

## DEFINITIONS

An "active" case is one that is receiving at least one (1) Medicaid Billable Service per week and is registered in the IMH database.

IMH staff are staff who are providing services under the CYFD BHS PIP, Team, and/or Foster Parent contracts.

The IMH Supervisor is the supervisor identified on the Agency's Budget in the Personnel Narrative Justification section.

A CPP Fidelity Tracker is the note entered in the database in order to demonstrate CPP fidelity in treatment. CPP Fidelity Trackers should not be the same Medical Necessity note used to bill to Medicaid.

### **For PIP Cases the Primary Caregiver is defined as:**

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

i. 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. Infant Mental Health (IMH) 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 IMHT 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, aunt, uncle, etc.).

## KEY POINTS

**\*\*\*An Infant and his/her Parent(s)/Primary Caregiver(s) actively receiving Medicaid Billable Services, allows for accessing the IMH PIP, Team, and Foster Parent Program Case Rates. \*\*\***

1. Only those services described in the IMH PIP, Team, and Foster Parent Program statements of work and manuals, as well as the FY20 Procedures List are billable to the IMH PIP, Team, and Foster Parent contracts. Examples of 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 outside of CPP.

2. 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.

3. The DOVE is completed by one clinician during a session. The DOVE was developed to eliminate the need for multiple clinicians to conduct the clinical instrument.

4. Any non CYFD BHS funded training(s) IMH clinicians wish to attend, must be **PREAPPROVED** by the CYFD BHS Program Manager in order to bill for the clinician's lost productivity time.

5. The CPP Fidelity Trackers for Medicaid Billable Services conducted with a parent of multiple infants should be entered under the infant that was the focus of the session. If the focus was on the caregiver, the session can be entered under any of the parent's infants.

6. CPP Fidelity Trackers may not be copied and pasted. Services with copied and pasted CPP Fidelity Trackers will be marked for correction, potentially causing a delay in invoice approval.

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

8. All CPP Fidelity Trackers for Medicaid Billable Services are entered under the Infant's client ID in the IMH Database.

Medicaid Billable Services	Description	IMH Database Documentation Requirement
<b>Refer to the "Definitions" and/or each of the scopes of work for definition of the Primary Caregiver and the Parent for each of the IMH services.</b>		
<b>Intake</b>	<p>1.Initial informational visit with the Primary Caregiver(s) or Parent(s) and completion of required agency paperwork. It is the agency's responsibility to get consent for treatment. <i>*For Team cases intake must be completed by the Parent(s).</i></p> <p>2.An initial Treatment Plan is developed. The Treatment Plan developed should utilize CPP Objectives and Strategies. Hard copies of Treatment Plans should be in client files and available for review by CYFD during site visits.</p> <p>3.May take between 1 and 4 sessions to complete.</p> <p><b>PIP Case:</b> Primary Caregiver(s) requesting services consents to treatment. <b>Team Case:</b> Parent(s) listed on the Affidavit consents to treatment. <b>Foster Parent Case:</b> 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 Mom is also entered.</i></p> <p>2.Add <i>Intake</i> as the service to document any face to face session provided during this time.</p> <p>3.The note for each <i>Intake</i> session entered into the IMH database must indicate: <i>*Who was present during the session.</i> <i>*What occurred during the session.</i></p>
<b>**Primary Caregivers/Parents can be in different phases. Use the session type which corresponds to the Phase each Primary Caregiver's/Parent is in. See the IMH Team or IMH PIP manual for further explanation.</b>		
<b>Foundational Session</b>	<p>1.Any face to face session (previously dyadic, triadic, or collateral sessions) occurring while the Primary Caregiver(s)/Parent(s) is in the Foundational Phase.</p> <p>2.Foundational Sessions can occur for 4 months after intake or until the Primary Caregiver(s)/Parent(s) has been identified by the clinician as a Partner in Treatment, whichever comes first. (Refer to the Scope of Work (SOW) if longer than 4 months is needed.)</p> <p>3.As each Primary Caregiver/Parent is identified as a Partner in Treatment, the clinician moves that individual into the Feedback Phase.</p>	<p>1.Select the appropriate case in the IMH database and add <i>Foundational Session</i> as the service to document any face to face session.</p> <p>2.The note for each <i>Foundational Session</i> entered into the IMH database must: <i>*Indicate who was present during the session.</i> <i>*What CPP strategies and fidelities are being used to engage with the Primary Caregiver/Parent to form a working relationship.</i> <i>*What CPP strategies will be used and implemented moving forward.</i></p>

