

For PIP Cases the Primary Caregiver is defined as:

Biological parents, stepparents, family members (grandparents, aunts, uncles, etc.) who serve as the primary care taker of the infant, either with or without legal guardianship, and foster parents.

*Foster parent(s) may only receive PIP treatment services when:

1. The court case involving the Infant has been closed and parental rights have been terminated by the judge or were relinquished by the parents; and
2. CPP clinicians no longer need to provide indirect services (examples include: Interactions on behalf of a Infant, Judicial Report Writing, attending Judicial Hearings, etc.).

For Team Cases the Parent is defined as:

The Respondent(s) on the Abuse and Neglect Petition filed with the Children’s Court, who are referred for CPP Team services by CYFD PS.

For Foster Parent Cases the Primary Caregiver is defined as:

The person or persons with which CYFD PS has placed the infant, whether licensed Foster Parents or a kinship placement (Ex. Grandparents, aunts, uncles, etc.).

KEY POINTS

1. Through the PIP and Team scopes of work, agencies are only eligible to receive the case for families entered into the IMH database who are receiving CPP therapeutic services. Examples of therapeutic services not billable to CYFD BHS: play therapy, art therapy, behavioral management services (BMS), Circle of Security, family therapy, eye movement desensitization and reprocessing (EMDR), and any other therapy modalities other than CPP.

2. Through the Foster Parent Intervening, agencies are only eligible to receive the case rate for providing developmental guidance as outlined on page 33 in the CPP manual. Examples of therapeutic services not billable to CYFD BHS: any dyadic therapy between the foster parent and the infant, play therapy, art therapy, BMS, Circle of Security, family therapy, EMDR, and any other therapy modalities.

3. It is preferred, and highly recommended, that each case be assigned to and worked by one clinician. Multiple clinicians providing services to the same case can impair each clinician's ability to fully conceptualize the case.

4. When a parent has multiple infants receiving services, the CPP Fidelity Trackers (sessions entered into the database) should be entered in the IMH database under the infant whose insurance member number is being used to bill for the session.

5. The FACTS ID is the number generated by the CYFD database which is used to track families and their involvement with CYFD. For Team cases, the FACTS ID for the family is required to be entered into IMH database when registering cases. The FACTS ID can be obtained from each family's PS worker. It is recommend that the FACTS ID number be collected on the agency's Team referral form.

6. Observation sessions do not include any clinical intervention provided by the clinician.

CPP Fidelity Trackers	Description	IMH Database Documentation Requirements
CPP Fidelity Trackers entered into the IMH database, should correspond to each session billed to insurance.		
<p>CPP Foundational Phase Sessions</p>	<p>1. Begins with the intake visit with the Parent(s) or the Primary Caregiver(s) and ends with completion of required agency and CPP paperwork AND a Partner in Treatment has been identified. <i>*For CPP Team cases intake must be completed by the Parent(s).</i></p> <p>2. As each Parent/Primary Caregiver is identified as a Partner in Treatment, the clinician moves that individual into the CPP Feedback Phase.</p> <p>3. An initial Treatment Plan is developed within 30 days. The Treatment Plan developed should utilize CPP Objectives and Strategies. Hard copies, or scanned copies, of signed Treatment Plans should be in client files and available for review by CYFD during site visits.</p> <p><i>*PIP Case:</i> Primary Caregiver(s) requesting services consents to treatment. <i>*CPP Team Case:</i> Parent(s), or caregiver(s), as listed on the Affidavit consents to treatment. <i>*Foster Parent Program Case:</i> Foster Parent(s) consents to receiving developmental guidance.</p>	<p>1. The case is <i>Registered</i> in the IMH database and all required demographic information is entered. <i>*For the Team Cases, the FACTS ID for the family is also entered.</i></p> <p>2. Select the correct case in the IMH database and add <i>CPP Foundational Phase</i> as the service to document any therapeutic session provided during this Phase.</p> <p>3. Indicate who was present for the session and which activities on the <i>Focus of the Session</i> dropdown list were completed during the session.</p> <p>4. All applicable activities on the <i>Focus of the Session</i> dropdown list must be completed prior to advancing to the <i>CPP Feedback Phase</i>.</p> <p>5. The ACEs, PEARLS, Angels in the Nursery, DIAPER, and the CIAP scores must be entered in the IMH database prior to advancing to the <i>CPP Feedback Phase</i>.</p>
**Parents/Primary Caregivers can be in different phases. Use the session type which corresponds to the Phase each Primary Caregiver/Parent is in. See the IMH Team or IMH PIP manual for further explanation.		
<p>CPP Feedback Phase Sessions</p>	<p>1. During these sessions, the infant's Triangle of Explanations is created with each Partner in Treatment. Hard copies, or scanned copies, of the Triangle of Explanations should be in client files and available for review by CYFD during site visits.</p> <p>2. After the Triangle of Explanation is created, the narrative each Partner in Treatment will share with the infant, explaining why the infant is coming to treatment, is developed. Once the narrative for each Partner in Treatment is developed, the clinician can advance into the CPP Core Intervention Phase with that Partner.</p> <p>3. If possible, the infant should NOT be present for any sessions during the CPP Feedback Phase.</p>	<p>1. Select the correct case in the IMH database and add <i>CPP Feedback Phase</i> as the service to document any therapeutic session provided during this Phase.</p> <p>2. Indicate who was present for the session and which activities on the <i>Focus of the Session</i> dropdown list were completed during the session.</p> <p>3. All activities on the <i>Focus of the Session</i> dropdown list must be completed prior to advancing to the <i>CPP Core Intervention Phase</i>.</p> <p>4. The Triangle of Explanations must be entered into the clinical instruments tab of the IMH database prior to advancing to the <i>CPP Core Intervention Phase</i>.</p>

