at least four (4) of the six (6) components listed below before the Department will make payment. The components to be assessed in each individual case should be specified and agreed to by the contractor and Department's case manager prior to assessment.

- Educational evaluation
- Vocational evaluation
- Social evaluation
- Developmental evaluation
- Psychological evaluation
- Sexual abuse evaluation

The contractor shall provide any of the aforementioned testing at a location mutually agreeable to the contractor and the local office of the Department. Testing services may be performed in an in-patient, out-patient, or community setting.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor or the contractor's personnel providing services, and the client; or, administering, scoring or interpreting any instrument used in the assessment. Scoring or interpreting shall be limited to an additional two (2) units per client assessment. The maximum number of units allowed per year is eight (8).

CTS Procedure Code(s):

TEPA (Psychiatrist/PCNS/PMHNP)
TEPB (Psychologist)

Vision Therapy

Service Description:

Vision Therapy is an individualized, supervised, treatment program designed to correct visual-motor and/or perceptual cognitive deficiencies. Vision Therapy sessions include procedures designed to enhance the brain's ability to control:

- Eye alignment;
- Eye teaming;
- Eye focusing abilities;
- Eye movements; and/or
- Visual processing

Visual-motor skills and endurance are developed through the use of specialized computer and optical devices, including therapeutic lenses, prisms and filters. During the final stages of Vision Therapy, the clients newly acquired visual skills are reinforced and made automatic through repetition and by integration with motor and cognitive skills.

Eligible Provider:

The contractor and/or contractor's personnel providing services to a client must be licensed to practice under the credentials of Doctor of Optometry or Doctor of Ophthalmology.

The contractor and/or contractor's personnel shall:

- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development.
- Have general techniques of communicating with adolescent clients at all age levels.
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments.
- Possess the ability to communicate with clients, their family members, and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients.
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

All service must be provided in accordance with MO HealthNet standards and requirements.

Optometrists may be reimbursed for vision therapy training when there is a prognosis for substantial improvement or correction of an ocular or vision condition. These conditions include amblyopia, eccentric (non-foveal) monocular fixation, suppression, inadequate motor or sensory fusion, and strabismus (squint). Prior approval for vision therapy must be obtained. The MO HealthNet Division Optometric Consultant must review and certify requested services as eligible for prior approval to be given.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be one session with the client. Sessions are limited to one (1) session per day, two (2) sessions per week with a maximum of twenty (20) sessions per year.

CTS Procedure Code(s):

VITH

Day Treatment

Service Description:

This service includes therapeutic day treatment for emotionally disturbed, developmentally disadvantaged, and abused or neglected children. Day treatment is an intensive service array of services provided in a structured, supervised environment designed to reduce symptoms of a psychiatric disorder and maximize functioning. Services are individualized based on the child's needs. This service also includes support services for members of the child's birth family, foster family, adoptive family or guardianship family. Services are intended to prevent out-of-home placement, placement disruption, and to return children to traditional child care or school settings as soon as possible. Children must be diagnosed within Axis I of the *DSM-5 (Diagnostic and Statistical Manual of Mental Disorders)*.

Pursuant to Section §167.031 RSMo., day treatment may be provided to children who have not yet reached the "compulsory attendance age for the district". Day Treatment for preschool aged clients primarily targets children who have experienced abuse or neglect. Services shall include, but are not limited to, activities designed to increase socialization skills, build self-esteem, improve communication skills and otherwise meet the client needs of children in this age range. Therapeutic day treatment programs provide intensive, daily interventions and early education often in lieu of traditional child care. To be eligible for day treatment services, children who have not yet reached school age must have been expelled from multiple day care/early childhood learning programs due to serious emotional disturbance or behavioral problems, or be at risk for psychiatric hospitalization or residential treatment.

Pursuant to Section §167.031 RSMo, day treatment may be provided to children of school age pursuant to the "compulsory attendance age for the district". Day Treatment for school aged client primarily targets children who have moderately to severe emotional and behavioral disorders. Services shall be directed toward preventing out-of-home placement, psychiatric hospitalization or residential placement. Day treatment is intended to maintain the least restrictive placement possible for the child. Services shall be coordinated with local schools and services shall be provided to meet the client needs of children in this age range. Youth age seventeen (17) years and older may be considered for this service at the request of the Department and with the concurrence of the contractor.

Eligible Provider:

Contractor and/or contractor's personnel who develop therapeutic day treatment programs for a child and/or the child's immediate family, or who supervises or directs the therapeutic day treatment program shall include:

- Social workers with advanced degrees from accredited programs of social work education, with a specialty in clinical practice or with supervised post-graduate practice in the state in which the day treatment program is located.
- Other mental health or human services professionals with advanced degrees from an accredited institution and clinical training or experience, qualified according to the requirements of their respective disciplines and any applicable legal requirements for practice.
- A licensed psychologist or psychiatrist with a doctorate from an accredited program in clinical or counseling psychology, and appropriate post-graduate experience who provides psychological testing and direct treatment, as necessary, and is a member of the day treatment program's staff or is a consultant.
- A board-certified psychiatrist who participates in the development and implementation of the overall treatment program, regular case reviews, and in services to children as needed.
- The day treatment program has established emergency procedures and has either a licensed physician available on-call during its hours of operation, or has formal arrangements for emergency services with a nearby primary health facility.
- The day treatment program will provide a staff to child ratio of no more than one (1) to four (4)
- Personnel providing services shall possess:
    a. Educational and experiential backgrounds that enable them to participate in the overall treatment program and to meet the emotional and developmental needs of the children served; and
    b. Personal characteristics and temperament suitable for working with children with special needs.

Contractors must be licensed by the Department of Mental Health as having an approved day treatment program or be accredited by a nationally recognized accrediting body such as the Council on Accreditation (COA), the Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission (TJC) or other accredited body as approval by the Children's Division. Contractors must also be enrolled as a MO HealthNet provider to provide day treatment services for children under the age of six (6). It is also preferred that the contractor be enrolled as a MO HealthNet day treatment provider to provide services for children over the age of six (6).

The contractor and/or contractor's personnel shall:

- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development.
- Have general techniques of communicating with adolescent clients at all age levels.
- Have the ability to work with the clients in an empathetic and understanding manner, in a variety of situations, and in all types of community environments.
- Possess the ability to communicate with clients, their family members, and other treatment staff in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients.
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

All services must be provided in accordance with MO HealthNet standards and requirements and include the following:

- The contractor and/or the contractor's personnel shall provide intensive supervision of children and shall implement a child-specific treatment plan for each child's specific needs. Children served are engaged in therapeutic activities designed to develop and maintain a normalizing routine, and provide an orderly schedule of activities to develop positive personal and interpersonal skills and behaviors.
- Service components include:
  - An assessment of the social, emotional, physical, educational, and psychological needs of the child served and his/her family;
  - Development of a service plan with the involvement of the child's family or placement provider; and,
  - A structured program that includes individual and group treatment, family therapy, educational programming (including special education needs not met by the local school district), recreational activities, and other planned activities appropriate to the age, behavioral levels, and emotional readiness of the child served;
- The contractor and/or the contractor's personnel shall provide one or both of the following categories of day treatment as specified in the Notice of Award section of the contract and as authorized by the Department.
  - Day Treatment Preschool Age (DTRP): This service shall be provided primarily to abused or neglected children of preschool age (ages ranging from infancy through six (6) years) and shall include, but shall not be limited to activities designed to increase socialization skills, build self-esteem, improve communication skills, and otherwise meet the individual needs of children in this age range. Authorization for this service must be based on a current developmental assessment which clearly documents the child's development delays and specifically recommends day treatment services.
  - Day Treatment School Age (DTRS): This service shall be provided primarily to children of school age (ages ranging from five (5) through sixteen (16) years) who have moderate to severe emotional and behavioral disorders, and shall be directed toward preventing out-of-home placement and/or maintaining the least restrictive placement possible for the child. Services shall be coordinated with local schools and services shall be provided to meet the individual needs of children in this age range. Youth age seventeen (17) or older may be considered for this service at the request of the Department and with the concurrence of the contractor;

- The contractor shall ensure adequate care and supervision at all times according to the developmental and clinical needs of the children served and such supervision shall include:
  - One or more on-duty personnel providing continuous supervision for each group or unit, defined as no more than four children;
  - Higher personnel/child-served ratios during periods of greater activity;
  - Availability of additional personnel for emergencies or to meet the special needs of children served at busier or more stressful periods;
- The contractor shall also provide at no additional cost to the Department, support services to members of the child's immediate family, including birth family, foster family, adoptive family or guardianship family. Family support services are intended to help identified family members increase their understanding of the child's special needs and to increase skills in managing the child's emotional or behavioral disturbances within the family home; and,
- The contractor shall provide one (1) hour of such therapy for each five (5) units of the Day Treatment provided to the child.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service, before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall include a minimum of three (3) and a maximum of seven (7) hours per day of face-to-face interaction between the contractor, and/or contractor's personnel providing services, and the client.

The contractor must document why services are not allowable to be billed under MO HealthNet.

Day Treatment must be provided for a minimum of three (3) hours and no more than seven (7) hours, as a portion of the twenty-four (24) hour day of care outside the home. The maximum number of units allowed per month is twenty-three (23).