Medicaid Billable Services	Description	IMH Database Documentation Requirement
<b>Triangle of Explanations</b>	<p>1.The Triangle of Explanations is the first session of the Feedback Phase.</p> <p>2.The Triangle of Explanations is created with each Partner in Treatment prior to beginning Feedback Sessions.</p> <p>3.If possible the Infant should NOT be present when the Triangle of Explanation is being created.</p>	<p>1.Select the appropriate case in the database and add <i>Triangle of Explanations</i> as the service. A <i>Triangle of Explanations</i> should be entered into the IMH database for each Primary Caregiver/Parent engaged in treatment.</p> <p>2.The note for each <i>Triangle of Explanations</i> entered into the IMH database must be in the EBT format. *EBT stands for (Experience, Behaviors and Feelings, and Treatment). The Triangle of Explanations can be found on page 85 of the CPP manual.</p>
<b>Feedback Session</b>	<p>1.Any face to face session (previously dyadic, triadic, or collateral sessions) occurring <i>after</i> the Triangle of Explanations is created.</p> <p>2.During Feedback Sessions, develop each Partner in Treatment's narrative that will be shared with the Infant. Once each Partner in Treatment's narrative is developed, the clinician can move into the Core Intervention Phase with that Partner.</p> <p>3.Feedback Sessions can occur for 4 months after the Triangle of Explanations is created. (Refer to the SOW if longer than 4 months is needed.)</p>	<p>1.Select the appropriate case in the IMH database and add the <i>Feedback Session</i> as the service to document any face to face sessions.</p> <p>2.The note for each <i>Feedback Session</i> entered into the IMH database must: *Indicate who was present during the session. *Does the Partner in Treatment understand the Triangle of Explanations and is he/she ready to share his/her narrative with the Infant.</p> <p>3.<i>Feedback Sessions</i> may not be conducted with a Primary Caregiver/Parent until that Primary Caregiver's/Parent's Triangle of Explanations is entered in the IMH database.</p>
<b>Core Intervention Session</b>	<p>1.Any face to face session (previously dyadic, triadic, or collateral sessions) occurring while each Partner in Treatment is in the Core Intervention Phase.</p> <p>2.Core Intervention Sessions begin with each Partner in Treatment after his/her narrative for the Infant has been developed.</p> <p>3.Core Intervention Sessions can occur with each Partner in Treatment for 12 months, or until he or she achieves a "4" on questions #1 and #3 of the CIAP, which ever comes first. (Please refer to the SOW if longer than 12 months is needed.)</p> <p>*For Team Cases ONLY, if the Infant is returned home before either Partner in Treatment has reached a 4 and/or without a Team recommendation, the case immediately moves to the Recapitulation and Termination Phase. If services are still needed, and the Parent(s) is engaged, the case should be discharged from Team, after 1 Discharge Session explaining the change in services to the Parent(s), and then admitted to PIP.</p>	<p>1.Select the appropriate case in the IMH database and add the <i>Core Intervention Session</i> as the service to document any face to face sessions.</p> <p>2.The note for each <i>Core Intervention Session</i> entered into the IMH database must: *Indicate who was present during the session. *Which CPP objectives were used during the session to address the clinical needs being presented.</p>

