

Chapter 7 Overview

This chapter outlines procedures for utilizing contracted providers and services for the Children's Division (CD).

Table of Contents

- 7.1 Transportation Service Contract
- 7.2 Children's Treatment Services (CTS)
 - 7.2.1 Therapeutic Services
 - 7.2.2 Non-Therapeutic Services
 - 7.2.3 Intensive In-Home Services and Family Reunification Contracts
 - 7.2.3.1 Intensive In-Home Services
 - 7.2.3.2 Intensive Family Reunification Services Contract
 - 7.2.4 Crisis Funds Disbursement Contract
 - 7.2.5 Language Translation and Interpretive Services for People with Hearing Loss Contracts
 - 7.2.6 Interpretative and Counseling Services for the Deaf
 - 7.2.7 Transportation Contract
 - 7.2.8 Statewide Drug Testing Contract
 - 7.2.9 Paternity Testing Contract
 - 7.2.10 Medical Examinations (SAFE Network and Other Medical Examinations)
 - 7.2.11 Legal Fees
 - 7.2.12 Paying for Medical Records
- 7.3 Protective Services Childcare

Attachments:

Attachment A: Children's Treatment Services Catalog

Memoranda History:

[CD06-72](#); CD12-27; CD16-01

7.1 Transportation Service Contract

The transportation contract provides an alternative means of addressing transportation needs when all efforts to arrange more desirable transportation have been exhausted and determined to not be possible. Some of the reasons for accessing transportation services may include transportation to school, parental visits, medical visits, etc.

Transportation contractors only provide non-emergency transportation services for Children's Division (CD) clients needing short term trips that can be completed in one day and are related to a child/family service plan. The intent is for these contracts to be utilized like pre-arranged taxi services and per the contract, CD staff should make every effort to arrange these services with the contractor via written notification at least twenty-four (24) hours prior to the need for service.

Transportation Contract Utilization

When considering transportation services or making arrangements for a CD client to be transported, staff must consider the following conditions:

- **Is the service for which the client is being transported a Medicaid eligible service?** If so, staff must contact the Managed Care provider for that client. If the client is covered by MC+ Managed Care, see the number on the back of the member card. If covered by MC+ fee for service call 1-866-269-5927 to arrange transportation.
- **Have all other more desirable means of transportation been explored and exhausted?** Staff must attempt to arrange transportation through other staff, volunteers, resource providers, etc. before considering the use of a contracted transportation service provider.
- **Are the clients in Residential Treatment?** The residential facilities are required to provide transportation to children placed in their facility under terms of their residential treatment contracts.
- Contracted transportation service providers are only required to provide a curb to curb service. If door to door service is needed, staff should utilize one of the other preferred transportation arrangements.
- Only children age sixteen (16) and older determined to be capable may travel alone. If there is any question about the ability of a child to safely reach the destination alone a parent, guardian, CD staff or adult companion approved by CD should accompany him/her.
- All children under the age of sixteen (16) must be accompanied by a parent, guardian, CD staff or adult companion approved by CD. An exception may be made for children ages thirteen (13) to fifteen (15) deemed capable of traveling alone, but only after the

CD has received written authorization from the child's parent or legal guardian. All other children must be accompanied by a parent, guardian, CD staff or adult companion approved by CD.

In the event no other transportation arrangements can be employed, staff must make arrangements with the transportation contractor(s) in their circuit for the transportation of the client. It is only at this point that transportation contracts may be utilized.

Contracted transportation providers are not required to provide the following: car seats, specialized passenger restraint equipment, adult companions, aides, or door to door service. If any of these items or services are needed it is the responsibility of CD staff to address those needs prior to arranging the service.

It is up to the local offices to meet with the contractors and make specific arrangements for referrals, invoicing, and service verification process.

On occasion, it is conceivable that staff has explored the use of all more desirable or preferred means of transportation including the use of a contracted provider and arrangements for transportation still cannot be achieved. In this case, it is acceptable to pursue the use of a non-contracted/fee based transportation provider outside the contract. Invoices for any fee based transportation outside the contract being submitted for payment MUST include written documentation of all efforts to use more desirable or preferred transportation, explanations why a contracted provider could not be utilized and written approval from the Regional Director, his/her designee or the Circuit Manager authorizing the use of a non-contracted provider before payment will be made.

Referrals

Per the contract, CD should make every effort to give the contractor a written notification twenty-four (24) hours prior to the service being provided. Contractors have the right to refuse services if not given twenty-four (24) hours notice, but are required to make every effort to meet our needs. Documentation of continual refusal by a contractor may be reason to terminate a contract. The notification should include names of the client and any companions, the pickup address, the destination address, the time of pickup, and the client's expected duration at the destination. It is necessary to make 3 copies of the referral (vendor copy, CD file copy, and client record copy).

The local office must make specific arrangements with the contractor(s) in regard to the specific referral procedure, how to refer a client, where to refer, contact persons, etc.

Invoicing

Per the contract, the contractor must submit an itemized monthly invoice to the local state agency office which authorized the clients' transportation service. For each client transported during the month, the contractor shall indicate the date of service, number of revenue miles, and if there was a companion:

- A revenue mile shall be defined as the distance covered by a vehicle during which conveyance of a state agency client(s) and/or authorized companion is provided. Partial miles shall be rounded to the nearest whole mile. If transportation is provided for more than one client, at the same time, the contractor shall invoice for the total number of revenue miles incurred. The contractor shall not invoice for each client separately.
- The contractor's invoices must be received by the state agency within ten calendar days of the end of the month in which the services were provided. Supplemental and corrected invoices must be received by the applicable state agency office within 60 calendar days of the end of the month in which the services were provided.
- The contractor's invoices must contain all information requested by the state agency including sign in sheets.
- In the event the contractor has another contract with the state agency that requires transportation as part of the contract, the contractor shall not invoice the state agency for those transportation services under the transportation service specified herein.

The local office must make specific arrangements with the contractor(s) in regard to the information included on the invoice, where the invoice should be submitted, contact person, etc.

Payment

Per the contract, the contractor shall be paid at the applicable firm, fixed price per revenue mile stated on the Pricing Page for transportation services provided:

- The state agency shall not be required to make payments for invoices which are not submitted.
- The contractor shall be compensated for each revenue mile.
- The contractor shall not be compensated for transporting clients who were not authorized by the state agency.
- The contractor shall not be compensated under this contract for transporting clients that are receiving transportation services through other contracts with the state agency that require transportation as part of the other contract.

Transportation Services are paid with CTS funds and will be deducted from the circuit's CTS allocation. Upon receipt and approval of the invoice, the local office must enter the payment into SAM II.

Service Verification

Per the contract, the contractor's records should contain the following:

- The contractor's services were, in fact, provided;
- Each service is verified by the recipient of each service; (e.g. recipient signature upon receipt of services.)
- When service was provided;
- The extent or duration of each service;
- All amounts received by the contractor for payment of services rendered;
- To whom service was provided;
- The name of the contractor's personnel providing the service; and
- The written authorization provided by the state agency for the provision of services.

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

[CD06-72](#)

Memoranda History:

[CD11-71](#), CD13-46

7.2 Children's Treatment Services (CTS)

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

CTS provide services across the Division's continuum of care. All children and families served through CTS must have active involvement with the Division, such as an open child abuse/neglect (CA/N) investigation, family assessment, family centered service case, family-centered out-of-home case or adoption. CTS are purchased by the Division on behalf of the family and CTS should be used, as a payer of last resort, with children and families to prevent CA/N and to treat the negative consequences of CA/N occurrence. These services are administered by third party providers, which may include the provision of counseling and therapy; parent aide and education services; and/or, intensive in-home services (family preservation). Services are provided in order to keep children from entering Family Centered Out-of-Home Care (FCOOHC) as well as to return children safely to their homes or other permanency plan.

