### For IMH CPP 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 Resource Parents.

*Resource Parent(s) may only receive IMH CPP treatment services when:*
1. The infant in their care has been freed for adoption.
2. The resource parent(s) home is a concurrent placement.

### For IMH CPP 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 IMH CPP Team services by CYFD PS.

## KEY POINTS

1. Through the IMH CPP and IMH CPP Team scopes of work, agencies are only eligible to receive the case rate 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 Resource 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 IMH CPP: any dyadic therapy between the Resource 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 CPP 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 IMH CPP Team cases, the FACTS ID for the family is required to be entered into IMH CPP database when registering cases. The FACTS ID can be obtained from each family's PS worker, and should be included on the IMH CPP Team referral form.

6. Observation sessions do not include any clinical intervention provided by the IMH CPP clinician. At least one observation session should be conducted with each client.
## CPP Fidelity Trackers

CPP Fidelity Trackers entered into the IMH CPP database, should correspond to each session billed to insurance.

### CPP Foundational Phase Sessions
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. *For IMH CPP Team cases intake must be completed by the Parent(s).*

2. As each Parent/Primary Caregiver is identified as a Partner in Treatment, the clinician moves that individual into the CPP Feedback Phase.

3. An initial Treatment Plan, ACEs, PEARLS, and the Angels in the Nursery interview are completed 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 IMH CPP staff during site visits.

4. The initial DIAPER and CIAP are completed with each parent within the first sixty (60) days of treatment.

*IMH CPP Case:* Primary Caregiver(s) requesting services consents to treatment.

*IMH CPP Team Case:* Parent(s), or caregiver(s), as listed on the Affidavit consents to treatment, and/or the Resource Parent(s) consents to receiving developmental guidance.

### CPP Feedback Phase Sessions
1. During these sessions, the infant’s Triangle of Explanations is created with each Partner in Treatment.

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.

3. If possible, the infant should NOT be present for any sessions during the CPP Feedback Phase.

**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 CPP Team or IMH CPP manual for further explanation.**

1. The case is Registered in the IMH CPP database (Database) and all required demographic information is entered. *For IMH CPP Team Cases, the FACTS ID for the family is also entered.*

2. Select the correct case in the Database and add CPP Foundational Phase as the service to document any therapeutic session provided during this Phase.

3. Indicate who was present and which activities on the Focus of the Session dropdown list were completed during the session.

4. All applicable activities on the Focus of the Session dropdown list must be completed prior to advancing to the CPP Feedback Phase.

5. ACEs, PEARLS, DIAPER, and CIAP scores must be entered in the Database prior to advancing to the CPP Feedback Phase.

1. Select the correct case in the Database and add CPP Feedback Phase as the service to document any therapeutic session provided during this Phase.

2. Indicate who was present and which activities on the Focus of the Session dropdown list were completed during the session.

3. All activities on the Focus of the Session dropdown list must be completed prior to advancing to the CPP Core Intervention Phase.