CPP Fidelity Trackers	Description	IMH Database Documentation Requirements
<p>CPP Core Intervention Phase Sessions</p>	<p>1. Sessions begin with each Partner in Treatment sharing his/her narrative describing the Triangle of Explanations with the infant.</p> <p>*Sessions may initially consist of individual meetings with the caregiver to enhance the caregiver's capacity to acknowledge the infant's experience of trauma and/or to focus on safety.</p> <p>2.Ensure appropriate toys related to infant's traumatic experience and treatment goals are available during sessions.</p> <p>3. Interventions used during this phase should address the CPP Objectives identified in the Triangle of Explanations.</p> <p>4. Sessions can occur with each Partner in Treatment for 12 months, as long as progress is being made towards CPP objectives, as indicated on the CIAP and the DIAPER. (Please refer to the SOW if longer than 12 months is needed.)</p> <p>5. Advance to the CPP Discharge Phase once treatment goals and CPP Objectives have been achieved.</p> <p>*FOR TEAM CASES If the infant is returned home before CPP Objectives have been met and without a Team recommendation for reunification, the case immediately moves to the CPP Discharge Phase. If the Parent(s) is engaged and wishes to continue services , the case should be discharged from Team, after 1 CPP Discharge Phase Session explaining the change in services to the Parent(s), and then admitted to PIP.</p>	<p>1.Select the correct case in the IMH database and add CPP Core Intervention Phase as the service to document any therapeutic session provided during this Phase.</p> <p>2. Indicate who was present for the session, what the Focus of the Session was, and which CPP Objective was addressed during the session.</p> <p>3. Enter DIAPER and CIAP scores in the IMH database on the clinical instruments tab per periodicity requirements during this phase.</p>
<p>CPP Discharge Phase Sessions</p>	<p>1.Sessions begin talking alone with each caregiver about ending treatment, at least 2 months prior to discharge.</p> <p>2. During this phase gradually decrease the focus from areas of difficulty by increasing the focus on factors that have led to positive changes, challenges that remain, and ways the caregiver may address challenges now and in the future.</p> <p>3. Sessions can occur with each Partner in Treatment until the family is able to say goodbye. CPP Discharge Phase Sessions should not exceed 2 months.</p> <p>*Families often have a great difficulty saying goodbye and may drop out at any time during the CPP Discharge Phase.</p> <p>**FOR TEAM OR FOSTER PARENT CASES Sessions can also occur until the court and CPS make a permanency decision.</p>	<p>1.Select the correct case in the IMH database and add CPP Discharge Phase as the service to document any therapeutic session provided during this Phase.</p> <p>2. Indicate who was present for the session and which activities on the Focus of the Session dropdown list were completed during the session.</p> <p>3. Try to complete as many activities as possible on the Focus of the Session dropdown list prior to discharging the case.</p> <p>4. Discharge the case from services in the IMH database reflecting the last date services were provided and entering a discharge reason.</p> <p>5. Enter DIAPER and CIAP scores in the IMH database on the clinical instruments tab per periodicity requirements during this phase.</p>

CPP Fidelity Trackers	Description	IMH Database Documentation Requirements
<p>Foster Parent Intervening</p>	<p>**AVAILABLE ONLY FOR TEAM OR FOSTER PARENT CASES</p> <p>1.Clinicians may only provide developmental guidance to Foster Parent(s), as defined on page 33 in <i>Don't Hit My Mommy: A Manual for Child-Parent Psychotherapy with Young Children Exposed to Violence and Other Trauma/ Edition 2</i> .</p>	<p>1.Select the correct case in the IMH database and add <i>Foster Parent Intervening</i> as the service.</p> <p>2.Indicate who was present for the session and which of the developmental themes on the <i>Focus of the Session</i> dropdown list was addressed.</p>