The contractor may invoice the Department for days a child is absent from the therapeutic day treatment program, subject to the limitations stated in Billing Information.

Payment for absences and/or holidays is allowed only for units when the child would otherwise be in Day Treatment. An absence is any day an authorized child is not in attendance when the facility is open for business and other children are receiving child care services. A holiday is any day the facility is closed for any reason during normal operating hours, and no children are in care. This includes standard holidays (New Year's Day, Martin Luther King's Birthday, Lincoln's Birthday, Washington's Birthday, Truman's Birthday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving, and Christmas), local holidays, facility closing due to inclement weather or a Contractor vacation.

Payment may be made for the authorized units the child is not in attendance subject to the following limitations, as long as the child attended a minimum of one (1) unit in the month:

1. Children authorized to attend twenty (20) or more units per month may be paid a maximum of five (5) absence and/or holiday units per month. Units are paid at the full, half, or part-time rate based on the child's authorized level of care.
2. Children authorized to attend two (2) to nineteen (19) units per month may be paid a maximum of three (3) absence and/or holiday units per month. Units are paid at the full, half or part-time based on the child's authorized level of care.
3. Payment will not be made if the child did not attend at least one (1) unit of care in the month.
4. In no event will the Department reimburse Contractors for more than eleven (11) holidays, during a Missouri state fiscal year (July 1 through June 30).

5. Payment shall be made for a combination of holidays and absences per month according to the limitations stated above. The Department does not guarantee payment of absences and/or holidays.
6. Payment shall not be made for child absences and/or holidays after the child has left the contractor's care or if the child has not been in attendance for the entire month.
7. Payment shall not be made for child absences and/or holidays if the child is not scheduled for attendance or was absent the entire month.
8. The Contractor shall not claim absences in lieu of holidays if all eleven (11) holidays have been exhausted within the fiscal year.

CTS Procedure Code(s):

DTRP (Preschool Age)
DTRS (School Age)

Domestic Violence Batterer's Intervention Program

Service Description:

Domestic Violence Batterer's Intervention Program (program) is a service intended to provide treatment for clients who have used violence to exert power and control over another person. The program is intended to help clients modify behavior patterns and break the cycle of violence by learning new skills around power, control, accountability and communication. The program provides educational group sessions for clients who are abusive in their relationships (abusive can be physical, emotional, mental, or sexual).

- The program shall establish a set of fees for services in addition to those fees which are billable to the Department as outlined herein. Fees may be a set amount or based on a sliding scale. Payment by the client for their own service is an indicator of responsibility and accountability, and must be incorporated into the program.
- The groups in the program shall not be mixed gender. The contractor and/or the contractor's personnel shall establish separate groups for male and female clients and the curriculum shall be adjusted as necessary to be appropriate to male and female client groups.
- The program shall take place between the contractor and/or the contractor's personnel and a group consisting of two (2) or more individuals, in which at least one (1) must be a Department client, or as otherwise approved, in writing, by the local Department office.

Eligible Provider:

The contractor and/or contractor's personnel must have two (2) or more years' experience of service in domestic violence advocacy or group work with batterers. It is preferred the contractor and/or contractor's personnel, possess a Masters or Bachelor's degree in a human services related field. It is also preferred that the program be credentialed through the Missouri Department of Corrections (DOC). Administrative Rule 14 CSR 80-6.010 establishes the definitions for Batterer Intervention Program Credentialing and Rule 14 CSR 80-6.020 establishes the guidelines for Batterer Intervention Program Credentialing.

Personnel Qualifications/Training:

To facilitate program groups, the contractor and/or the contractor's personnel must have the following:

- A minimum of fifty (50) hours of educational training, including but not limited to:
    - Survivor safety and sensitivity;
    - The history of the domestic violence movement;
    - Cultural diversity;
    - The nature and dynamics of domestic violence;
    - The difference between batterer intervention and anger management;
    - Domestic violence laws and legal issues;
    - Responsibility versus denial;
    - Sexism and oppression;
    - Power and control;
    - Facilitation and co-facilitation skills specific to groups;
    - Characteristics of individuals who batter;
    - Assessment and intake skills;
    - Effects of a batterer's abuse and violence on children and family; and/or
    - Alternative behaviors
- A minimum of twenty-four (24) hours of co-facilitation with a qualified facilitator in batterer intervention groups; and ongoing education to increase knowledge on topics related to domestic violence.
- All personnel who provide services or are responsible for the supervision of clients served shall participate in at least thirty-six (36) clock hours of relevant training during a two (2) year period. The contractor shall maintain a record of participation in training and personnel development activities.

Service Requirements:

The program is a service that shall be provided in accordance with the most current edition of the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) Services Standards and Guidelines for Batterer Intervention Program (BIP) which is available on the internet at https://www.mocadsv.org/resources/

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

In accordance with the MCADSV Service Standards and Guidelines fees for services must be established. Fees may be a set amount or based on a sliding scale. The contractor may use CTS funds for the cost of batterer intervention program services not supported through fees collected from program participants not to exceed the firm fixed price on the pricing page in the IFB.

The unit of service shall be ninety (90) minutes of face-to-face instruction per week with a minimum of twenty-six (26) weeks of group sessions. This may be followed by six (6) monthly aftercare sessions if recommended by the provider and available. The maximum number of units allowed per week is one (1).

There shall be no other reimbursement for the preparation of the report.

The Department shall not be responsible for payments which the client directly owes the contractor for services rendered.

CTS Procedure Code:

DOVL

Drug Testing

Service Description:

This service provides drug and alcohol testing for a Department client, at the request of the Department. Each client receiving drug testing services must be listed on an open case or investigation/assessment function. The following drug tests are available through CTS:

- Urine, Five Panel Test
- Urine, Nine Panel Test
- Urine, Ten Panel Test
- Urine, Eleven Panel Test
- Hair Follicle, Five Panel Test
- Hair Follicle, Nine Panel Test
- Hair Follicle, Ten Panel Test
- Hair Follicle, Eleven Panel Test
- Medical Review Officer Test Results Review
- Drug Specimen Positive Confirmation Test
- Alcohol testing; breathalyzer or urine
- Oral fluid testing

At a minimum, the hair follicle test requires prior written authorization from the Circuit Manager after a court order.

Eligible Provider:

The contractor and/or contractor's personnel responsible for collecting urine and/or oral fluid specimens shall be trained in collection procedures. If the contractor is not trained, the contractor is responsible for seeking out their own training. The contractor and/or contractor's personnel responsible for collecting specimens for testing must perform specimen collection in accordance with industry standards and maintain chain-of-custody documentation throughout the testing process. Upon request by the Department, the contractor must provide verification of training and/or certification for all personnel responsible for specimen collection, documentation and maintaining a legally sufficient chain-of-custody record of the handling of all specimens.

The contractor shall ensure testing is conducted by a laboratory which meets all applicable state and federal laws and regulations. Any laboratory utilized by the contractor must be certified under the Clinical Laboratory Improvement Act (CLIA).

- The contractor may utilize instant testing, however, all tests must also be sent to a certified CLIA laboratory for confirmation of the results.

If the contractor is a hospital, or the contractor utilizes a hospital as subcontractor, the hospital must be accredited by The Joint Commission (TJC). The hospital laboratory must be licensed to operate in interstate commerce by the U.S. Department of Health and Human Services under the CLIA.

The contractor shall ensure they have access to a qualified and licensed Medical Review Officer (MRO).

Pursuant to RSMo, Section288.045.6, the contractor must have a procedure in place for confirmation tests when there is a dispute of the drug testing results. Pursuant to RSMo, Section 288.045.6, the contractor shall use chain-of-custody procedures in accordance with applicable industry practice, law and regulations.

For testing breath for alcohol, the contractor shall provide a trained and certified Breath Alcohol Technician (BAT) or Screening Test Technician (STT) to collect the sample and administer the breath test. The contractor shall comply with the following:

- The contractor must provide and use Evidential Breath Testing (EBT) devices approved by the National Highway Traffic Safety Administration and the Missouri Department of Health and Senior Services.

- The contractor shall conduct the screening and testing in accordance with the federal and state regulations pertaining to alcohol testing regulations and procedures.
- In the event the National Highway Traffic Safety Administration and the Missouri Department of Health and Senior Services reviews and revises its alcohol testing regulations, the contractor shall comply with those revisions.

For testing oral fluids for drugs or alcohol, the contractor shall utilize an industry approved oral fluid drug testing device.

Service Requirements:

The contractor shall collect specimens and conduct testing as authorized by the Department.

The contractor is advised that the Department clients will typically be receptive and compliant with regard to collections, since, for the most part, it will be an expectation of the court and Department that the client comply. However, in order to ensure accuracy of the test results, the contractor shall be prepared and shall develop appropriate policy and procedures (such as use of direct observation) to collect samples from clients to ensure that the samples collected are genuine and have not been tampered with. The contractor shall ensure the client does not have access to substances which may affect the test results and to prevent the client from using hidden adulterations or substituting samples. The contractor must also have policies to address when a client does not show up for an appointment, or a client being overly accommodating or resistive to the contractor's attempts to collect samples.

For urine samples, the contractor must utilize temperature sensitive cups for the drops to immediately gauge the temperature of samples when obtained.