Medicaid Billable Services	Description	IMH Database Documentation Requirement
<b>Discharge Session</b>	<p>1.Any face to face session (previously dyadic, triadic, or collateral sessions) occurring while the case is in the Recapitulation and Termination Phase.</p> <p>2.Discharge Sessions can occur with each Partner in Treatment for 4 months or until the family has met their treatment goals and is able to say goodbye, whichever comes first. *FOR TEAM OR FOSTER PARENT CASES Discharge Session can also occur until the court and CPS make a permanency decision. (Refer to the SOW if longer than 4 months is needed.)</p>	<p>1. Select the appropriate case in the IMH database and add the <i>Discharge Session</i> as the service to document any face to face session.</p> <p>2. The note for each <i>Discharge Session</i> entered into the IMH database must: *Indicate who was present during the session. *What occurred during the session.</p>
<b>TESI</b> Traumatic Events Screening Inventory	<p>1.Complete the TESI . *With the clinician's supervisor's approval, only enough of the TESI to clinically conceptualize the case may be completed.</p> <p>2.The TESI is not completed with the Foster Parent(s).</p> <p>3.Maintain a hardcopy of the TESI in the client file and available for review by CYFD during site visits.</p>	<p>1.Select the appropriate case in the IMH database and add the <i>TESI</i> as the service.</p> <p>2.No note is required with the service.</p> <p>3.Add the <i>TESI</i> under the clinical instruments tab, indicate with which Parent/Caregiver the <i>TESI</i> was completed.</p> <p>4.Check the box to indicate the <i>TESI</i> was completed.</p>
<b>LSC-R</b> Life Stressors Checklist - Revised	<p>1.Complete the LSC-R. *With the clinician's supervisor's approval, only enough of the LSC-R to clinically conceptualize the case may be completed.</p> <p>2.The LSC-R is not completed with the Foster Parent(s). *The exception is if the case moves from Team to Foster Parent to PIP, then the LSC-R may be completed with the Foster Parent(s).</p> <p>3.Maintain a hardcopy of the LSC-R in the client file and available for review by CYFD during site visits.</p>	<p>1.Select the appropriate case in the IMH database and add the <i>LSC-R</i> as the service.</p> <p>2.No note is required with the service.</p> <p>3.Add the <i>LSC-R</i> under the clinical instruments tab, indicate with which Parent/Caregiver the <i>LSC-R</i> was completed.</p> <p>4.Check the box to indicate the <i>LSC-R</i> was completed.</p>

Medicaid Billable Services	Description	IMH Database Documentation Requirement
<b>Foster Parent Intervening</b>	<p><b>FOR TEAM and FOSTER PARENT CASES ONLY</b></p> <p>1. <b>ALL</b> services provided to Foster Parent(s) are entered as Foster Parent Intervening in the IMH database.</p> <p>2. Clinicians may only provide developmental guidance to the Infant's 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 appropriate case in the IMH database and add <i>Foster Parent Intervening</i> as the service.</p> <p>2. The note entered in the IMH database must:</p> <ul style="list-style-type: none"> <li>*Indicate who was present.</li> <li>*Indicate the developmental theme being addressed during the session.</li> </ul>

Medicaid Billable Services	CPP Fidelity Tracker Examples
Intake	<ul style="list-style-type: none"> <li>•Met with Mom to explain services.</li> <li>•Met with Dad to sign consent forms.</li> </ul>
Foundational Session	<ul style="list-style-type: none"> <li>•Discussed with Mom family history and worked on building relationship with her.</li> <li>•Began to understand the meaning behind the family history and impact on mom.</li> <li>•Begin developing case conceptualization.</li> <li>*****</li> <li>•Determined Dad's readiness to complete clinical instruments.</li> <li>•Gained an understanding of how to move forward with Dad in order to provide effective treatment.</li> <li>•Implement my assessment of Dad's readiness and adjust treatment accordingly.</li> </ul>
Triangle of Explanations	<p>Completed the Infant's Triangle with Dad:  E-Infant heard dad hit siblings.  B-Infant is now afraid and screams whenever Infant hears yelling.  T-Dad is bringing you here so you can learn not to be afraid and not scream whenever you hear yelling.</p> <p>Completed the Infant's Triangle with Mom:  E-Infant heard Mom crying.  B-Infant gets sad and upset when Mom cries.  T-Mom was crying because she was sad and when we are sad it's ok to cry.</p>
Feedback Session	<ul style="list-style-type: none"> <li>•Mom understands how the trauma has affected the baby.</li> <li>•Mom is not ready to complete the narrative for the baby.</li> <li>•Continue working with Mom to develop the narrative for the baby.</li> </ul>