Children and families may present a multitude of problems, which may require a variety of services. Contracted services to an individual or family should be provided based on the goals developed by the Children's Service Worker, family or individual, and the provider.

Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered. All CTS authorizations should be entered and approved through local protocols. All CTS payments should be processed as outlined in the [FACES Financial Systems Payment Handbook](#).

CTS are established through contracts with vendors statewide to provide the following:

- Therapeutic services
- Non-Therapeutic services
- Intensive In-Home Services
- Intensive Family Reunification
- Crisis Funds Dispersment
- Language Translation and Interpretive Services for People with Hearing Loss
- Interpretative and Counseling Services for the Deaf
- Transportation
- Drug Testing
- Paternity Testing
- Medical Examinations (SAFE Network and Other Medical Examinations) Needed during a CA/N Investigation
- Legal Feeds
- Paying for Medical Records

- Emergency medical examination services (related to CA/N investigations)

7.2.1 Therapeutic Services

Therapeutic services are primarily intended to provide mental health assessments, psychological testing and treatment to children and families not otherwise eligible, covered, or receiving the specific mental health services by another entity.

The following should be considered prior to authorizing services under this contract:

- All children with an open FCOOHC or Adoption case must use a Medicaid provider for any type of behavioral health services. This includes individual and family counseling, testing and assessment, etc.
- If a non-Medicaid provider serves the client(s), a bill that includes CPT (current procedural terminology) codes must be submitted with the payment request. The CPT codes will be used to determine the amount that Medicaid would have paid. This is the maximum amount that will be paid for that service.
- Adult clients are not eligible for counseling under straight Medicaid. If they do belong to a Managed Care plan, they are eligible for counseling services, but only through the plan network. Staff should be sure to explore all these options before authorizing counseling through CTS.
- If counseling services are court ordered, workers still **MUST** use either a Medicaid provider or a provider who has a CTS contract to provide the specific service needed. Most court orders do not specify which provider is to be used. If a provider is used who does not have a CTS contract, payment will be denied or reduced to the current rate paid under Medicaid.
- The client receiving the counseling must have active/open CA/N, case management, or adoption involvement with the Division.

Therapeutic Services include the following:

- **Assessment:** 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.
- **Behavioral Health Services:** 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, 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/kinship or adoptive/guardianship home; and,
- Development of appropriate communication skills between the child and the parent/guardian.
- **Crisis Intervention:** Crisis intervention may be provided 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.
- **Family Therapy:** The focus of this service is to correct family dysfunction so that the children of the family may remain in their home rather than being placed in alternative care or, if in 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 recommended, including structured interaction led by the provider, communication exercises, role playing, task assignment and analysis, and parenting skills training.
- **Group Therapy:** This service is group therapy in the form of guidance and instruction through therapeutic interaction between the provider 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.
- **Individual Therapy:** Individual Therapy is an intensive level of client specific therapeutic treatment services. 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 placement, be reunited with the family.
- **Speech Therapy:** 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, 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.

- **Testing:** Testing services include the administration and interpretation of an individual battery of one or more psychological/psychiatric tests appropriate to the needs of the client, the submission of a written report that 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.
- **Vision Therapy:** 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
 - 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.

7.2.2 Non-Therapeutic Services

Non-therapeutic Services are intended to provide a way for the Division to offer a variety of services as needed based on the identified needs of children and families. The client or group of clients served through non-therapeutic services must have active/open CA/N, case management or adoption involvement with the Division. Services intended to prevent further incidents of child abuse and neglect, to meet the case specific needs of children, and families with open/active involvement with the Division.

The following is a listing of the types of non-therapeutic services:

- **Day Treatment:** 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)*.
- **Domestic Violence Batterer's Intervention Program:** Domestic Violence Batterer's Intervention Program is a service intended to provide treatment for people who have used violence to exert power and control over another person. The intervention program is intended to help clients modify behavior patterns and break the cycle of violence by learning new skills around power and control, and accountability and communication. The program provides educational group sessions for people who are abusive in their relationships (abusive can be physical, emotional, mental, or sexual).
- **Drug Testing:** 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. This drug testing service should only be utilized when the Office of Administration's statewide drug testing contract with Guardian Medical Logistics (GML) cannot be utilized. 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

For non-court ordered situations, the Children's Service Worker may have reasonable suspicion that the child's parent(s) or caretaker(s) are using an illegal substance and may request authorization from the Circuit Manager to request that the parent(s) or caretaker(s) submit to a drug-screening test. Without a court order the parent(s) or caretaker(s) may decline the drug-screening test, at which time the worker will document the reason for the request and the client's refusal

as a manual activity. If they decline, the test may NOT be pursued further without a court order.

- **Family-Centered Services Case Consultation:** 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.
- **Family-Centered Services Family Meeting:** Family-Centered Services Family Meeting is to provide assistance to designated recipients with the purpose of enhancing 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.
- **Nursing Services:** 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 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.
- **Parent Aide:** 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 shall not be used to provide supervised visitation or transportation services.
- **Parent Education and Training Program:** The Parenting Education and Training Program is meant to bring evidence based, parent education and training to the clients of the Department. This is to bring a consistent standard of quality services with the intent 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. To verify the client's modeling competency based instructional program the contractor and/or the

contractor's personnel must make at least one visit outside the instructional program to the client(s) home to observe, facilitate, and give feedback to the parent on their parenting skills.

- **Personal Assistance (Behavioral):** 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.
- **Personal Assistance (Medical):** 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.
- **Pervasive Developmental Services Coordinator:** 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, 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.
- **Respite Care:** 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 break 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 and 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.

- **Service Delivery Coordination:** Service Delivery Coordination is designed to coordinate the delivery of services, or the development, identification, and/or acquisition of resources for clients in need of a variety of services. Assistance with case management activities shall include, but are not limited to, accessing resources for placement stability, behavioral management, child care services, public assistance, medical or mental health services, or any other resources as identified by the Department. This service is not to be used as a case management staff position beyond what is required above, unless approved in writing by the Division Regional Director.
- **Substance Abuse Treatment Services:** Substance Abuse Treatment Services include thorough client assessments and client specific treatment interventions designed to address alcoholism, drug dependence and addiction.

Therapeutic and Non-Therapeutic Service Referrals

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

The Children's Treatment Services (CTS)/Medicaid Referral Summary (CS-13), is used by the Children's Service Worker to inform the CTS provider of pertinent case information. In most instances, this form will provide the CTS/Medicaid provider with the necessary information to begin his/her delivery of services to the family.

Therapeutic and Non-Therapeutic Service Reporting Requirements

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

The contractor shall not make changes in the treatment plan including goals, objectives, and specific individual tasks without prior consultation with and concurrence of the Children's Service Worker.

For any therapeutic service that requires a license to practice as issued by the Division of Professional Registration, the contractor shall comply with reporting requirements consistent with MO HealthNet Division (MHD) standards in accordance with [13 CSR 70-98.015](#), the MHD manual, and provider bulletins.