If the contractor suspects that the sample collection may have been tampered with or that the sample may not be valid, the contractor shall, if circumstances deem it appropriate, obtain another sample from the client using direct observation procedures. If a second, observed collection is appropriate based on the circumstances, the contractor must process both the original sample and the sample collected using direct observation procedures and send the two sets of samples to the laboratory. If the client refuses to allow the second collection, the contractor shall discard the original sample collected.

Upon receipt of each urine sample, the contractor shall require the laboratory to conduct validity testing meeting the appropriate standards on urine sample to determine if the sample is consistent with normal human urine. The contractor shall also determine if adulterants or foreign substances were added to the urine, if the urine was diluted, if the sample was substituted, or if the sample is otherwise invalid.

The contractor must maintain specimens in proper condition while being transported in order to ensure accuracy of the test performed.

If the contractor offers to provide mobile specimen collection, the contractor shall conduct on-site specimen collection from a client by utilizing a mobile specimen collection unit, upon request by the Department.

Specimen Retention:

The contractor shall maintain non-negative and negative specimens in accordance to their individual certification requirements.

Upon written request of the Department Privacy Officer or another designated Department official, the contractor shall retain any positive test specimens for a longer period, as specified by the Department.

Drug Testing and Reporting Requirements:

Drug Testing:

The contractor shall administer the type of drug testing panel or hair follicle testing as specified by the Department. If necessary and requested by the Department, the contractor shall assist the Department in deciding the most appropriate type of drug testing depending on the client-specific situation. Drug testing may include, but not be limited to tests designed to detect any of the following:

- Amphetamines/Methamphetamines/Methylenedioxy-N-Methylamphetamine (MDMA)
- Marijuana
- Cocaine
- Opiates
- Phencyclidine (PCP)
- Benzodiazepines
- Barbiturates
- Methadone
- Prescription Medications
- Other Scheduled drugs identified in the U.S. Controlled Substances Act

Detection for any of the above synthetic equivalents should also be completed as available for testing, as requested by the Department.

Except for emergency or immediate needs, the referrals shall be sent to the contractor's contract administrator via secure e-mail, fax, or using a referral form approved by the Department and the contractor. The Children's Division referral form for testing utilizing CTS funds should be clearly distinguished other referral forms utilized by the Department. The contractor must have a minimum of one facsimile (fax) machine that will be operable twenty-four (24) hours a day, seven (7) days a week for receipt of referrals and/or ability for a secure method of e-mail transmission.

Emergency/Immediate needs – In situations where the courts or the client's case manager determines the need for an immediate sample collection for alcohol/drug testing, the contractor's contract administrator, or designee, shall be contacted via telephone with specific instructions regarding the required alcohol/drug test required, including timing and location.

- In the event an instant test is required by the court, an instant test may be performed, however, all tests must also be sent off to a certified CLIA laboratory for confirmation of the results.

The contractor shall not perform a sample collection until receipt of the secure e-mail, faxed or hard copy referral form, which has been properly authorized according to the referral policies and procedures approved by the Department. For authorizations for testing services requested in situations where it is not ordered by the court, the authorization shall only be given by the referring Department case manager.

Drug Testing Appointments – Upon receipt of a referral from the Department, the contractor shall schedule a drug testing appointment directly with a client. The drug testing appointment must be arranged and scheduled with the recipient within forty-eight (48) hours following the receipt of the referral from the referring Department case manager. A drug testing scheduled appointment may be substituted for a walk-in appointment if the contractor has the ability to accommodate walk-in clientele.

The Department reserves the right to provide approval of the contractor's written notification format, content, etc. before the contractor uses such written notification to begin scheduling drug testing appointments with a client.

If a client is a no-show for the appointment scheduled by the contractor, the contractor shall notify the Department of such within forty-eight (48) hours following the missed appointment. The Department will not issue payment for no show appointments.

If a client attempts to provide a sample for drug testing collection and is unable to provide an adequate sample for testing, the contractor may bill at half the cost of the requested panel of the contractor's contracted rate.

Testing in the Department Offices:

At the discretion of and upon approval of the Department's local Circuit Manager (the Department's local Circuit Manager is not obligated to allow drug testing), the contractor and/or contractor's personnel may utilize the Department's local office and/or state office building for specimen collection. The contractor and/or contractor's personnel must provide all supplies in order to maintain industry standards. The contractor and/or contractor's personnel shall not request Department's local staff or any other state employee to observe any sample collection.

The contractor and/or contractor's personnel shall not test any client not authorized by the Department to be tested in the Department's local office and/or state office building.

The Department's local Circuit Manager at any time can revoke their approval for drug testing in the Department's local office and/or state office building.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Following receipt of the results of the drug testing, the contractor must provide the Department with the date of the drug test and written results from the drug test to the referring case manager within forty-eight (48) hours.

The contractor must use a standardized form for reporting drug test results. A contractor may utilize their own form(s), if approved by the Department. If the contractor does not have a form(s) approved by the Department, the contractor shall utilize the *Drug Testing Form*, for reporting services. This form is provided at the end of this catalog, labeled Appendix 1.

If a non-negative drug test is challenged by the subject of the drug test, the contractor must have a procedure in place to confirm the drug test results through the use of a Medical Review Officer or another verifying test using Gas Chromatography/Mass Spectrometry, or other process approved by the Department. The Department shall not pay the contractor or the laboratory the contractor utilizes for the re-testing of a challenged specimen, unless the Department is specifically ordered to pay for the test by a court of competent jurisdiction.

The contractor shall ensure that all reports comply with their individual certification requirements and shall be retained for the length of time established therein.

Attempted Collection: An attempted collection is one where the client attempted to provide a sample however the client was unable to give a viable sample for testing. The contractor must document all efforts to collect a viable sample and provide the documentation to Children's Division.

Billing Information:

The contractor shall submit an itemized monthly invoice directly to the Department case manager who requested the testing service for payment processing.

- The contractor shall not bill no-show fees, test collection fees, or mobile collection fees.
- An attempted collection shall be billed at half the test rate.

The unit of service will be per test administered by the contractor, and/or the contractor's personnel providing services to the client. The maximum number of units allowed per week is two (2).

- In the event an instant test is utilized, the results must be sent off to a certified CLIA laboratory for confirmation; the cost of the instant test would be included in the pricing of the drug panel procedure code(s).

CTS Procedure Code(s):

DU05 (Urine, Five Panel)
DU09 (Urine, Nine Panel)
DU10 (Urine, Ten Panel)
DU11 (Urine, Eleven Panel)
DH05 (Hair Follicle, Five Panel)
DH09 (Hair Follicle, Nine Panel)
DH10 (Hair Follicle, Ten Panel)
DH11 (Hair Follicle, Eleven Panel)
DMRO (Medical Review Officer Test Results Review)

DSPC (Drug Specimen Positive Confirmation Test)
ETOH (Alcohol testing, breath or urine)
ORAL (Oral fluid drug test)

Family-Centered Services Case Consultation

Service Description:

Family-Centered Services Case Consultation is to provide consultation services to designated recipients regarding specific families and/or general family practice either in individual or group session formats. The services shall be reflective of a Family-Centered Model for accomplishing child protective services and in-home child welfare services.

Eligible Provider:

The contractor and/or contractor's personnel shall be knowledgeable of group dynamics, family-centered practices, family systems, modes of discipline, parenting skills, interpersonal relationships, human behavior, and adult learning styles.

The contractor and/or contractor's personnel who may provide services to a client shall have a Master's Degree in Social Work or a comparable human service field from an accredited institution and at least two (2) years' experience working with families and children; or a Bachelor's Degree in Social Work or other human service field from an accredited institution and at least three (3) years post-degree experience working with families and children, or as otherwise approved by the Department.

"Comparable human services field" is defined as psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, or human services.

The contractor and/or contractor's personnel shall meet the applicable licensing or certification requirements of their profession in the State of Missouri, or of the state in which they practice. The individual shall provide documentation of education and licensure as requested by the Department.

Service Requirements:

The contractor and/or contractor's personnel shall provide consultation services that demonstrate techniques and facilitate discussions reflective of the family-centered philosophy. Consultation services shall assist a specific child(ren), client or family with an open Department case, as authorized by the Department.

The contractor and/or contractor's personnel shall provide consultation services regarding specific families and/or general family practice, either in individual or group session formats which may include, but not limited to:

- face to face consultation
- facilitation
- technical assistance
- mentoring
- modeling
- coaching

The consultation services shall include modeling by the contractor and all personnel of clinical supervision and clinical consultation skills as they apply.

Reporting Requirements:

The contractor shall document attendance at all consultation sessions with a sign-in sheet including date of service, location, time spent in the session, name, and signature of attendees. The contractor must submit within thirty (30) days of service, the sign-in sheet to the Department's local office that authorized the service before reimbursement will be made for services rendered.

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes. The contractor shall be reimbursed on a per client basis. The maximum number of units allowed per month is four (4).

CTS Procedure Code(s):

FCCB (Family-Centered Consultation Bachelor's)
FCCM (Family-Centered Consultation Master's)

Family-Centered Services Family Meeting

Service Description:

Family-Centered Services Family Meeting is to provide assistance to designated recipients. The purpose is to enhance the skills of the designated recipients in conducting/facilitating meetings regarding families involved with Department and to serve families. This may include intact families, families with children at imminent risk of out-of-home placement, and families with children in out-of-home care. The services shall be reflective of a Family-Centered Model for accomplishing child protective services and in-home child welfare services. Family meetings include, but are not limited to, family support team meetings, family staffing, family conference, and team decision meetings.