4. The Triangle of Explanations must be entered into the clinical instruments tab of the Database prior to advancing to the CPP Core Intervention Phase.
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<thead>
<tr>
<th>CPP Fidelity Trackers</th>
<th>Description</th>
<th>IMH CPP Database Documentation Requirements</th>
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</table>
| **CPP Core Intervention Phase Sessions** | 1. Sessions begin with each Partner in Treatment sharing his/her narrative describing the Triangle of Explanations with the infant.  
*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.  
2. Ensure age appropriate toys related to infant's traumatic experience and treatment goals are available during sessions.  
3. Interventions used during this phase should address the CPP Objectives identified in the Triangle of Explanations.  
4. Conduct Core Intervention Phase sessions until the Primary Caregiver-Infant relationship has improved, as indicated by improved scores on the DIAPER and the CIAP.  
5. Advance to the CPP Discharge Phase when the IMH CPP clinician assesses sufficient gains in the Primary Caregiver-Infant relationship as indicated by improved scores on the DIAPER and the CIAP OR there is no improvement in the DIAPER and CIAP scores after twelve (12) months.  
*FOR IMH CPP TEAM CASES  
If the infant is returned home without an IMH CPP 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 IMH CPP Team, after 1 CPP Discharge Phase Session explaining the change in services to the Parent(s), and then admitted to IMH CPP. | 1. Select the correct case in the Database and add **CPP Core Intervention Phase** as the service to document any therapeutic session provided during this Phase.  
2. Indicate who was present, what the *Focus of the Session* was, and which **CPP Objective** was addressed during the session.  
3. Enter DIAPER and CIAP scores in the Database on the clinical instruments tab per periodicity requirements during this phase. |
| **CPP Discharge Phase Sessions** | 1. Sessions begin talking alone with each Partner in Treatment about ending treatment, at least 2 months prior to discharge.  
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.  
3. CPP Discharge Phase Sessions can occur with each Partner in Treatment for up to two (2) months, or until the family is able to say goodbye, whichever comes first.  
*Families often have a great difficulty saying goodbye and may drop out at any time during the CPP Discharge Phase.  
**FOR IMH CPP TEAM CASES  
Sessions can also occur until the court and protective services make a permanency decision. | 1. Select the correct case in the Database and add **CPP Discharge Phase** as the service to document any therapeutic session provided during this Phase.  
2. Indicate who was present and which activities on the *Focus of the Session* dropdown list were completed during the session.  
3. Try to complete as many activities as possible on the *Focus of the Session* dropdown list prior to discharging the case.  
4. Discharge the case from services in the Database reflecting the last date services were provided and entering a discharge reason.  
5. Enter DIAPER and CIAP scores in the Database on the clinical instruments tab per periodicity requirements during this phase. |
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| **AVAILABLE ONLY FOR IMH CPP TEAM CASES** | 1. Clinicians may only provide developmental guidance to Resource Parent(s) for up to four (4) months. Developmental guidance themes are defined on page 33 in *Don't Hit My Mommy: A Manual for Child-Parent Psychotherapy with Young Children Exposed to Violence and Other Trauma* /Edition 2. | 1. Select the correct case in the Database and add *Resource Parent Intervening* as the service.  
2. Indicate who was present for the session and which of the developmental themes on the *Focus of the Session* dropdown list was addressed. |
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<th>IMH CPP Case Rate Services</th>
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</table>
| **Observation Session**    | 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.  
2. Dyadic work or clinical intervention is NOT conducted during an Observation Session.  
*Observation Sessions are not the same as "Observed parent and child during structured and/or free play situations" conducted during the CPP Foundational Phase.  
*FOR IMH CPP TEAM CASES:  
Clinicians should not 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. | No Database documentation is required. |
| **Interactions on Behalf of the Infant** | **INCLUDED IN THE CASE RATE FOR IMH CPP TEAM CASES ONLY**  
1. **ANY** non clinical interaction conducted or attended on Behalf of the Infant with anyone NOT a part of the agency's IMH CPP Team, regardless of whether or not the family is present, during the interaction.  
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.  
3. May occur during all phases of IMH CPP Team Cases. | No Database documentation is required. |
| **DIAPER** | 1. Record the dyad during a Medicaid Billable Service session.  
2. After the session, review the recording and clinical notes in order to score the **DIAPER**.  
3. A session is recorded each time the **DIAPER** needs to be completed.  
4. The first DIAPER must be completed within the first sixty (60) days of treatment to establish a baseline score.  
5. The periodicity for the **DIAPER** is every 90 days with each parent/primary caregiver receiving services. | 1. Select the correct case in the Database, and add the **DIAPER** on the clinical instruments tab. Indicate with which parent/primary caregiver the **DIAPER** being entered was completed.  
2. Enter all scores and update the status of the clinical instrument to complete. |
| **CIAP** | 1. Complete the **CIAP** after a Medicaid Billable Service session.  
2. After the session, review clinical notes and score the **CIAP**.  
3. The periodicity of the **CIAP** is every 90 days with each parent/primary caregiver receiving services. | 1. Select the correct case in the Database, and add the **CIAP** on the clinical instruments tab. Indicate with which parent/primary caregiver the **CIAP** being entered was completed.  
2. Enter all scores and update the status of the clinical instrument to complete. |
| **Judicial Hearing**  
(with and without Testimony) | **INCLUDED IN THE CASE RATE FOR IMH CPP TEAM CASES ONLY**  
1. Attend Judicial Hearings as needed, whether or not testimony is provided. | No Database documentation is required. |
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<tr>
<td>Judicial Report Writing</td>
<td><strong>INCLUDED IN THE CASE RATE FOR IMH CPP TEAM CASES ONLY</strong>&lt;br&gt; 1. Reports should be written using the IMH CPP Case Update template provided on the CYFD IMH web page. &lt;br&gt;<a href="https://cyfd.org/behavioral-health/infant-and-early-childhood-mental-health-services">https://cyfd.org/behavioral-health/infant-and-early-childhood-mental-health-services</a>&lt;br&gt; 2. Reports should only be written per the guidelines found in the IMH CPP Team SOW. &lt;br&gt; 3. Hard copies, or scanned copies, of reports written should be maintained in the client files and available for review by IMH CPP staff during site visits.</td>
<td>No Database documentation is required.</td>
</tr>
<tr>
<td>Travel</td>
<td>1. Travel to locations as needed to provide services to or on behalf of an infant. &lt;br&gt; 2. Locations include, but are not limited to: an infant’s residence or placement, CYFD offices, the courthouse, or daycare/childcare.</td>
<td>No Database documentation is required.</td>
</tr>
</tbody>
</table>