For any non-therapeutic services, the CTS provider must complete and submit the following reports:

- Initial progress report within thirty (30) days after services are initiated and shall include, at a minimum, the following information:
 - An explanation of any diagnostic or assessment procedure and service provision used at the inception of service delivery, identification of any assessment tools or test(s) administered and the results of any such test(s) or procedure(s), and any specific problems identified;
 - A summary of the proposed service plan including any specific tasks or objectives the client is expected to attain or accomplish and the expected achievement date; and
 - Results of any drug testing conducted, if applicable.
- Subsequent follow-up reports at least every sixty (60) days during the authorization period or within seven (7) days prior to the authorization end date for service authorization periods of less than sixty (60) days. Subsequent follow-up reports shall include, at a minimum:
 - A summary of the client's progress since the last report;
 - Any change(s) to the treatment plan or expected achievement date(s) specified in the initial report; and
 - Any changes to the treatment plan based on the client's progress toward their expected achievement or attainment of specified goals or objectives since the last report.

7.2.3 Intensive In-Home Services and Intensive Family Reunification Contracts

7.2.3.1 Intensive In-Home Services

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

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

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

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

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

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

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

If the assessment determines a family is not appropriate for IIS, the contractor is reimbursed for their time spent screening the family for services.

The essential elements of the IIS Program Include:

- One or more children in the family must be at imminent risk of out-of-home placement;
- No waiting list for services;

- Specialists' availability within 24 hours of referral;
- Home-based service orientation;
- Focus on the entire family as the service recipient;
- Intensive intervention, up to 20 hours per family (or more, if needed), per week;
- Specialists' availability to family 24-hours per day, seven days per week;
- Specialists' delivery of both concrete and counseling services;
- Regular staffing conducted between the specialist, supervisor, referral agent, follow-up provider and other pertinent individuals;
- Crisis intervention fund available for family emergency needs and treatment enhancement;
- Time limited (six week maximum) service period;
- Specialists' caseloads limited to two families;
- Coordination of IIS follow-up services;
- Specialists possess specific educational and training requirements; and,
- Intensive In-Home Services are available statewide for the benefit of all Missouri families.

7.2.3.2 Intensive Family Reunification Services Contract

The Intensive Family Reunification Services (IFRS) Contract is similar to IIS, except that the intensive services are focused on efforts to reunify children to their families.

The essential elements of the IFRS Program Include:

- One or more children in the family must be at imminent risk of out-of-home placement;
- No waiting list for services;
- Specialists' availability within 24 hours of referral;
- Home-based service orientation;
- Focus on the entire family as the service recipient;
- Intensive intervention, up to 20 hours per family (or more, if needed), per week;
- Specialists' availability to family 24-hours per day, seven days per week;
- Specialists' delivery of both concrete and counseling services;
- Regular staffing conducted between the specialist, supervisor, referral agent, follow-up provider and other pertinent individuals;
- Crisis intervention fund available for family emergency needs and treatment enhancement;
- Time limited (six week maximum) service period;
- Specialists' caseloads limited to two families;

- Coordination of IFRS follow-up services;
- Specialists possess specific educational and training requirements; and,

7.2.4 Crisis Funds Dispersement Contract

Crisis Funds Dispersement Contracts, formerly known as Crisis Intervention Services, are contracted with other governmental entities to provide immediate funds to an individual or family in order to alleviate or diffuse a situation of immediate crisis. These funds allow the Division to address the critical financial and resource needs of families served by the Division. The funds are utilized for families being investigated for child abuse/neglect who are receiving services. The service is accessed only when other resources to alleviate the crisis have been fully explored. Eligible services include home repair, child safety items, health related purchases, employment/school supplies, household items, rent/mortgage arrears, and transportation.

7.2.5 Language Translation and Interpretive Services for People with Hearing Loss Contracts

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

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

7.2.6 Interpretative and Counseling Services for the Deaf

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

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

7.2.7 Transportation Contract

Contractors must provide round trip transportation service for clients between their residence, and other designated location. In addition, the contractor must also transport authorized members of client's family or foster family. A member of the client's family or

foster family will either be accompanying the client or, together with the client, be accessing services as a family group.

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

Service codes for these services are:

TRAN – Transportation

TRMD – Transportation, Medical

TROM – Transportation, Other

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

Purchase of transportation, by miles traveled, to transport clients to and from services, e.g. to medical appointments, counseling sessions, etc.

Services above are available on a statewide basis. MO HealthNet is used in lieu of CTS, when available.

7.2.8 Statewide Drug Testing Contract

The Children's Division may conduct drug or alcohol testing services of clients (e.g. parents, caretakers or children in out-of-home care) to comply with court orders. These services may also be utilized without a court order with circuit manager approval when deemed appropriate during child abuse/neglect investigations or family assessments or with open FCS, FCOOHC or adoption cases.

All data, information, and results related to client drug testing are confidential. Disclosure of information will only be to those individuals whose official business duties necessitate disclosure or as required by law.

Funding for this service is available through a variety of sources, including the Juvenile Office, Drug Courts, a substance abuse treatment facility, MO HealthNet, Managed Care or through the client's own insurance. CTS funding should be utilized as a last resort after all other funding sources have been pursued. CTS funding is primarily for court ordered drug testing, but this contract may also be used for non-court ordered drug testing, but only with the Circuit Manager's approval.

Drug testing can be accessed through the Office of Administration's statewide drug testing contract with Guardian Medical Logistics (GML). Staff should attach an itemized bill with the CPT (current procedural terminology) codes; and submit to Central Office. Reimbursement for the screenings will be made at MO HealthNet or State contracted

rates. In the event that GML is unavailable, staff can access drug testing through other CTS contracts as outlined in Sec. 8, Ch. 7.2.2 above.

7.2.9 Paternity Testing Contract

In most instances FSD will be able to schedule and pay for genetic parentage testing. However, FSD will not schedule or pay for testing when the legal paternity of a child has been established. For FSD purposes, "Legal paternity" is established when:

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

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

PROCEDURES FOR REFERRALS TO FSD:

When FSD is able to schedule and pay for genetic parentage testing, CD staff should proceed as follows:

- Mail the completed CS-201AC along with court order(s) for genetic testing to the Family Support Division, P.O. Box 6790, Jefferson City, MO 65102-6790, or
- Email completed CS-201AC along with court order(s) for genetic testing to FSD.IntakeCenter@dss.mo.gov

In an effort to minimize delays in the process, staff should include the following documents, if applicable, with the CS-201AC at the time of submission:

Protective Custody Order
Marriage Certificate
Divorce Decree
Out-of-State Birth Certificate
Adoption Order
Genetic Testing Order
Any Juvenile Court Order Requiring Parents to Pay Child Support

The CS-201AC instructions have been updated to include the list of required documents. IV-E Eligibility Specialists submitting the CS-201AC should ensure all fields are complete and indicate "not applicable" or "N/A" in any section of the form that does not apply.

PROCEDURES WHEN CD IS RESPONSIBLE FOR SCHEDULING GENETIC TESTING

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

- Case Manager (CM) obtains copy of court order.

Case Manager completes paternity scheduling request form, CD-37, with identifying information including DCN'S and social security numbers for child, alleged father(s) and mother, addresses, and with whom they want the child tested. **All participants must have DCNs for the referral to be accepted, this includes an alleged father who may or may not be part of a case plan. When possible the Case Manager should include the mother in all genetic testing. This is important in that when the mother is also tested it gives a much higher validity to the test.**

- Case Manager faxes, scans and emails, or hand delivers the completed paternity scheduling request, CD-37, form and copy of court order(s) to the Regional Liaison.