This service is NOT to be authorized for participation in Family Support Team (FST) meetings. This service is for the facilitation of the meeting, not participation in the meeting.

Eligible Provider:

The contractor and/or contractor's personnel shall be knowledgeable of group dynamics, family-centered practices, family systems, modes of discipline, parenting skills, interpersonal relationships, human behavior, and adult learning styles.

Contractors and/or contractor's personnel who may provide services to a client, shall have a Master's Degree in Social Work or a comparable human service field from an accredited institution and at least two (2) years' experience working with families and children; or a Bachelor's Degree in Social Work or other human service field from an accredited institution and at least three (3) years post-degree experience working with families and children, or as otherwise approved by the Department.

"Comparable human services field" is defined as psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, or human services.

The contractor and/or contractor's personnel shall meet the applicable licensing or certification requirements of their profession in the State of Missouri, or of the state in which they practice. The individual shall provide documentation of education and licensure as requested by the Department.

Service Requirements:

The contractor and/or contractor's personnel facilitating family meetings shall be a professional resource of family systems and family-centered practice and/or other knowledge and skills. Family meeting services shall assist a specific child(ren), client or family with an open Department case, as authorized by the Department.

The contractor and/or contractor's personnel shall be available to provide meeting assistance for imminent risk situations. Imminent risk of out-of-home placement is operationalized as the family is facing the removal of one or more children from the home within seventy-two (72) hours unless the family crisis can be resolved.

The contractor and/or contractor's personnel will demonstrate and model team meeting skills during family meetings.

The contractor and/or contractor's personnel shall participate with Department staff in pre- and post-family meeting discussions. Pre-family meeting discussion shall be focused on the planning of what is intended to be accomplished during the family meeting. Post-family meeting discussion shall be focused on the debriefing of the family meeting, including identification and processing of information learned and other meeting accomplishments.

The contractor and/or contractor's personnel shall assist designated recipients in developing skills to coach family meeting members in successful facilitation of family meetings. Such assistance shall include modeling of meeting facilitation skills and pre- and post-meeting discussion.

Reporting Requirements:

The contractor shall document attendance at all consultation sessions with a sign-in sheet including date of service, location, time spent in the session, name, and signature of Department attendees. The contractor must submit

within thirty (30) days of service, the sign-in sheet to the Department's local office that authorized the service before reimbursement will be made for services rendered.

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes. The contractor shall be reimbursed on a per client basis. The maximum number of units allowed per month is four (4).

CTS Procedure Code(s):

FCMB (Family-Centered Meeting Bachelor's)
FCMM (Family-Centered Meeting Master's)

Nursing Services

Service Description:

Nursing Services, also considered as private duty nursing, is professional nursing care for assigned pediatric clients in a home care environment. The contractor and/or contractor's personnel shall provide nursing services in accordance to the child's individualized Plan of Care established by the child's treating physician. The contractor evaluates, assesses, and documents the pediatric nursing process. Nursing Services do not take the place of the parent/guardian or placement provider's supervision duties.

Prior to requesting authorization of nursing services, a referral should be made to the Bureau of Special Health Care Needs for eligibility determination. This service is not to be used unless approved in writing by the Division Regional Office.

Eligible Provider:

Contractors and/or contractor's personnel that provide services to a client must be licensed to practice under one of the following credentials:

- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Bachelor of Science in Nursing (BSN)

The contractor and/or contractor's personnel may not be a member of the child's family or household member. A family member is defined as a parent; sibling; child by blood, adoption, or marriage; spouse; grandparent or grandchild.

All direct care staff must have at least four hours of orientation training prior to service provision. Orientation training should include general information about:

- MO HealthNet Private Duty Nursing Program;
- HCY Program;
- Child abuse/neglect indicators and mandated reporting requirements;
- Participant rights and grievance procedures; and/or
- Review of universal precaution procedures as defined by the Centers for Disease Control

All direct care staff must have certification in either cardiopulmonary resuscitation (CPR) or basic certified life-support (BCL).

Contractors and/or contractor's personnel who may provide services to a client, shall:

- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development;
- Have general techniques of communicating with adolescent clients at all age levels;
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments;
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients; and
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

The contractor shall provide a written statement of the participant's rights to the Department upon request and child's caregiver at the time service is initiated and which includes, at a minimum, the right to:

- Be treated with respect and dignity;

- Have all personal and medical information kept confidential;
- Have direction over the services provided, to the degree possible, within the service plan authorized;
- Know the provider's established grievance procedure, how to make a complaint about the service and receive cooperation to reach a resolution, without fear of retribution;
- Know the procedure to report abuse, neglect, or exploitation;
- Receive service without regard to race, creed, color, age, sex or national origin; and
- Receive a copy of the written statement of the participant's rights.

Nursing Services include, but are not limited to, the following:

- Basic personal care;
- Medication administration;
- Gastrostomy tube feedings;
- Tracheostomy care;
- Ventilators and other specialized care;
- Nursing visits;
- Injections, blood draws, intravenous (IV) therapy and total parenteral nutrition (TPN);
- Assistance with bathing, dressing and other personal care needs;
- Physical, Occupational and Speech Therapies; and
- Home Health Aide Services.

The contractor must assist the client with all aspects of their daily routines including range of motion and other forms of exercise when necessary.

The contractor shall provide written notification to the child's caregiver/placement provider and to the Department if the contractor decides to terminate service. The contractor shall provide a minimum of twenty-one (21) days' notice prior to the discontinuation of services for reasons that include, but are not limited to, the following:

- The participant or caregiver(s)/responsible party(ies) are non-compliant to the agreed upon Plan of Care
- The provider is no longer able to meet the service needs of the participant
- The caregiver(s)/responsible party(ies) requests a change

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel, and the client. The maximum number of units allowed per day is forty-eight (48).

CTS Procedure Code(s):

NIHM

Parent Aide for Reducing Child Abuse and Neglect

Service Description:

Parent Aide services include the placement of a trained parent aide in the home of a family authorized by the Department as part of the family/client's case service plan. The family must have an open Family Centered Services and/or Family Centered Out-of-Home Care (FCOOHC) case with the Department. At least one (1) parent and one (1) child must be present. Services shall be provided primarily in the home of the family/client. The contractor may assist the parent(s) in the development of parenting and home management skills through both teaching and modeling, with a goal of reaching an acceptable level of family functioning and maintenance of the physical environment. The parent aide service **shall not** be used to provide transportation services.

Parent Aide services is the hands on, teaching, modeling, observing, and supervising visits between children and their parent/caregiver(s). The Parent Aide must be trained in and follow one of the evidence based curriculums below. To provide Parent Aide services there must be one (1) parent and one (1) child present at time of service.

Eligible Provider

The contractor and/or contractor's personnel providing services to a client must possess the following experience and skills:

- Five (5) hours of annual on-going, competency based training, in the following core areas, listed in the order of priority (can be obtained by conference participation, web-based training, and/or in-service training):
  - Child abuse/neglect indicators and mandated reporting requirements
  - Brain development
  - Early childhood development
  - Trauma (mental health, secondary)
  - Cultural sensitivity
  - Community resources
  - Emergency responses (fire, tornado, Cardiopulmonary Resuscitation (CPR), and standard first aid)
  - Communicable disease recognition
- A high school diploma or equivalency;
- The contractor must use an evidence-based training curriculum and must maintain a training certificate in one of the following:
  - Parents As Teachers,
  - Healthy Children and Families,
  - Parent/Child Interaction Therapy,
  - Incredible Years,
  - SafeCare,
  - Nurturing Parenting,
  - Triple P,
  - or other similar models, as approved by the Department;
- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development;
- Have general techniques of communicating with adolescent clients at all age levels;
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments;
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients; and
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

The contractor and/or the contractor's personnel shall perform any of the following tasks as needed:

- Help the parent(s) become involved in activities to reduce isolation;
- Help the parent(s) increase their support network;
- Teach nutrition and preparation of meals;
- Teach budgeting;
- Assist with school and medical appointments;
- Help the parent(s) become aware of child development and how to provide nurturing as well as other tasks, including age development level techniques;
- Help the parent manage mental or developmental disorders while encouraging the use of natural supports; and/or
- Help the parent find and maintain employment

The contractor shall develop an individualized treatment plan with the client, which must be submitted to the case manager within fifteen (15) days of beginning services. The contractor shall work collaboratively with the client on treatment goals and services. Treatment goals and services accomplishments must be included in the monthly summary report provided to the case manager.

The contractor shall provide a strength-based approach and focus on skill acquisition and risk reduction. Interventions may focus on improving skills in communication, interpersonal relationships, problem solving, conflict resolution, and stress management. Interventions may also focus on building personal self-care and home management skills by addressing issues such as nutrition, meal preparation; household maintenance, including house cleaning and laundry; money management and budgeting; personal hygiene and grooming; and identification and use of social and recreational skills.

The contractor shall assist the parent(s) in the development of parenting skills through both teaching and modeling, with a goal of reaching an acceptable level of family functioning and maintenance of the physical environment. It is preferred that the contractor utilize evidence-based parenting education/training curriculums.