Case Rate Services	Description	IMH Database Documentation Requirements
Observation Session	<p>1.An assessment of the infant's functioning in alternate settings or with alternate caregivers (e.g., day care, preschool, or school) to inform the clinical work and/or the developmental guidance provided.</p> <p>2.Dyadic work or clinical intervention is NOT conducted during an Observation Session.</p> <p>*Observation Sessions are not the same as "Observed parent and child during structured and/or free play situations" conducted during the CPP Foundational Phase.</p> <p>*FOR TEAM and FOSTER PARENT CASES: Clinicians should <i>not</i> supervise CYFD supervised visits. It is not in the clinician's purview to supervise visits when the Infant is in CYFD custody. Clinicians may only observe a CYFD supervised visit while a CYFD employee is present.</p>	No IMH database documentation is required.
Interactions on Behalf of the Infant	<p>INCLUDED IN THE CASE RATE FOR TEAM and FOSTER PARENT CASES ONLY</p> <p>1. ANY non clinical interaction conducted or attended on Behalf of the Infant with anyone NOT a part of the agency's CPP team, regardless of whether or not the family is present, during the interaction.</p> <p>2. This includes, but is not limited to, Interactions with: CPS, PPW, GAL, CASA, Respondent's Attorney, therapist for bio parents, FIT/ EI, daycare staff, and family centered meetings.</p> <p>3. May occur during all phases of Team or Foster Parent Cases.</p>	No IMH database documentation is required.
DIAPER w/the DOVE	<p>1. Record the DOVE as a part of a Medicaid Billable Service session between one parent/primary caregiver and the infant.</p> <p>2. After the session, review the DOVE and clinical notes in order to score the DIAPER .</p> <p>3. The DOVE is recorded each time the DIAPER needs to be completed.</p> <p>4. The periodicity for the DIAPER is every 30 days with each parent/primary caregiver receiving services.</p>	<p>1. Select the correct case in the IMH database, and add the DIAPER on the clinical instruments tab. Indicate with which parent/primary caregiver the DIAPER being entered was completed.</p> <p>2. Enter all scores and update the status of the clinical instrument to complete.</p>
CIAP	<p>1.Complete the CIAP after a Medicaid Billable Service session.</p> <p>2.After the session, review previous DIAPERS and clinical notes and score the CIAP .</p> <p>3. The periodicity of the CIAP is every 90 days with each parent/primary caregiver receiving services.</p>	<p>1. Select the correct case in the IMH database, and add the CIAP on the clinical instruments tab. Indicate with which parent/primary caregiver the CIAP being entered was completed.</p> <p>2. Enter all scores and update the status of the clinical instrument to complete.</p>
Judicial Hearing (with and without Testimony)	<p>INCLUDED IN THE CASE RATE FOR TEAM and FOSTER PARENT CASES ONLY</p> <p>1. Attend Judicial Hearings when needed, whether or not testimony is provided.</p>	No IMH database documentation is required.

Case Rate Services	Description	IMH Database Documentation Requirements
Judicial Report Writing	<p><i>INCLUDED IN THE CASE RATE FOR TEAM and FOSTER PARENT CASES ONLY</i></p> <p>1. Reports should be written using the template provided on the CYFD IMH web page. https://cyfd.org/docs/FY20_Infant_Mental_Health_Quarterly_Report.docx</p> <p>2. Reports should only be written per the guidelines found in the Team and Foster Parent SOW.</p> <p>3. Hard copies, or scanned copies, of reports written should be maintained in the client files and available for review during site visits.</p>	<p>No IMH database documentation is required.</p>
Travel	<p>1. Travel to locations as needed to provide services to or on behalf of an infant.</p> <p>2. Locations include, but are not limited to: an infant's residence or placement, CYFD offices, the courthouse, or daycare/childcare.</p>	<p>No IMH database documentation is required.</p>

	ACEs	PEARLS
PIP	Completed for each caregiver receiving services within the first 30 days of the Foundational Phase	Completed with each caregiver receiving services within the first 30 days of the Foundational Phase
Team	Completed for each Parent receiving services within the first 30 days of the Foundational Phase	Completed with each Parent receiving services within the first 30 days of the Foundational Phase
Foster	Not completed with Foster Parents	Completed with parents while case was in Team does not need to be re-done with Foster Parents

Angels in the Nursery	DIAPER
Completed with each caregiver receiving services within the first 30 days of the Foundational Phase	Once in the foundational phase and then every 30 days with each caregiver receiving services
Completed with each Parent receiving services within the first 30 days of the Foundational Phase	Once in the foundational phase and then every 30 days with each parent receiving services
Not completed with Foster Parents	Once in the foundational phase and then every 30 days with each foster parent receiving services

CIAP

Once in the foundational phase and then every 90 days with each caregiver receiving services

Once in the foundational phase and then every 90 days with each parent receiving services

Once in the foundational phase and then every 90 days with each foster parent receiving services