Regional Liaison Steps for Genetic Testing

- The Regional Liaison will ensure the paternity scheduling request form is filled out completely with names, addresses, and DCN's for all participants and that they have received the court order(s) for the case. The Regional Liaison will electronically submit the request to the genetic testing contracted provider. Once the Regional Liaison confirms the specific time, date, and place the testing has been scheduled, they will update the paternity scheduling request form and fax, scan and email, or hand deliver the information to the Case Manager.
- The Case Manager will be responsible for ensuring the individuals that need to be tested receive written notification of the testing date and time, and arrange for them to be at the correct location. The paternity scheduling request form should not be given to individuals outside of the agency as it contains confidential information on other individuals which cannot be shared. The Case Manager will also need to ensure the individual being tested has the following information:
 - A photo ID/birth certificate with them at testing
 - The individual should not eat or drink for 30 minutes prior to the testing

- Minors must be accompanied by a parent or guardian to be tested

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

- The Regional Liaison will maintain a copy of the original Case Manager's paternity scheduling request, CD-37, a copy of the court order, and copy of the complete referral sent. The Regional Liaison will keep an automated log (EXCEL) of all referrals made for the Region, which should include: participant names, DCN, case manager, date received, DDC case number, county, date initiated, date tested, and date concluded

Payment of Testing and Copy of Results

- The contractor will send invoice for payment and results of the test to the respective CD Regional Liaison to the address provided.
- Upon receiving the results the Regional Liaison will send the results to the referring Case Manager.
- The Regional Liaison will process the invoice for payment.
- Regional Liaison will keep a copy of the referral form in the Regional Office.

7.2.10 Medical Examinations (SAFE Network and Other Medical Examinations)

Medical Examinations needed during a CA/N Investigation

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

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

The Division pays for medical examinations related to child abuse investigations when other payment resources (e.g., Medicaid, private insurance, direct payment by parents, etc.) are not available. Medical payments for Sexual Assault Forensic Exams as a result of a child abuse and neglect investigation are paid at the established Medicaid rate.

7.2.11 Legal Fees

When paying legal fees directly to an attorney for a child in the custody of the Division, the fees should be reimbursed to the attorney or adoptive parent/guardian. If the provider needs to be assigned a vendor number, staff should assign a vendor number according to the instructions in the [FACES Financial System Payment Handbook](#).

If the child has not been in CD custody or the court has ordered CD to pay for legal fees for a natural parent, payments must be entered in Central Office. Please be sure to attach a copy of the court order to the Payment Request, along with a signed W9 Form if the provider does not have a vendor number. The service code in both situations is LEGL.

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

7.2.12 Paying for Medical Records

Fees for copies of medical records are made on a Payment Request using CT-CT, service code RCRD. If the provider to be paid does not have a vendor number, staff will assign a vendor number according to the instructions in the [FACES Financial System Payment Handbook](#). Attach the bill to the Payment Request and send the Payment Request and attachments to the FACES Payment Unit. Payments for medical records for AC children and CA/N investigations should never be paid via a DBF-14.

The maximum reimbursement rates for paying providers for medical records were changed effective February 1, 2015. The new amounts are:

- A copying fee of \$23.94 and .55 cents per page for the cost of supplies and labor for copies provided in paper form
- An additional fee of \$22.41 if the records are maintained off-site
- Copies provided electronically (e.g. disc, fax, email) have a maximum copying fee of \$23.94 plus .55 cents per page, or \$104.91 total, whichever is less
- Postage to include packaging and delivery cost

These rates are per State Statute 191.227 RSMo. In accordance with the law, effective February first of each year, the fees listed shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All

Title: Child Welfare Manual
Section 8: Administrative
Chapter 7: Contracted Services
Subsection 2: Children's Treatment Services (CTS)
Effective Date: March 1, 2016
Page: 19

Urban Consumers (CPI-U). The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department's internet website by February first of each year.

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

[CD06-72](#)

Memoranda History:

[CD11-71](#), [CD12-27](#), [CD13-28](#), [CD14-20](#), CD15-41, CD15-47, [CD15-62](#), [CD16-01](#)

Title: Child Welfare Manual
Section 8: Administrative
Chapter 7: Contracted Services
Subsection 3: Protective Services Child Care
Effective Date: September 28, 2015
Page: 1

7.3 Protective Services Child Care

Definition and Purpose

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

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

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

[CD05-72](#)

Memoranda History:

CD10-90, CD16-01



Children's Treatment Services (CTS) Catalog

Table of Contents

Service Title	Page #
<u>Therapeutic Services</u>	
Assessment	2
Behavioral Health Services	4
Crisis Intervention	6
Family Therapy	7
Group Therapy	9
Individual Therapy	10
Speech Therapy	12
Testing	14
Vision Therapy	16

Service Title	Page #
<u>Non-Therapeutic Services</u>	
Day Treatment	18
Domestic Violence Batterer's Intervention Program	22
Drug Testing	27
Family-Centered Services Case Consultation	31
Family-Centered Services Family Meeting	33
Nursing Services	35
Parent Aide	37
Parent Education and Training Program	39
Personal Assistance (Behavioral)	41
Personal Assistance (Medical)	43
Pervasive Developmental Services Coordinator	45
Respite Care	47
Service Delivery Coordination	49
Substance Abuse Treatment Services	51

Rate Information	Page #
CTS Rates, Codes, Units of Service	54

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 all personnel providing direct 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); or,
- Licensed Professional Counselor (LPC).

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 direct face-to-face diagnostic interview between the therapist and the client which may include the use of telementalhealth 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 when performed by a licensed contractor, 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:

- Once a year for adults & adolescents (age 13 to 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, MHD guidelines, 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 patient 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 direct face-to-face interaction between the contractor or the contractor's personnel providing direct services, and the client; 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 eight (8).

CTS Procedure Code(s):

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

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, 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/kinship or adoptive/guardianship home; and,
- Development of appropriate communication skills between the child and the parent/guardian.

Eligible Provider:

Contractors, and all personnel providing direct 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 Behavior Analyst; or,
- 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; 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 DD Waiver provider manual.

Reporting requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, MHD guidelines, 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 direct face-to-face interaction between the contractor, and/or the contractor's personnel providing direct services, and the client. The maximum number of units allowed per month is ten (10).

CTS Procedure Code(s):

BHSP

Crisis Intervention

Service Description:

The contractor 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.

The contractor 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.

The contractor shall provide the crisis intervention either in the home of the client or at any place mutually agreeable to the Department and contractor and as authorized by the Department.

Eligible Provider:

Contractors, and all personnel providing direct 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); or,
- Licensed Professional Counselor (LPC).

Service Requirements:

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

- Professional documentation of need; and,
- Measurable/specific treatment goal.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, MHD guidelines, 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 direct face-to-face interaction between the contractor, and/or the contractor's personnel providing direct services, and the client. The maximum number of units allowed per year week is twelve (12).

CTS Procedure Code(s):

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

The focus of this service is to correct family dysfunction so that the children of the family may remain in their home rather than being placed in alternative care or, if in 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, including structured interaction led by the contractor or the contractor's therapist, communication exercises, role playing, task assignment and analysis, and parenting skills training.

Eligible Provider:

Contractors, and all personnel providing direct services to a client, must be licensed to practice under one of the following credentials:

- Psychologist;
- Licensed Clinical Social Worker (LCSW); or,
- Licensed Professional Counselor (LPC).

Service Requirements:

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

The contractor or the contractor's therapist(s) 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.

The contractor or the contractor's therapist(s) 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 placement, be reunited with the family or supported to achieve another permanency plan. The service should be of limited duration, generally 3 to 6 months.