The contractor and/or contractor's personnel must be able to demonstrate that the parent has attained and/or made progress with skills through use of a competency based model, by observing the client's ability to perform the skills. The relationship between the parent(s) and the contractor and/or the contractor's personnel shall be based on the family treatment plan.

Training will be at the sole responsibility of the contractor, and no additional payment will be made by the Department related to the contractor's cost related to their attendance at training. The contractor shall submit a copy of their own training certificate and/or for each of their personnel who are to perform services, if requested by the Department. The contractor shall submit training records for themselves and/or each of their personnel who are to perform services to the Department, if requested.

In the event of supervised visitation, the parent aide must still continue to provide treatment services during the visit. **Supervised visitation is NOT just observation under the Parent Aide coding**.

Reporting Requirements:

For each client authorized, the contractor must submit a monthly summary report to the caseworker. This report must include the date and time of the visit, who was present at the visit, the skills worked on, the goal for the next visit, and any observed interaction.

Individualized Treatment Plan must be submitted to the case manager within fifteen (15) days of beginning services with the client. Treatment plan goals and service accomplishments must be included in the monthly summary report.

All reports as specified herein, must be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be sixty (60) minutes with at least fifty (50) minutes of face-to-face contact with the client. The maximum number of units allowed per month is twenty (20).

CTS Procedure Code(s):

PRAD

Parent Education and Training Program

Service Description:

The Parenting Education and Training Program is meant to bring evidence based, parent education and training to the clients of the Department. The purpose is to bring a consistent standard of quality services resulting in positive outcomes for children and families. It is desired that the parent be able to demonstrate one or more new skills taught by the contractor in their instructional program.

Eligible Provider:

The contractor and/or contractor's personnel shall be knowledgeable of group dynamics, child development, modes of discipline, parenting skills, interpersonal relationships, human behavior and adult learning styles, and possess a Bachelor's degree in Social Work or other human service field from an accredited institution and at least two (2) years post-degree experience in family and children's services.

The contractor and/or contractor's personnel shall have a human service degree from an accredited college or university in one of the following fields: psychology, sociology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, human services (e.g. human or child development studies), or social work.

The contractor and/or contractor's personnel must provide supervision for the parent training program services. The contractor must submit training records to the Department if requested.

Training certificate for the evidence-based curriculum being utilized shall be included in the personnel file of the contractor and/or contractor's personnel.

The contractor and/or contractor's personnel shall:

- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development.
- Have general techniques of communicating with adolescent clients at all age levels.
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments.
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients.
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

The contractor and/or the contractor's personnel must utilize an evidence-based curriculum. The evidence-based curriculum will assist parents to develop skills and apply knowledge by teaching parenting skills that are appropriate to the developmental level of children.

Evidence based parenting education/training programs to be utilized, include the following:

- Family Foundations;
- SafeCare®;
- Triple P –Positive Parenting Program® System;
- The Incredible Years;
- Parenting Through Change (PTC; GenerationPMTO Group);
- Chicago Parent Program;
- Common Sense Parenting (CSP);
- Strong African American Families Program (SAAF);
- Tuning in to Kids (TIK); and/or

- Tuning in to Teens (TINT)
- Nurturing Parenting

The instructional program shall take place between the contractor and/or the contractor's personnel and a group consisting of three (3) or more individuals, at least one of whom must be a Department client. The contractor's and/or contractor's personnel program must be a competency based curriculum approved by the Department.

To verify the client can model and apply the skills and knowledge learned, either at the program location or at the clients' homes, the contractor shall observe, facilitate, provide documentation and give feedback specifically while the parent practices one or more of the new skills taught in the program. There may be times when having the child and parent together may not be possible or allowed depending on the child's status.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be sixty (60) minutes with at least fifty (50) minutes of face-to-face contact with the client. The maximum number of units allowed per month is twelve (12). The contractor shall be reimbursed on a per client basis.

CTS Procedure Code(s):

PETB

Personal Assistance – Behavioral

Service Description:

Personal Assistance may provide services that include any activity of daily living (ADL) or instrumental activity of daily living (IADL) to a client of the Department. Such services may include, but are not limited to: bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding and incidental household cleaning, and laundry. Services may also include assisting a client with shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance may be given for accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community.

The service may also include general supervision and protective oversight. The contractor may directly perform some activities and support the individual in learning how to perform others.

Personal care services are provided to children with disabilities according to the federal mandates for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program to ensure that services to children with disabilities are provided in accordance with the federal mandates for the EPSDT program for the individual who is providing care for the child pursuant to 13 CSR 40-37.010.

This service may include consultation with the Department and/or the family support team to improve the quality of life for the individual through the development of and implementation of positive, proactive and preventative, client-centered, strength's-based strategies. A large part of the consultation will involve assisting the support system to develop a sustainable implementation plan and to insure a high fidelity of implementation and consistency of use of the strategies to assist and support the client.

Personal Assistance Services shall not duplicate other services. Personal Assistance Services are not available to individuals who reside in group homes, transitional living homes, residential care facilities or who receive personal assistance services through other governmental programs.

When this service is provided to children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities.

Personal Assistance Services can occur in the person's home and/or community, including the work place. Personal Assistance Services shall not be provided with or as a substitute for facility-based services.

Eligible Provider:

Contractors and/or contractor's personnel who provide services to a client must be trained by the contractor, and possess the following experience and competencies:

- Five (5) hours of annual on-going, competency based training in the following core areas, listed in the order of priority (can be obtained by conference participation, web-based training, and/or in-service training):
  - Child abuse/neglect indicators and mandated reporting requirements
  - Brain development
  - Early childhood development
  - Trauma (mental health, secondary)
  - Cultural sensitivity
  - Community resources
  - Emergency responses (fire, tornado, CPR, and standard first aid)
  - Communicable disease recognition
  - Assisting with ADLs and/or IADLs as needed;
- A high school diploma or equivalency;
- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development;
- Have general techniques of communicating with adolescent clients at all age levels;

- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments;
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients;
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions;
- Cardio-Pulmonary Resuscitation (CPR);
- First Aid; and/or
- Behavior or Non-violent Crisis Intervention (NCI) training, the Mandt System or other approved by the Department.

Contractors and/or contractor's personnel who provide services to a client shall not reside in the same home as the client, unless otherwise approved by the Department.

Service Requirements:

Contractors and/or contractor's personnel who may provide services to a client, must:

- Provide any activity of daily living (ADL) or instrumental activity of daily living (IADL) to a client of the Department as needed. Such services may include, but are not limited to, bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding and incidental household cleaning and laundry. Services also may include assisting a client with shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance may be given for accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community.
- Personal care services are provided to children with disabilities according to the federal mandates for the EPSDT program to ensure that services to children with disabilities are provided in accordance with the federal mandates for the EPSDT program for the individual who is providing care for the child pursuant to 13 CSR 40-37.010.
- Work with a client of the Department to develop and implement positive, proactive and preventative, client-centered, strength's-based strategies.
- Be willing to provide services in the client's home and/or community, including the work place.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel, and the client. The maximum number of units allowed per week is ten (10).

CTS Procedure Code(s):

PASB

Personal Assistance - Medical

Service Description:

Personal Assistance Services activities may include any activity of daily living (ADL) or instrumental activity of daily living (IADL) to a client of the Department. Such services may include, but are not limited to, bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding and incidental household cleaning, and laundry.

Services also may include assisting a client with shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance may be given for accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community. The service may also include general supervision and protective oversight.

Personal care services are provided to children with disabilities according to the federal mandates for the EPSDT program to ensure that services to children with disabilities are provided in accordance with the federal mandates for the EPSDT program for the individual who is providing care for the child pursuant to 13 CSR 40-37.010.

This service may include consultation with the Department and/or the family support team to improve the quality of life for the individual through the development of and implementation of positive, proactive and preventative, client-centered, strength's-based strategies. A large part of the consultation will involve assisting the child's support system to develop and implement a sustainable plan of care to allow a child with special medical needs to receive care in the least restrictive setting appropriate to the child's specific medical needs.

Personal Assistance Services shall not duplicate other services. Personal Assistance Services shall not be available to individuals who reside in group homes, transitional living homes, residential care facilities, or who receive personal assistance services through other governmental programs.

When this service is provided to children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities.

Personal Assistance Services can occur in the person's home and/or community, including the work place. Personal Assistance Services shall not be provided with or as a substitute for facility-based services.

Eligible Provider:

Contractors, and all personnel who may provide services to a client, must be licensed to practice as one of the following:

- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Bachelor of Science in Nursing (BSN)
- Certified Nurse's Assistant (CAN)
- Certified Medical Assistant (CMA)

Contractors, and all personnel who may provide services to a client, must be trained by the contractor, and possess the following experience and competencies:

- Five (5) hours of annual, on-going, competency-based training in the following core areas, listed in the order of priority (can be obtained by conference participation, web-based training, and/or in-service training):
    - Child abuse/neglect indicators and mandated reporting requirements
    - Brain Development
    - Early childhood development
    - Trauma (mental health, secondary)
    - Cultural sensitivity

  - Community resources
  - Emergency responses (fire, tornado, CPR, and standard first aid)
  - Communicable disease recognition
  - Assisting with ADLs and/or IADLs as needed;
- A high school diploma or equivalency;
- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development;
- Have general techniques of communicating with adolescent clients at all age levels;
- Have the ability to work with the clients in an empathetic and understanding manner, in a variety of situations, and in all types of community environments;
- Possess the ability to communicate with clients, their family members, and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients;
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions;
- Cardio-Pulmonary Resuscitation (CPR);
- First Aid; and/or
- Behavior or Non-violent Crisis Intervention (NCI) training, the Mandt System, or other approved by the Department.