Core Intervention Session	<ul style="list-style-type: none"> <li>▸ Infant was in a frozen state as mom was frantically looking for a bottle.</li> <li>▸ Mom cannot meet the child emotionally therefore, she relies on "stuff". Food, bottle, drink, etc.</li> <li>▸ This clinician will help mom shift her focus from "stuff" and help her to see her child.</li> </ul> <p>*****</p> <ul style="list-style-type: none"> <li>▸ Mom was holding Infant facing her as she was talking to him. Infant would look away. Infant had a hard time keeping eye contact with mom. Infant did not show much emotion.</li> <li>▸ Infant had mis-cues with mom and brother.</li> <li>▸ Wonder with mom about the mis-cues and how they may relate to trauma.</li> </ul>
Discharge Session	<ul style="list-style-type: none"> <li>▸ Met with bio parents and Infant to say goodbye. Infant is being reunified and bio parents no longer wish to receive services.</li> <li>▸ Session with FP and Infant to discuss upcoming reunification with bio parents. Provided narrative for Infant.</li> <li>▸ Session with bio parents to explain changing from Team to PIP services.</li> </ul>
TESI	NO service note needed. Entered as completed on the clinical instruments tab.
LSC-R	NO service note needed. Entered as completed on the clinical instruments tab.
Foster Parent Intervening	▸ Worked with Foster Mom and Infant on providing guidance around Infant's intense tantrums giving FM ways to talk to Infant.
<b>Case Rate Services</b>	<b>Service Note Examples</b>
Observation Session	<ul style="list-style-type: none"> <li>▸ First observation of visit with biological dad alone with his two children. Dad was engaged and children responded to him throughout visit. Dad had teachable moments with children and smiled.</li> <li>▸ Impressions are children were comfortable with dad and they appeared more organized and regulated than with mom, evident by them freely exploring, smiling, laughing and making eye contact with dad. It could be due to dad's presence being very different from mom's, his parenting style or past experiences with dad.</li> <li>▸ Work will involve how to increase shared joy in visits, reading children's cues etc.</li> </ul>
DIAPER w/the DOVE	NO service note needed. Entered on the clinical instruments tab.
CIAP	NO service note needed. Entered on the clinical instruments tab.
DC-05	NO service note needed. Entered on the clinical instruments tab.
Judicial Report Writing	IMH database instructions forthcoming.