The contractor or contractor's therapist(s) performing family therapy must possess at least 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 for each therapist.

The Department may, at its sole discretion, waive the aforementioned requirement for a Master's degree for a therapist who possesses a Bachelor's degree in an appropriate field and is also licensed as a Clinical Social Worker.

Reimbursable activities shall include group therapy with the family, with or without the child present, as authorized, and occasional individual therapy sessions if requested or approved by the Department, including 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, MHD guidelines, 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 direct face-to-face interaction between the contractor or the contractor's personnel providing direct services, and two (2) or more family members, or occasionally one (1)

family member if such is requested or approved by the Department. 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 with client present)
- FSWO (LCSW/LPC without client present)
- FSCH (LCSW/LPC in home with client present)
- FSWH (LCSW/LPC 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 or the contractor's therapist 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 all personnel providing direct services to a client, must be licensed to practice under one of the following credentials:

- Psychologist;
- Licensed Clinical Social Worker (LCSW); or,
- Licensed Professional Counselor (LPC)

Service Requirements:

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

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

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

The contractor or the contractor's therapist(s) 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 or the contractor's therapist(s).

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, MHD guidelines, 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 direct 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)

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 placement, be reunited with the family.

Eligible Provider:

Contractors, and all personnel providing direct services to a client, must be licensed to practice under one of the following credentials:

- Psychologist;
- Licensed Clinical Social Worker (LCSW); or,
- Licensed Professional Counselor (LPC)

Service Requirements:

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

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

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

The contractor or the contractor's therapist(s) 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's therapist(s).

The service should be of limited duration, generally three (3) to six (6) months. The service 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.

In the event the individual 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.

The contractor shall agree that the only reimbursable activities shall be individual face-to-face therapy sessions between a client and the contractor or the contractor's therapist. 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, MHD guidelines, 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 direct face-to-face interaction between the contractor, and/or the contractor's professional personnel providing direct 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)
- ITSH (LCSW/LPC; 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, 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 all personnel providing direct 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); and,
- 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) 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.

Contractors and all personnel who provide direct 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; 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, MHD guidelines, 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 direct 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 battery of one or more psychological/psychiatric tests appropriate to the needs of the client, the submission of a written report that 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 all personnel providing direct services to a client, shall possess appropriate training and expertise in the administration of any diagnostic tests or instruments required in performing the service.

Contractors, and all personnel providing direct 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); or
- Psychologist

Service Requirements:

All service 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, MHD guidelines, 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 patient record must include the clinical justification for conducting the test as well as the intended purpose of the results.

Billing Information:

The unit of service shall be thirty (30) minutes of direct face-to-face interaction between the contractor, or the contractor's personnel providing direct 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
- 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:

Contractors, and all personnel providing direct 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 services must be provided in accordance with MO HealthNet standards and requirements. More information may be found at <http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-40.pdf>.

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, MHD guidelines, 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 per day, two 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 develops 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; or,
- 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; and,
- A licensed psychologist or psychiatrist with a doctorate from an accredited program in clinical or counseling psychology, and appropriate post-graduate experience provides psychological testing and direct treatment, as necessary, and is a member of the day treatment program's staff or is a consultant; and,
- A board-certified psychiatrist participates in the development and implementation of the overall treatment program, in regular case review, and in direct services to children served as needed; and,
- 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; and,
- The day treatment program will provide a staff to child ratio of no more than one (1) to four (4); and,
- Personnel providing direct 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. 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 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:
 - a. An assessment of the social, emotional, physical, educational, and psychological needs of the child served and his/her family;
 - b. Development of a service plan with the involvement of the child's family or placement provider; and,
 - c. 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.
 - a. 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 necessarily be limited to activities designed to increase socialization skills, build self-esteem, and 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.
 - b. 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 moderately 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:
 - a. One or more on-duty personnel providing continuous supervision for each group or unit, defined as no more than four children;
 - b. Higher personnel/child served ratios during periods of greater activity;
 - c. 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 immediate family, including birth family, foster family, adoptive family and/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 for non-therapeutic services and MHD guidelines, 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 direct face-to-face interaction between the contractor, and/or the contractor's personnel providing direct 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 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 is a service intended to provide treatment for people who have used violence to exert power and control over another person. The intervention program is intended to help clients modify behavior patterns and break the cycle of violence by learning new skills around power and control, and accountability and communication. The program provides educational group sessions for people who are abusive in their relationships (abusive can be physical, emotional, mental, or sexual).

- The length of instruction will be a minimum of ninety (90) minutes per session 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.
- Payment by the client for his or her own service is an indicator of responsibility and accountability and must be incorporated into the program. The intervention program establishes 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.
- The groups in the intervention program shall not be mixed gender. The Contractor shall establish separate groups for male and female clients and the curriculum shall to be adjusted as necessary to be appropriate to male and female client groups.
- Domestic Violence Batterers Intervention Program shall take place between the contractor and/or the contractor's instructor(s) and a group consisting of two or more individuals, at least one of whom must be a Department client, or as otherwise approved by the local Department office in writing.

Eligible Provider:

It is preferred that Contractors, and all personnel providing direct services to a client, possess a Masters or Bachelor's degree in a human services related field. Contractors, and all personnel must have two or more years of direct service in domestic violence advocacy or group work with batterers. It is preferable to have some combination of education and direct experience. It is preferred that the Contractor's Domestic Violence Batterer's Intervention Program be credentialed through the Missouri Department of Corrections. Information regarding this credentialing program can be found at <http://doc.mo.gov/Documents/batterers-intervention.pdf>.

Staff Qualifications/Training:

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

1. 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 men who batter;
 - Assessment and intake skills;
 - Effects of a batterer's abuse and violence on children and family; and
 - Alternative behaviors.
2. A minimum of twenty-four (24) hours of direct co-facilitation with a qualified facilitator in batterer intervention groups; and ongoing education to increase knowledge on topics related to domestic violence.

3. All staff who provide services or are responsible for the supervision of persons served shall participate in at least thirty-six (36) clock hours of relevant training during a two (2)-year period. The organization shall maintain a record of participation in training and staff development activities.

Service Requirements:

The Domestic Violence Batterer's Intervention 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 www.mocadsv.org.

Program Expectations:

- Contractors will make available to batterers, at the outset of the program, what is required for program compliance including rules for assignment completion, behavior in the sessions, fee payment and attendance.
- Contractors will offer consistent and prompt response to program guideline violations. When program guidelines are not met, batterers will experience the described consequences swiftly and fairly.
- Contractors will offer open disclosure regarding member's compliance and problems with the program. At each stage of the program, batterers can expect to be told clearly where they stand with regard to compliance criteria.

Contractors will inform batterers in writing of the following limits to confidentiality:

- Batterers should sign a Release of Information that permits information to be released to the victim/partner and/or a designated representative (e.g. victim advocate) and criminal justice agency in accordance with contractor policies. Such information includes: acceptance, rejection, or discharge/termination of a batterer, reports or threats of abuse to a victim/partner, relatives, and household pets; and specific support and advocacy services for the victim/partner. Contractors are mindful that case records may be subject to subpoena or court order.
- When the contractor determines that there is probability of imminent physical injury to a batterer, the victim/partner, or to any other third party, the contractor will take safety precautions and notify the person(s) at risk and other appropriate authorities.
- The contractor and its personnel shall promptly report all suspected evidence of child abuse, child neglect, vulnerable person abuse/neglect or elder abuse/neglect to the appropriate agency in the manner provided by law.