Contractors, and all personnel who may provide services to a client, shall not reside in the same home as the client unless otherwise approved by the Department.

Service Requirements:

Contractors, and all personnel who may provide services to a client, must:

- Provide any activity of daily living (ADL) or instrumental activity of daily living (IADL) to a client of the Department as needed. Such services may include, but are not limited to, bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, care of adaptive equipment, meal preparation, feeding and incidental household cleaning and laundry. Services also may include assisting a client with shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance may be given for accompaniment, cueing and minor problem-solving necessary to achieve increased independence, productivity and inclusion in the community.
- Personal care services are provided to children with disabilities according to the federal mandates for the EPSDT program to ensure that services to children with disabilities are provided in accordance with the federal mandates for the EPSDT program for the individual who is providing care for the child pursuant to 13 CSR 40-37.010.
- Work with a client of the Department to develop and implement positive, proactive and preventative, client-centered, strength's-based strategies.
- Be willing to provide services in the client's home and/or community, including the work place.
- Receive training related to the individual's medical needs as outlined in the treatment plan and as prescribed by the physician or nurse practitioner.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service, before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel, and the client. The maximum number of units allowed per week is four (4).

CTS Procedure Code(s):

PASM

Pervasive Developmental Services Coordinator

Service Description:

The Pervasive Developmental Services Coordinator provides assistance with treatment plan development, consultation, environmental manipulation, and training to and for clients with developmental disabilities whose maladaptive behaviors are significantly disrupting their progress toward a successful family environment. The contractor shall locate services and assist in referrals to service providers as needed to help meet the client's needs. The contractor will also provide training and consultation with the client's caregivers and service providers as needed to assist in caring for the client. The Pervasive Developmental Services Coordinator will assist the client and/or the client's caregivers in designing and implementing specialized programs to enhance self-direction, independent living skills, community integration, social, leisure, and recreational skills. The Pervasive Developmental Services Coordinator will evaluate the client's setting, schedule, typical daily activities, and relationships with others that make up the supports for an individual including their caregivers and any service providers. The Pervasive Developmental Services Coordinator will then develop and implement strategies to help teach the client skills to promote more positive interactions between the client and their support system.

Children who are enrolled in a transitional living program (TLP) or residing in a group home are not eligible to receive this service.

Eligible Provider

The contractor and/or contractor's personnel who may provide services to a client shall have at a minimum a Master's degree in a human services field (including but not limited to sociology, special education, social work, rehabilitation, counseling or psychology) from an accredited school and have a minimum of one (1) year of professional experience in working directly with person(s) with intellectual development disorder, other developmental disabilities, or other child welfare services.

Additional personnel providing services must have at a minimum a Bachelor's degree from an accredited school in a human services field (including but not limited to sociology, special education, social work, rehabilitation, counseling or psychology), and have a minimum of one (1) year of professional experience working directly with persons with intellectual development disorder, other developmental disabilities, or other child welfare services. This person must receive supervision from a Master's degree or higher level contractor. Supervision shall include a minimum of at least weekly case consultations related to family, monitoring progress of the family, reviewing and signing documentation related to the case. The supervisor shall be responsible for the overall care and treatment of the client.

Contractors and/or contractor's personnel who may provide services to a client must have a valid driver's license and proof of insurance. The contractor and/or contractor's personnel shall maintain a copy of their Master's degree diploma and proof that they have worked directly with person(s) with disabilities or other child welfare services.

The contractor and/or contractor's personnel shall:

- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development.
- Have general techniques of communicating with adolescent clients at all age levels.
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments.
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients.
- Possess the ability to interact in a professional and responsible manner.
- Possess the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

The client must have significant developmental disabilities and/or significant cognitive delays. The client must be exhibiting maladaptive behavior that is significantly disrupting their progress toward a successful family environment.

Pervasive Developmental Services shall not duplicate other services and shall not be available to individuals who reside in group homes, transitional living homes, residential care facilities or who receive personal assistance services through the MHD program or other governmental program.

Contractors and/or contractor's personnel who may provide services to a client shall perform any of the following tasks as needed:

- Provide one-on-one temporary supervision of a child, as pre-approved by the child's case manager;
- Other tasks as determined by the child's case manager and the child's family;
- Work directly with any or all of the following:
  - Parents, legal guardians, or other persons responsible for the care, custody and control of the child;
  - Child(ren); or
  - Other service contractors or members of the Family Support Team (FST); and/or
- Provide supervised visits or assist the case manager in supervising visits between parent/child(ren)/siblings as authorized by the local Department. This should only be approved when the case manager is unable to meet the client's special needs.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be sixty (60) minutes with at least fifty (50) minutes of face to face contact with the client. The maximum number of units allowed per week is four (4).

CTS Procedure Code:

PDSC

Respite Care

Service Description:

Respite Care is the provision of temporary care for children, from birth to 18 years of age. Respite may be utilized when families are experiencing crisis that would significantly elevate the risk of abuse or neglect. Respite also allows family members to have a short period of rest from each other. The client must have an open case function in order to be eligible for respite services. Respite services under the Children's Treatment Services contract shall not be used for children in alternative care or for children under adoption or guardianship subsidy. Respite is not to be utilized as a substitute for child care. Periodic and/or intermittent, temporary substitute care for the purposes of this contract means a minimum of twelve (12) hours up to twenty-four (24) hours per child. No child shall receive respite care under this or any other contract for more than twelve (12) days (twenty-four (24) hour periods) in a state fiscal year.

Eligible Provider:

Contractors and/or contractor's personnel who may provide services to a client shall:

- Be licensed to provide twenty-four (24) hour child care through the Department, the Department of Health and Senior Services, Department of Mental Health or other authorized state or local governmental entity as approved by the Department.
- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development.
- Have general techniques of communicating with adolescent clients at all age levels.
- Have the ability to work with the clients in an empathetic and understanding manner, in a variety of situations, and in all types of community environments.
- Possess the ability to communicate with clients, their family members, and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients.
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions

Service Requirements:

The contractor shall provide twenty-four (24) hour per day placement service for children and/or families. This shall include but not be limited to crisis intervention for children and youth, to address issues of placement, and shall meet the educational needs of children and youth.

The contractor and/or contractor's personnel shall provide a copy of the license issued by the Department, Department of Health and Senior Services, Department of Mental Health and/or other authorized state or local governmental as approved by the Department.

Before the contractor and/or contractor's personnel can provide services, the contractor must submit Attachment C: to the Department. The contractor submitting the aforementioned documentation as required herein shall provide the Department with documentation of approval or denial of a license when such a decision is rendered by the appropriate licensing authority. The contractor shall immediately provide written notification to the Department in the event that they, or their contracted personnel, receive denial, suspension and/or revocation of license, including but not limited to, reasons for denial, suspension and/or revocation cited by the governing body in that matter.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service, before reimbursement will be made for services rendered.

Billing Information:

The unit of shall be a minimum of twelve (12) hours up to twenty-four (24) hours. The number of units of respite care per child per fiscal year shall not exceed twelve (12) days (twenty-four (24) hour periods).

CTS Procedure Code(s):

RSCR

Service Delivery Coordination

Service Description:

Service Delivery Coordination is designed to coordinate the following:

- Development, identification, and/or acquisition of resources for parents in need of a variety of services.
- Assistance with case management activities which may include:
  - Supervising family visits (this is an observed visit only, no interactions [between the observer and parent(s)] unless observer feels abuse and/or neglect is about to occur);
  - Accessing resources for placement stability;
  - Behavioral management;
  - Child care services;
  - Public assistance;
  - Medical or mental health services; and/or
  - Additional resources as identified by the Department.

This service is not to be used as a management staff position beyond what is required above, unless approved in writing by the Department.

The Service Delivery Coordination **shall not** be used to provide transportation services.

Eligible Provider:

Contractors and/or contractor's personnel who may provide services to a client shall:

- Have attained a Bachelor's or higher level degree from an accredited college or university in social work/human services, psychology, sociology, psychiatric nursing, education, counseling, marriage and family therapy, family and child development, criminal justice, juvenile justice, or human services related fields (e.g. child welfare, mental health, substance abuse, and developmental disabilities)
- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development
- Have general techniques of communicating with adolescent clients at all age levels
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

Service Requirements:

The contractor and/or contractor's personnel shall assist a specific child(ren), client or family with an open Department case, as authorized by the Department, in order to identify, access, and/or utilize community resources.