Case Rate Services	Description	IMH Database Documentation Requirements
<p><b>Observation Session</b></p>	<p>1.Completed to assess the Infant's functional capacities in different environments and with different caregivers, and to inform the clinical work and/or the developmental guidance provided.</p> <p>2.<b>FOR TEAM and FOSTER PARENT CASES:</b> 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>	<p><b>**The IMH Database documentation requirements will be forthcoming.**</b></p>
<p><b>Interaction on Behalf of the Infant</b></p>	<p><b>FOR TEAM and FOSTER PARENT CASES ONLY</b></p> <p>1.<b>ANY</b> Interaction on Behalf of the Infant with anyone <b>NOT</b> a part of the agency's IMH Team .</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>	<p>No IMH database documentation is required.</p>
<p><b>DIAPER w/the DIAPER Observation Video Event (DOVE)</b> Assesses the Primary Caregiver's(s)/Parent's(s)' capacity to support the Infant's development.</p>	<p>1.Record the DOVE as a part of a Medicaid Billable Service session between the Primary Caregiver(s)/Parent(s) and the Infant.</p> <p>2.After the session, review the DOVE and clinical notes in order to answer the DIAPER questions.</p> <p>3.The DOVE is recorded each time the DIAPER needs to be completed.</p> <p>4.Please refer to each SOW for the periodicity.</p> <p>5.The DIAPER is the only clinical instrument completed when the case is registered in the Foster Parent program.</p>	<p>1.Add the <i>DIAPER</i> under the clinical instruments tab, indicate with which Primary Caregiver/Parent the <i>DIAPER</i> being entered was completed.</p> <p>2.Enter all answers and update the status to complete.</p>

Case Rate Services	Description	IMH Database Documentation Requirements
<p align="center"><b>CIAP</b></p> <p>Evaluates the Primary Caregiver's(s)/Parent's(s) progress in treatment.</p>	<ol style="list-style-type: none"> <li>1. Complete the CIAP after a Medicaid Billable Service session.</li> <li>2. After the session, review clinical notes and answer the CIAP questions.</li> <li>3. Please refer to each SOW for the periodicity.</li> </ol>	<ol style="list-style-type: none"> <li>1. Add the <i>CIAP</i> under the clinical instrument tab, indicate with which Parent/Primary Caregiver the <i>CIAP</i> being entered was completed.</li> <li>2. Enter all answers and update the status to complete.</li> </ol>
<p align="center"><b>DC-05</b></p> <p>Evaluates the Parent-Infant relationship adaptation.</p>	<ol style="list-style-type: none"> <li>1. Complete the DC-05 after a Medicaid Billable Service session.</li> <li>2. After the session, review clinical notes and complete the DC-05.</li> <li>3. Please refer to each SOW for the periodicity.</li> </ol>	<ol style="list-style-type: none"> <li>1. Add the <i>DC-05</i> under the clinical instrument tab, indicate with which Parent/Primary Caregiver the <i>DC-05</i> being entered was completed.</li> <li>2. Enter all answers and update the status to complete.</li> </ol>
<p align="center"><b>Judicial Hearing (with and without Testimony)</b></p>	<p align="center"><b>FOR TEAM CASES and FOSTER PARENT CASES ONLY</b></p> <ol style="list-style-type: none"> <li>1. Attend Judicial Hearings as appropriate, whether or not testimony is provided.</li> </ol>	<p>No IMH database documentation is required.</p>
<p align="center"><b>Judicial Report Writing</b></p>	<p align="center"><b>FOR TEAM CASES and FOSTER PARENT CASES ONLY</b></p> <ol style="list-style-type: none"> <li>1. Reports should be written using the template provided on the CYFD IMH web page.</li> <li>2. Reports should only be written per the guidelines found in each SOW.</li> </ol>	<p align="center"><b>**The IMH Database documentation requirements will be forthcoming.**</b></p>
<p align="center"><b>Travel</b></p>	<ol style="list-style-type: none"> <li>1. Travel to locations as needed to provide services to or on behalf of an Infant.</li> <li>2. Locations include, but are not limited to: an Infant's residence or placement, CYFD offices, the courthouse, or daycare/childcare.</li> </ol>	<p>No IMH database documentation is required.</p>

## Medicaid Billable Services

Medicaid CPT code

Intake

90791

Foundational Session

Triangle of Explanations

Feedback Session

Core Intervention Session

90832, 90834, 90837,  
90846, 90847

Discharge Session

TESI

LSC-R

Foster Parent Intervening

## Case Rate Inclusive Services

Observation Session

Interaction on Behalf of the Infant

DIAPER w/the DOVE

CIAP

DC-05

Judicial Report Writing

Judicial Hearing (with and without  
testimony)

Travel