Curriculum:

During the initial program intake, a history of a batterer shall be obtained, and can include, but is not limited to:

- Basic identifying information (must be eighteen (18) years old or otherwise emancipated);
- Demographic information;
- Violence used in family of origin;
- Current or former partner(s);
- Criminal history, including arrests, convictions and police reports;
- Pending court actions;
- Descriptive history of his or her use of violence and other abusive behaviors, including those within and outside of the intimate relationship;
- Screening for severe mental health problems or disruptive behavior and arranging/referring for treatment when necessary; and
- Screening for chemical dependency problems and arranging/referring for treatment when necessary.

The program curriculum shall encompass information and components regarding:

- What a person gains from being abusive;
- The importance of accepting responsibility for abusive/violent actions and behaviors;

- Cooperative and non-abusive forms of communication;
- Various forms of abuse—so as to not minimize non-physically abusive behaviors;
- Tactics of power and control. Identification of tactics shall include isolation, emotional abuse, economic abuse, use of children, use of male privilege, intimidation and covert/overt threats;
- Equality and power-sharing in relationships. Identification of relationship skills shall include respect, trust, support, honesty and accountability, economic partnership, negotiation and fairness, and responsible parenting;
- Long- and short-term effects of violence on partners and children. Exercises shall build empathy to understand the perspective of survivors;
- Attitudes, myths and excuses for abuse from the perspective that abuse is the sole responsibility and choice of the person who commits that abuse.

Attitudes to challenge include:

- Beliefs in male entitlement and male privilege;
- Rigid sex-role stereotypes; and
- Aggression is justified as a conflict resolution tool.

Attitudes to promote include:

- Belief in equal partnerships;
- Respect for equal rights of women;
- Taking full responsibility for abusive behavior and for stopping it;
- Expression of a full range of emotions;
- Awareness of the intent of abusive behavior;
- Empathy for the survivor's experience;
Understanding the negative effects and cost of the abuse on survivors, families and others; and,
- Non-violence planning, which includes identification of danger signs of negative behavior choices and how to prevent them.

Curriculum established for a batterer intervention program *may* include information and components regarding:

- Behavior modification/anger management techniques;
- Religious and spiritual issues concerning abuse;
- Conflict resolution models;
- Communication skills;
- Definitions of alcoholism, other forms of substance abuse, and their impact on the abuser and the family;
- Parenting issues and skills;
- Skills for developing intimacy in relationships;
- Guilt and shame issues related to violent and abusive actions; and
- Origin of family issues.

Curriculum established for a batterer intervention program *shall not* include information regarding:

- Techniques or diagnoses that suggest survivors have some responsibility for the abuse. An example would be identifying abuse as resulting from "victim psychopathology," "victim behavior," "victim provocation" or "learned helplessness;"
- Ventilation techniques that encourage the expression of rage, such as punching pillows and primal screams;
- Anger management techniques that place primary causality on anger and/or are the sole intervention rather than one part of a comprehensive approach;
- Approaches that identify and treat the violence as an addiction and the victim as enabling or co-dependent in the violence;
- Theories or techniques that identify poor impulse control or substance abuse as the primary cause of the violence; and

- Techniques that deny a batterer's personal responsibility for violence. For example, if a batterer was abused as a child, it is recommended that programs encourage the batterer to work on these issues with appropriate resources. Such work must not replace or interfere with addressing his abusive behavior and his responsibility for those behaviors.

Exclusion Criteria

A determination of whether or not a client can benefit from the services must be made at the initial assessment. Clients who cannot benefit from the services or who may be disruptive to current group members must be referred to other appropriate resources. This would not preclude these clients from re-entering the program when they meet program admission criteria. Examples of clients who may not benefit from services include clients whose psychiatric symptoms prevent them from participating and clients for whom a medical condition is the primary cause of violence, such as those with a brain injury.

Completion:

No batterer shall be assumed or documented to be non-abusive because he completes a Batterer Intervention Program. Evidence of attitude/belief change indicated in the group may not always translate to behavior change in the relationship with a survivor/current partner.

At a minimum, the batterer will:

- Complete the number of required sessions;
- Pay all fees in full;
- Fulfill all program guidelines;
- Take responsibility for personal abusive behaviors without blaming others;
- Demonstrate to staff an understanding of alternatives to abusive behavior;
- Demonstrate to staff the use of respectful language regarding survivor/current partner and an understanding of benefits of equal relationships; and
- Have no known recent abusive and/or violent behavior.

Criteria for Dismissal

Every contractor will establish criteria for dismissal, which will apply to the following circumstances:

- Continued abuse;
- Failure to maintain regular class/group attendance;
- Failure to make appropriate use of the intervention program;
- Failure to comply with other intervention conditions or provisions which are part of the participant contract (e.g., chemical dependency assessment/treatment, mental health assessment/treatment);
- Failure to pay fees;
- Violation of any of the group rules; and,
- Violation of any provisions of an order of a criminal justice agency, or revocation of probation/parole.

Interaction with Victims

- Victim Contact - If contact can be made safely, each Contractor will make a positive effort to inform partners of the program structure, expectations and limitations. Each contractor is expected to make available to intimate partners information about the program as well as information about victim advocacy services.

Information that may be provided to partners includes the following:

- Information on services and program structure
- Duty to warn – the victim or current partner will be notified if the contractor has reason to believe she may be at risk to be harmed by the participant.
- Limitations of program and potential for increased risk – program participation is not necessarily predictive of reduction of future abuse; and,

- DV referrals/contacts.

No effort will be made to obtain information from the partner, but contractors will allow for safe and appropriate means for the partner to offer information should he/she chooses to provide it.

The following are critical limitations regarding partner contact:

- No attempt should be made to encourage, persuade, or coerce victims into disclosing information or having contact with the contractor;
- No attempt will be made to suggest that information or contact by the partner will positively impact the batterer's work with the contractor;
- No information will be provided that suggests that couples counseling will be appropriate;
- Under no circumstances should information shared by the partner to the contractor be disclosed to the batterer; and,
- Contractors will maintain the confidentiality of victims/partners. Contractors will not disclose to the batterer information gained from a partner, including the fact that communication has occurred.

Reporting Requirements:

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services and MHD guidelines, 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) of direct face-to-face interaction between the contractor, or the contractor's personnel providing direct service, and the client. 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 approval from the Circuit Manager prior to authorization. It is preferable that this service only be provided due to a court ordering the client receive a hair follicle drug test.

Eligible Provider:

The contractor and any 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 any 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).

If the contractor is a hospital, or the contractor utilizes a hospital as subcontractor, the hospital must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The hospital laboratory must be licensed to operate in interstate commerce by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act (CLIA).

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

Pursuant to Section [288.045.7 RSMo.](#), the contractor must have a procedure in place for confirmation tests when there is a dispute of the drug testing results.

Pursuant to Section [288.045.6 RSMo.](#), 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 shall not use Department property for the provision of specimen collection and drug testing services.

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.

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.

Reporting Requirements:

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

Following completion 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 use the forms provided by the Department. In that regard, a Specimen Chain of Custody Tracking form and Testing Results Affidavit form, as well as, Evidence Chain-of-Custody Tracking Form, may be provided by the Department upon request for the contractor to utilize for reporting services, required herein.

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 either 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 authority.

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

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

CTS Procedure Code(s):

- DRUG (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 the 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 all personnel who may provide direct 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 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 state agency.

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 open Department case, as authorized by the Department.

The contractor and all 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 timely, the sign in sheet to the Department's local office that 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 with the purpose of enhancing 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 ordinary participation in family support team meetings.