Such services may include:

- Locating services and assisting with referrals to service providers as needed to help meet the client's needs;
- Provide identified case management activities for the client only as directed by the Department
  - Case management activities shall include but not be limited to:
    - Accessing resources for placement stability;
    - Behavioral management;
    - Child care services;
    - Public Assistance;
    - Medical or mental health services;

  - Supervised visits or assist the case manager in supervising visits between parent/child(ren)/siblings as authorized by the local Department. **This should only be approved when the case manager is unable to meet the client's needs.** This supervised visit is an observed visit only and does not permit interaction between the observer and the family being observed; and or
  - Any other resources as identified by the Department; and/or
- Work with other service contractors or members of the Family Support Team (FST).

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service shall be sixty (60) minutes with at least fifty (50) minutes of face to face contact with the client.

CTS Procedure Code(s):

SDCR

Substance Abuse Treatment Services

Service Description:

Substance Abuse Treatment Services include thorough client assessments and client-specific treatment interventions designed to address alcoholism, drug dependence, and addiction.

Substance Abuse Treatment Services are provided by many different kinds of professionals who are certified or licensed as substance abuse treatment counselors.

Eligible Provider:

Contractors and/or contractor's personnel who may provide services to a client shall have a Bachelor's degree from an accredited college or university with a minimum of fifteen (15) earned credit hours in one or a combination of the following: Psychology, Sociology, Social Work, Nursing, Counseling, Rehabilitation, Criminal Justice, or a closely related field; and,

The contractor and/or contractor's personnel must possess one (1) or more years of professional experience performing substance abuse treatment and rehabilitation. Professional experience examples are as follows: performing social work, corrections casework, probation and parole casework, professional registered nursing, counseling, or a closely related field may substitute on a year-for-year basis for deficiencies in the required education. The contractor and/or contractor's personnel may substitute twenty-four (24) earned graduate credit hours from an accredited college or university in the specified areas for the required experience.

OR

The contractor and/or contractor's personnel must possess certification/registration by the Missouri Credentialing Board in one or more of the following:

- Certified Alcohol Drug Counselor (CADC)
- Certified Criminal Justice Addictions Professional (CCJP)
- Certified Peer Specialist (CPS)_
- Certified Reciprocal Alcohol Drug Counselor (CRADC)
- Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)
- Certified Reciprocal Prevention Specialist (CRPS)
- Co-Occurring Disorders Professional (CCDP)
- Co-Occurring Disorders Professional-Diplomate (CCDP-D)
- Missouri Advanced Prevention Specialist (MAPS)
- Missouri Associate Alcohol Drug Counselor 1 (MAADCI)
- Missouri Associate Alcohol Drug Counselor II (MAADCII)
- Missouri Prevention Specialist (MPS)

- Missouri Recovery Support Specialist (MRSS)
- Registered Alcohol Drug Counselor-Provisional (RADC-P)
- Registered Alcohol Drug Counselor Provisional (RADC-P)
- SATOP Qualified Instructor (SQI)
- SATOP Qualified Professional-REACT (SQP-R)
- SATOP Qualified Instructor-REACT (SQI-R)
- Substance Abuse Traffic Offender Program (SATOP) Qualified Professional (SQP)

Service Requirements:

Contractors and/or contractor's personnel who provide services to a client shall provide substance abuse treatment services at the request of the Department, as listed below:

Substance Abuse Assessment: The contractor shall provide a comprehensive assessment to assist in the development of an individualized treatment plan. Prior to completing the assessment, the contractor shall communicate with the Department's referring case manager to discuss the client's known substance abuse history, the Department's treatment goals as they relate to substance abuse, and any other pertinent information that will assist the contractor in developing treatment recommendations. The assessment must include, but is not limited to:

- Demographic and identifying information;
- Statement of needs, goals, and treatment expectations from the client. The client's family's impressions are also obtained, when appropriate and available;
- Presenting situation/problem;
- History of previous psychiatric and/or substance abuse treatment including identity of previous providers and number and type of admissions;
- Health screening;
- Current medications and identification of any medication allergies and adverse reactions;
- Recent alcohol and drug use during the past thirty (30) days and a substance use history that includes duration, patterns, and consequences of use;
- Current psychiatric symptoms;
- Family, social, legal, and vocational/educational status and functioning;
- Current use of resources and services from other community agencies;
- Personal and social resources and strengths, including the availability and use of family, social, peer, and other natural supports;
- Multi-axis diagnosis or diagnostic impression in accordance with the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association;
- Collection and assessment of historical data; and/or
- Summary of identified treatment needs and recommendations for level of care.

The recommendation of substance abuse individual and/or group therapy or group education does not guarantee the Department will authorize said services.

Substance Abuse Individual Counseling: The contractor shall provide a structured, goal-oriented therapeutic process in which the Department's client interacts on a face-to-face basis with a counselor in accordance with the client's rehabilitation plan to resolve problems related to substance abuse that interfere with the client's functioning. Individual counseling may include, but is not limited to the following:

- Exploration of an identified problem and its impact on participant functioning;
- Examination of attitudes and feelings, and behaviors that promote recovery and improved functioning;
- Identification and consideration of alternatives and structured problem-solving; and/or
- Decision-making.

Substance Abuse Group Counseling: The contractor shall provide face-to-face, goal-oriented therapeutic interventions with two or more participants as specified in the client's individual rehabilitation plan designed to promote participant functioning and recovery through personal disclosure and interpersonal interaction among group members. Group counseling may include, but is not limited to, the following:

- Facilitate individual disclosure of addiction-related issues which permits generalization of the issues to the larger group;
- Promote recognition of addictive thinking and behaviors and teaching sobriety based thinking and behavior;
- Prepare participants to cope with physical, cognitive, and emotional symptoms of drug craving;
- Encourage and model productive and positive interpersonal communication; and/or

- Develop motivation and action by group members through peer influence, structured confrontation, and constructive feedback.

Substance Abuse Group Education: The contractor should provide group education with two or more participants that consists of the presentation of substance abuse information and application of the information by participants through group discussion in accordance to the client's treatment plan. Group therapeutic substance abuse education may include, but is not limited to the following:

- Classroom style didactic lecture to present information about a topic and its relationship to substance abuse;
- Presentation of audio-visual materials that are educational in nature with required follow up discussion;
- Promotion of discussion and questions about the topic presented to the group; and/or
- Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

Topics may include, but are not limited to the following:

- The progressive nature of addiction and the disease model, principles, and availability of self-help groups and health and nutrition;
- The personal recovery process, including the recognition of addictive thinking, feelings, and behavior, promoting self-awareness and self-esteem, encouraging personal responsibility and constructively using leisure time;
- Skill development, such as communication skills, stress reduction and management, conflict resolution, decision making, assertiveness training, completing employment applications and employment interviewing and parenting;
- Promotion of positive family relationships and family recovery;
- Relapse prevention; and/or
- Effects of alcohol and drug abuse upon pregnancy and child development.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of service for substance abuse assessment shall be one (1) complete assessment which includes the completion of the required process and written documentation including the treatment recommendations. The maximum number of units for substance abuse assessment is two (2) units per year. The unit of service for individual and group therapy and group education shall be thirty (30) minutes of face-to-face interaction between the contractor and/or contractor's personnel providing services, and the client. The contractor and/or contractor's personnel must provide services to a group consisting of two (2) or more individuals, at least one (1) of whom must be a client of the Department. The contractor shall be reimbursed on a per client basis. The maximum number of units allowed per month for substance abuse individual counseling, substance abuse group counseling, and substance abuse education is ten (10) for each service.

CTS Procedure Code(s):

SATA (Substance Abuse Assessment)
SATI (Substance Abuse Individual Counseling)
SAGC (Substance Abuse Group Counseling)
SAGE (Substance Abuse Group Education)

Transportation

Service Description:

Transportation shall be utilized in direct alignment with the treatment plan goals as identified in Family Support Team (FST) meetings. Transportation for a parent(s) will assist in accessing community resources to alleviate the need for an open Family Center Services or Alternative Care case. Availability of handicap vehicles is preferred.

Transportation shall only be used for the following:

- Transporting a child(ren) to and from school
- Transporting a child(ren) to and from medical appointments
- Transporting a child(ren) from child care provider, school, or placement location to the location in which a visit will take place with sibling(s)/parent(s) or placement opportunity;
- Transporting parents to visits with their child(ren);
- Transporting parents to meet with community resources as identified by the case manager which meet the treatment plan goals of the parent as identified in FST meetings;
- Transporting youth with handicap accessible needs as identified above; and/or
- Other transportation services as approved by Department.

Eligible Provider:

Contractors and/or contractor's personnel who may provide services to a client shall:

- Be eighteen (18) years or older;
- Have a valid Driver's license;
- Have current motor vehicle insurance;
- Be free of traffic violations prior to transporting any Children's Division clients:
  - Stop sign, failed to yield within the prior three (3) months
  - Speeding within the prior three (3) months
  - Driving while intoxicated (DWI) or Driving under the influence (DUI) within the prior 2 years of transporting; and
- Have no transportation restrictions on their driver's license.

Service Requirements:

The Contractor and/or contractor's personnel shall be responsible to drive the child from the pick-up location to site of the visit. If requested by the Department, the driver may also return the child to the child care provider, school, or to their placement location upon the conclusion of a visit.

The contractor and/or contractor's personnel shall have appropriate child passenger restraints as defined by Missouri Law (RSMo 307.179) and the Federal Motor Vehicle Safety Standards (49 C.F.R. 571.213). All passengers are required to use safety restraints (seatbelts).

The Contractor and/or contractor's personnel shall maintain the following safety equipment in their vehicle at all times:

- First Aid Kit;
- Flashlight;
- Road flares or proper stopped vehicle markers; and
- Blanket.

Reporting Requirements:

For each client authorized, the contractor must submit their mileage log (Appendix 2).

- For a child(ren): The transporter must ensure the mileage log has two (2) signatures; the person the transporter picked the child up from and the person the transporter took the child to.
- For a parent: the parent must sign the mileage log which includes the location where the parent was picked up from and the locations where the parent was taken (i.e. mental health clinic, job interviews, etc.).

- For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of measure is done in miles, with a minimum of one (1) mile. The contractor may bill up to the federal mileage reimbursement rate established by the Internal Revenue Service (IRS) at https://www.irs.gov/tax-professionals/standard-mileage-rates.

The contractor must provide the mileage log that will include the address the child/parent was picked up from and the address the child/parent was taken to in order to receive reimbursement (Appendix 2).

Mileage over one hundred (100) miles must include County Supervisor or higher level of approval.

When transporting a child for the Department from a previous placement to a new placement (i.e. when child is moving from one foster home to another foster home), transporter may claim round trip miles from pick up to drop off location.

CTS Procedure Code(s):

TRAN (Transportation)

Transportation (Behavioral)

Service Description:

Behavioral transportation is to be utilized for transporting youth who may be a danger to themselves and/or others.

Eligible Provider:

Contractors and/or contractor's personnel who may provide services to a client shall:

- Be twenty-one (21) years or older;
- Have experience transporting youth who may be a danger to themselves and/or others;
- Have a valid Driver's license;
- Have current motor vehicle insurance
- Be free of traffic violations prior to transporting:
  - Stop sign, failed to yield within the prior three (3) months
  - Speeding within the prior three (3) months
  - Driving while intoxicated (DWI) or Driving under the influence (DUI) within the prior 2 years of transporting;
- Be able to provide a safe environment for transporting the youth, so the youth can't harm themselves or the transporter; and
- Have no transportation restrictions on their driver's license.

Service Requirements:

The contractor and/or contractor's personnel shall have a vehicle which can transport a youth, who is a danger to self or others, and will not allow a youth to vacate the car while the car is in motion.

The contractor and/or contractor's personnel shall be of the same gender as the youth that is being transported whenever possible.

The contractor and/or contractor's personnel may be a two (2) person team if the Children's Division office deems the need for a two (2) person team to minimize any harm to the youth and contractor.

If restraints are required to transport a youth, CD will then obtain written approval from the court. The contractor and/or contractor's personnel shall use the minimum amount of restraints possible that ensures the safety of the youth and themselves.

The contractor and/or contractor's personnel shall limit stopping. However, if stopping is necessary, the youth should not be out of the contractor and/or contractor's personnel sight at any time with the exception of bathroom break. During a bathroom stop, the contractor and/or contractor's personnel needs to accompany the youth to and from the restroom or ensure there is no way for the youth to elope while stopped.

The contractor and/or contractor's personnel shall have appropriate child passenger restraints as defined by Missouri Law (RSMo 307.179) and the Federal Motor Vehicle Safety Standards (49 C.F.R. 571.213). All passengers are required to use safety restraints (seatbelts).

The contractor and/or contractor's personnel shall maintain the following safety equipment in their vehicle at all times:

- First Aid Kit;
- Flashlight;
- Road flares or proper stopped vehicle markers; and
- Blanket.

Reporting Requirements:

For each client authorized, the contractor must submit their mileage log (Appendix 2).

- For a child(ren): The transporter must ensure the mileage log has two (2) signatures; the person the transporter picked the child up from and the person the transporter took the child to.
- For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

Billing Information:

The unit of measure is done in miles, with a minimum of one (1) mile. The contractor may bill up to the contracted maximum amount.

The contractor must provide the mileage log that will include the address the youth was picked up from and the address the youth was taken to in order to receive reimbursement (Appendix 2).

Mileage over one hundred (100) miles must include County Supervisor or higher level of approval.

When transporting a child for the Department from a previous placement to a new placement (i.e. when child is moving from one foster home to another foster home), transporter may claim round trip miles from pick up to drop off location.

CTS Procedure Code(s):

STRN: (Transportation Behavioral)
STRD: (Transportation Behavioral 2 [two] person)

Appendix 1 – Drug Testing Form

Subject Being Tested: _____
Subject DCN or Last Four Digits of SSN: _____
Form of Identification Used to Verify Subject's Identity: _____
Case Number: _____
Reason for Test: _____
Testing Agency: (Name/ID#) _____
Requesting Agency/County: _____
Date/Time Specimen Collected: _____
Collection Site: _____
Date Specimen Received: _____
Date Specimen Tested: _____

Description of Specimen		
Item #	**Quantity**	**Description of Specimen** (Urine, Hair, Oral Fluid, etc.)

Chain of Custody				
Item #	**Date/Time**	**Released by** (Signature & ID#)	**Received by** (Signature & ID#)	**Comments/Location**

Drug Testing Form
(Continued)

Chain of Custody				
Item #	Date/Time	Released by (Signature & ID#)	Received by (Signature & ID#)	Comments/Location

Test Results						
Item #	Date/Time	Test	Result	Quantitation	Screen Limit	Confirm

Test Results Confirmed By (Printed Name):

Signature: _____

Date: _____

The State of _____)
)
County of _____)

AFFIDAVIT

Before me, the undersigned authority, personally appeared _____, Custodian of Records for _____ being by me duly sworn, deposed as follows:

My name is _____, I am of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated:

I am the custodian of the records of _____. This four (4) page document constitutes a true and accurate reflection of the results of the testing of the specimen(s) identified above. This document is produced and maintained by _____ in the regular course of business, and it was the regular course of business of _____ for an employee or representative of _____ with knowledge of the act, event, condition, and testing results recorded herein to make the record or to transmit information thereof to be included in this record; and this record was made at or near the time of the act, event, condition, and testing result.

_____
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this ____ day of_____ year of_____.

My Commission Expires:

_____
Notary Public

Final Disposal Authority

Authorization for Disposal

Item(s) #: _____ on this document pertaining to (subject): _____
is(are) no longer needed as evidence and is/are authorized for disposal by (check appropriate disposal method)

☐ Return to Subject ☐ Destroy ☐ Return to Requesting Agency

Name & ID# of Authorizing Officer: _____ Signature: _____Date: _____

Witness to Destruction of Evidence

Item(s) #: _____ on this document were destroyed by Evidence Custodian _____ID#:_____
in my presence on (date) _____.

Name & ID# of Witness to destruction: _____ Signature: _____Date: _____

Release to Subject or Requesting Agency

☐ Return to Subject ☐ Return to Requesting Agency

Item(s) #: _____ on this document was/were released by Evidence Custodian _____ID#:_____ to:
Name _____
Agency (If applicable): _____
Address: _____ City: _____State: _____ Zip Code: _____
Telephone Number: (_____) _____
Under penalty of law, I certify that I received the above item(s).

Signature: _____ Date: _____

Copy of Government-issued photo identification is attached. ☐Yes ☐No

This Evidence Chain-of-Custody form is to be retained as a permanent record by the Requesting Agency.

STATEMENT OF CONSENT AND RELEASE (OPTIONAL)

I acknowledge, consent, and agree to the following: As the tested party, I hereby authorize and consent to the procurement of my specimen(s) (blood, urine, hair, nails, etc.) and the testing of the same. I have witnessed the labeling of my specimen(s) and affirm that they have been correctly identified. The results of this test are admissible in court and may be used to determine my compliance, or failure to comply, with the case plan and/or the orders of the court.

Further, I consent to the release and exchange of information regarding this test between substance abuse treatment providers, healthcare providers including but not limited to physicians, clinics and hospitals, and/or mental health treatment providers, the Missouri Department of Social Services and the judicial body exercising jurisdiction over my case, including their respective personnel, regarding the collection, testing and the results of the testing of my specimen(s)

The purpose of and need for the disclosure is to inform the agencies and personnel listed above of the results of the testing of my specimen. I understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon the resolution of the case number identified above. I further understand that my revocation of this Consent during the pendency of said case may result in a resolution of said case that is adverse to my interests therein.

I understand that any disclosure made regarding substance abuse is bound by Part 2 of Title 42 of the Code of Federal Regulation governing confidentiality of alcohol and drug abuse patient records and recipients of this information may redisclose it only in connection with their official duties. I further understand that my records may be released after expiration of this release for research purposes as defined by Part 2 of Title 42 of the Code of Federal Regulations. All releases of information pursuant to this release will be in compliance with HIPPA.

_____ _____

Date Signature of Tested Individual

_____ _____

Date Witness

Appendix 2 – Children's Treatment Services Mileage Log

Children's Treatment Services Mileage Log						
Contractor's Name:				**Contract Number:** **Department Vendor Number (DVN):**		
Name of Individual Providing the Transportation:						
Case/Family Name:				**Month/Year of Service:**		
Date of Travel	**Client Being Transported**	**Pick-Up Address** (Street, City, Zip Code)	**Drop-Off Address** (Street, City, Zip	**Total Miles between Pick-**	**Purpose of Travel**	**Pick Up Signature***
						Drop Off Signature*
Signature of responsible party required when client is picked up and dropped off						