Eligible Provider:

The contractor and/or the 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 all personnel who may provide direct 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 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 state agency.

Service Requirements:

The contractor and/or contractor's personnel participation in family meetings shall be as 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 open Department case, as authorized by the Department.

The contractor and all 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.

Assistance in family meetings may include the facilitation of team meetings as well as serving as a consultant to the family team meeting on a case-by-case basis. Such assistance shall include the teaching of team meeting facilitation skills through demonstration and modeling during team family meetings.

The contractor and/or contractor's personnel shall participate with state agency 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 all 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

timely, the sign in sheet to the Department's local office that 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 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 all personnel that provide direct services to a client, must be licensed to practice under one of the following credentials:

- Licensed Practical Nurse (LPN);
- Registered Nurse (RN); or,
- Bachelor of Science in Nursing (BSN).

The contractor and/or 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,
- 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 all personnel who may provide direct 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/or
- 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; or,
- The caregiver(s)/responsible party(ies) requests a change.

Reporting Requirements:

For each client authorized, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 contractor shall maintain records in accordance with MO HealthNet standards and requirements.

Billing Information:

The unit of service shall be thirty (30) minutes of direct face to face interaction between the contractor and/or the 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

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 shall not be used to provide supervised visitation or transportation services.

Eligible Provider

The contractor, and all personnel providing direct services to a client, must possess the following experience and skills:

- Five (5) hours of annual on-going, competency based training to ensure that their personnel are trained in the following core areas, which are listed in the order of priority:
 - Child abuse/neglect indicators and mandated reporting requirements;
 - Child management;
 - Child development;
 - Cultural sensitivity;
 - Community resources;
 - Emergency responses including fire, tornado, CPR, and standard first aid; and,
 - Communicable disease recognition;
- A high school diploma or equivalency;
- Training certificate in child development and recognition or treatment of child abuse and neglect, or be trained through Parent As Teachers, Nurses for Newborns, David Olds Model, West Ed, Healthy Children and Families, Parent/Child Interaction Therapy, Incredible Years, 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. The contractor should work collaboratively with the client on treatment goals and services.

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 the 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.

Reporting Requirements:

For each client authorized, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 direct face to face contact with the client. The maximum number of units allowed per month is forty (40).

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. This is to bring a consistent standard of quality services with the intent 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. To verify the client's modeling competency based instructional program the contractor and/or the contractor's personnel must make at least one visit outside the instructional program to the client(s) home to observe, facilitate, and give feedback to the parent on their parenting skills.

Eligible Provider:

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

If requested, the contractor must provide documentation that the instructor has been trained in the model or models submitted.

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; 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.

At least seven (7) days prior to the beginning of each instructional program, the contractor and/or the contractor's instructor shall submit to the Department Circuit Manager or designee who is requesting service details outline of the material to be presented during the instructional program. The Department must approve the contractor's curriculum prior to performing services.

Service Requirements:

The contractor and/or the contractor's instructor(s) shall provide competency based instructional program directed toward assisting parents to develop skills and apply knowledge by teaching parenting skills that are appropriate to the developmental level of children. These would include, but are not limited to, skills to engage in more positive parent-child interactions, emotional communication skills and the importance of consistency (e.g., in discipline), discipline techniques, child development, nurturing, behavior modification, and sibling interaction. The contractor should have at least one (1) instructional module addressing interaction between children and parents which demonstrate the ability to apply the knowledge and skills gained.

Evidence based parenting education/training programs are the preferred curriculums under the Parent Education and Training Program service. Examples of evidenced based parenting education/training include, but are not limited to: The Incredible Years[®], Strengthening Families, and Triple P.

The instructional program shall take place between the contractor and/or the contractor's instructor(s) 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 the 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, the contractor must submit timely, written client specific reports in accordance with the contract for non-therapeutic services, 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 direct 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 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 all personnel who may provide direct 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 to ensure that their personnel are trained in the following core areas, which are listed in the order of priority:
 - Child abuse/neglect indicators and mandated reporting requirements;
 - Child management;
 - Child development;
 - Cultural sensitivity;
 - Community resources;
 - Emergency responses including 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;
- CPR;
- First Aid; and,
- Behavior or Non-violent Crisis Intervention (NCI) training, the Mandt System or other approved by the Department.

Contractors, and all personnel who may provide direct 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 direct 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; and
- Be willing to provide services in the client's home and/or community, including the work place.

Reporting Requirements:

For each client authorized, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 direct face-to-face interaction between the contractor, and/or the contractor's personnel, and the client. The maximum number of units allowed per week is four (4).

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 direct 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 (CNA); or,
- Certified Medical Assistant (CMA).

Contractors, and all personnel who may provide direct 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 to ensure that their personnel are trained in the following core areas, which are listed in the order of priority:
 - Child abuse/neglect indicators and mandated reporting requirements;
 - Child management;
 - Child development;
 - Cultural sensitivity;
 - Community resources;
 - Emergency responses including fire, tornado, CPR, and standard first aid; and
 - 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;
- CPR;
- First Aid; and,
- Behavior or Non-violent Crisis Intervention (NCI) training, the Mandt System, or other approved by the Department.

Contractors, and all personnel who may provide direct 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 direct 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, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 direct face-to-face interaction between the contractor, and/or the 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, 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 the transitional living program (TLP) or residing in a group home are not eligible to receive this service.

Eligible Provider

At least the contractor, or one of their personnel who may provide direct 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 mental retardation, 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 mental retardation, 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 all personnel who may provide direct services to a client must have a valid driver's license and proof of insurance. The contractor and/or the 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; 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 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.

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 all personnel who may provide direct 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); and,
 - Other service contractors or members of the Family Support Team (FST).
- 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, the contractor must submit timely, written reports in accordance with the IFB for non-therapeutic services, 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 direct 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 break 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 and 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 all personnel who may provide direct 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; 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 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 the person's name and title, a copy of license, and a job description to the Department of the contractor's and/or contractor's personnel required qualifications. 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, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 delivery of services, or the development, identification, and/or acquisition of resources for clients in need of a variety of services. Assistance with case management activities shall include, but are not limited to, accessing resources for placement stability, behavioral management, child care services, public assistance, medical or mental health services, or any other resources as identified by the Department. This service is not to be used as a case management staff position beyond what is required above, unless approved in writing by the Division Regional Director.

Eligible Provider:

Contractors, and all personnel who may provide direct 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; and
- Possess a valid driver's license and proof of insurance, if responsible for providing transportation.

Service Requirements:

The contractor and/or the 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.

The contractor and/or the contractor's personnel shall assist a specific child(ren), client or family with an open Department case, as directed by the Department, in identifying, accessing, and utilizing community resources. The contractor and/or the contractor's personnel shall provide identified case management activities for the client only as directed by the Department. The case management activities shall include, but are not limited to, accessing resources for placement stability, behavioral management, child care services, public assistance, medical or mental health services, or any other resources as identified by the Department.

Reporting Requirements:

For each client authorized, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 direct 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 all personnel who may provide direct 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 as a Certified Alcohol Drug Counselor (CADC), Certified Reciprocal Alcohol Drug Counselor (CRADC), Registered Substance Abuse Professional - Provisional (RSAP-P), Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC), or Certified Criminal Justice Addictions Professional (CCJP) by the Missouri Substance Abuse Professional Credentialing Board (MSAPCB).

Contractors, and all personnel who provide direct services to a client shall also hold one the following designations:

- Missouri Substance Abuse Prevention Associate (MSAPA)
- Certified Reciprocal Prevention Specialist (CRPS)
- Missouri Advanced Certified Substance Abuse Prevention Professional (MACSAPP)
- Recognized Associate Substance Abuse Counselor I (RASAC I)
- Recognized Associate Substance Abuse Counselor II (RASAC II)
- Certified Alcohol Drug Counselor (CADC)
- Certified Reciprocal Alcohol Drug Counselor (CRADC)
- Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)
- Certified Criminal Justice Addictions Professional (CCJP)
- Co-Occurring Disorders Professional (CCDP)
- Co-Occurring Disorders Professional-Diplomate (CCDP-D)
- Registered Substance Abuse Professional-Provisional (RSAP-P)
- Substance Abuse Traffic Offender Program (SATOP) Qualified Professional (SQP)
- SATOP Qualified Instructor (SQI)
- SATOP Qualified Professional-REACT (SQP-R)
- SATOP Qualified Instructor-REACT (SQI-R)
- Missouri Recovery Support Specialist (MRSS)
- Missouri Recovery Support Specialist-Peer (MRSS-P)

Service Requirements:

Contractors and all personnel who may provide direct 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; and
- Collection and assessment of historical data; and,
- 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;
- 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,
- 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;
- 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; or
- Effects of alcohol and drug abuse upon pregnancy and child development.

Reporting Requirements:

For each client authorized, the contractor must submit timely, written reports in accordance with the contract for non-therapeutic services, 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 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 direct face-to-face interaction between the contractor, and/or the contractor's personnel providing direct services, and the client. The contractor, and/or the 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)

CTS MAXIMUM RATES EFFECTIVE 03-01-16

Therapeutic Services

Service Description	Unit of Service	CTS Procedure Code	Maximum Bid Price
Assessment (Psychiatrist/PCNS/PMHNP)	30 min.	ASPA	\$92.78
Assessment (Psychologists)	30 min.	ASPO	\$30.90
Assessment (LCSW/LPC)	30 min.	ASSA	\$24.72
Assessment In Home (Psychiatrist/PCNS/PMHNP)	30 min.	ASPB	\$97.93
Assessment In Home (Psychologist)	30 min.	ASPH	\$36.05
Assessment In Home (LCSW/LPC)	30 min.	ASSB	\$29.87
Behavioral Health Services	30 min.	BHSP	\$39.38
Crisis Intervention (Psychiatrist/PCNS/PMHNP/Psychologist)	30 min.	CIPO	\$30.90
Crisis Intervention (LCSW/LPC)	30 min.	CISO	\$24.72
Crisis Intervention In Home (Psychiatrist/PCNS/PMHNP/Psychologist)	30 min.	CIPH	\$33.48
Crisis Intervention In Home (LCSW/LPC)	30 min.	CISH	\$27.30
Family Therapy In Home with client present (Psychologist)	30 min.	FPCH	\$36.05
Family Therapy In Home with client present (LCSW/LPC)	30 min.	FSCCH	\$29.87
Family Therapy In Home without client present (Psychologist)	30 min.	FPWH	\$36.05
Family Therapy In Home without client present (LCSW/LPC)	30 min.	FSWH	\$29.87
Family Therapy with client present (Psychologist)	30 min.	FPCO	\$30.90
Family Therapy with client present (LCSW/LPC)	30 min.	FSCO	\$24.72
Family Therapy without client present (Psychologist)	30 min.	FPWO	\$30.90
Family Therapy without client present (LCSW/LPC)	30 min.	FSWO	\$24.72

Service Description	Unit of Service	CTS Procedure Code	Maximum Bid Price
Group Therapy (Psychologist)	30 min.	GTPO	\$12.88
Group Therapy (LCSW/LPC)	30 min.	GTSO	\$10.30
Individual Therapy (Psychologist)	30 min.	ITPO	\$30.90
Individual Therapy (LCSW/LPC)	30 min.	ITSO	\$24.72
Individual Therapy In Home (Psychologist)	30 min.	ITPH	\$36.05
Individual Therapy In Home (LCSW/LPC)	30 min.	ITSH	\$29.87
Speech Therapy (See Catalog)	30 min.	SPTH	\$20.40
Testing (Psychiatrist/PCNS/PMHNP)	30 min.	TEPA	\$33.99
Testing (Psychologist)	30 min.	TEPB	\$30.90
Vision Therapy (Doctor of Optometry or Doctor of Ophthalmology)	Session	VITH	\$8.16

NON-Therapeutic Services

Service Description	Unit of Service	CTS Procedure Code	Maximum Bid Price
Day Treatment Preschool Age (See Catalog)	3 to 7 hrs.	DTRP	\$77.33
Day Treatment School Age (See Catalog)	3 to 7 hrs.	DTRS	\$77.33
Domestic Violence Batterer's Intervention Program	90 min.	DOVL	\$30.59
Drug Testing—Five Panel (See Catalog)	Test	DRUG	\$44.29
Drug Testing—Nine Panel (See Catalog)	Test	DU09	\$45.32
Drug Testing—Ten Panel (see Catalog)	Test	DU10	\$47.93
Drug Testing—Eleven Panel (See Catalog)	Test	DU11	\$51.50
Drug Testing—Hair Follicle, Five Panel (See Catalog)	Test	DH05	\$113.30

Service Description	Unit of Service	CTS Procedure Code	Maximum Bid Price
Drug Testing—Hair Follicle, Nine Panel (See Catalog)	Test	DH09	\$128.75
Drug Testing—Hair Follicle, Ten Panel (See catalog)	Test	DH10	\$142.77
Drug Testing—Hair Follicle, Eleven Panel (See Catalog)	Test	DH11	\$154.50
Drug Testing—Medical Review Officer Test Results Review (See Catalog)	Review	DMRO	\$9.02
Drug Testing—Drug Specimen Positive Confirmation Test (See Catalog)	Test	DSPC	\$22.66
Drug Testing—Alcohol breathalyzer or Urine Test	Test	ETOH	\$30.90
Drug Testing—Oral fluid test	Test	ORAL	\$66.29
Family-Centered Consultation (Bachelor's)	30 min.	FCCB	\$51.50
Family-Centered Consultation (Master's)	30 min.	FCCM	\$77.25
Family-Centered Meeting (Bachelor's)	30 min.	FCMB	\$51.50
Family-Centered Meeting (Master's)	30 min.	FCMM	\$77.25
Nursing Services (LPN/RN/BSN)	30 min.	NIHM	\$12.75
Parent Aide (See Catalog)	60 min.	PRAD	\$23.69
Parent Education and Training Program (See Catalog)	60 min.	PETB	\$20.60
Personal Assistance-Behavioral (See Catalog)	30 min.	PASB	\$12.01
Personal Assistance-Medical (LPN/RN/BSN/CNA/CMA)	30 min.	PASM	\$12.01
Pervasive Developmental Services Coordinator (See Catalog)	60 min.	PDSC	\$28.55
Respite Care (See Catalog)	12 to 24 hrs.	RSCR	\$20.60
Service Delivery Coordination (See Catalog)	60 min.	SDCR	\$23.69
Substance Abuse Assessment (See Catalog)	Assessment	SATA	\$383.04
Substance Abuse Individual Counseling (See Catalog)	30 min	SATI	\$29.64

Service Description	Unit of Service	CTS Procedure Code	Maximum Bid Price
Substance Abuse Group Counseling (See Catalog)	30 min	SAGC	\$12.77
Substance Abuse Group Education (See Catalog)	30 min	SAGE	\$5.73