
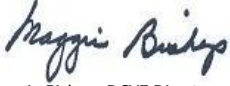


1904 CHILD HEALTH SUPPORT SERVICE	
Chapter: Services for Children, Youth, and Families	Section: Community-Based Services
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 07-20 Effective Date: October 2007 Scheduled Review Date:
	Approved:  Maggie Bishop, DCYF Director
Related Statute(s): RSA 126-A , RSA 169-B , RSA 169-C , RSA 169-D , and RSA 170-G Related Admin Rule(s): He-C 6352 Related Federal Regulation(s):	Related Form(s): FORM 2235, FORM 2239, FORM 2240, FORM 2438, and FORM 2439 Bridges' Screen(s) and Attachment(s):

Purpose

DCYF and DJJS staff may offer this rehabilitative, in-home service to families to prevent the placement of children or to facilitate reunification of children and youth with their families.

Definitions

"Caregiver" means a family member, relative, guardian, foster parent, and other individual responsible for the care of a child.

"Child Health Support Services" means in-home support for children and families through the provision of supportive counseling, health assessment, health education, behavioral health management, referral to resources, coordination of services, and other supports for improving health and well-being of children and other family members.

"Prescribing Practitioners" means physicians, physician assistants, advanced registered nurse practitioners (ARNP), registered nurses (RN), or licensed practical nurses (LPN); licensed psychologists, licensed pastoral psychotherapists, licensed independent clinical social workers, licensed clinical mental health counselors, or licensed marriage and family therapists.

"Service Code" is HM.

"Service Unit" means 15 minutes.

Policy

Service Population

- I. Child Health Support Services may be provided for the following families:
 - A. Families at risk of having a child removed from the home due to emotional or physical neglect or maltreatment;
 - B. Families facing multiple difficulties in parenting;
 - C. Young parents, including teen parents and others who are inexperienced and struggling with their parental responsibilities;
 - D. Socially isolated families who lack appropriate parenting role models and access to supportive services;

- E. Families in which ineffective child management techniques are being employed and children are withdrawn or depressed, aggressive, delinquent, anxious, or display self-destructive behaviors;
 - F. Families unable to effectively carry out parenting functions because of physical or mental illness, disabilities, convalescence, alcohol or substance abuse, or complications of pregnancy;
 - G. Families in which the parents' ability to effectively parent their children is diminished due to preoccupation with the care of one or more family members, such as their spouse, child, or a grandparent who is chronically ill, convalescing, or permanently disabled; or when a parent has a prolonged grief reaction over the death of a spouse, child, or other person;
 - H. Families needing help in learning how to care for children due to lack of knowledge, emotional immaturity, or overwhelming responsibility for many children;
 - I. Families headed by grandparents or other relatives who are overwhelmed with the responsibilities of parenting, placing the child at risk of placement in another home;
 - J. Families in which the child has been placed out of the home on a temporary basis and the parents need therapeutic intervention to prepare for the return of the child, including help with issues such as appropriate parenting, child management techniques, discipline, communication skills, and anger management, as well as safety of the physical home environment; and
 - K. Families who need therapeutic intervention to avert future neglect, abuse, delinquency, status offenses, emotional disturbances, and out-of-home placement of a child.
- II. Families who receive Child Health Support must not be authorized at the same time for Home-Based Therapeutic Service or Intensive Home and Community Service.
 - III. The service limitation in II above may be waived by the Child Protection Administrator or Juvenile Justice Bureau Chief of Field Services at State Office to authorize two in-home services at the same time when the CPSW or JPPD documents in the "Case Plan" the reasons for the second service, the goals and anticipated child and family outcomes, each individual's responsibilities, tasks, and the timeframes for completion.
 - IV. In general, families who are at moderate risk, as indicated on the SDM Risk Assessment for DCYF or by DJJS for youth with intermediate level Risk Factors using the DJJS Risk/Needs Assessment Tool, are to be considered for this service.
 - V. Families who come to the attention of DCYF or DJJS, but who do not become open service cases, may be referred for services through the [family resource and support agencies \[1930\]](#) or other prevention or intervention service agencies.

PROVIDER QUALIFICATIONS

- I. Providers of Child Health Support Services must be agencies that meet the requirements listed below and the requirements in the Certification for Payment Standards for Community-Based Service Providers see He-C 6352.19.
- II. The agency must be an enrolled NH Medicaid provider and meet the following requirements:

- A. A prescribing practitioner must demonstrate approval of the Medicaid-covered Child Health Support Services by signing the child and family's treatment plan;
 - B. Agencies must employ or contract with a program consultant who meets one of the following to be available for consultation and supervision of Child Health Support aides:
 - 1. For cases when the primary issue is physical health - a physician, physician assistant, advanced registered nurse practitioner (ARNP), registered nurse (RN), or licensed practical nurse (LPN); and
 - 2. Or cases when the primary issue is behavioral health - licensed psychologists, licensed pastoral psychotherapists, licensed clinical social worker, licensed clinical mental health counselor or licensed marriage and family therapist; and
 - C. The program consultant must review the treatment plan no less than quarterly and document the review by signing and dating the treatment plan.
- III. The agency must provide each family with a written description of services that are available by staff. The written description or brochure must reflect the listing in part VII of the Service Provision Guidelines.
- IV. Medicaid-covered Child Health Support Services are authorized for children and youth who are:
- A. Medicaid eligible, either as categorically or medically needy; and
 - B. Under the age of 21 years.
- V. The agency must maintain comprehensive, general liability insurance coverage against all claims of bodily injury, death, or property damage.
- VI. The agency must employ staffs that provide evening, weekend, and holiday coverage to meet the needs of the family.
- VII. The agency must have aides in sufficient number to maintain a 1:6 average aide to family caseload. The maximum aide to family caseload must not exceed 1:9.
- VIII. The agency must provide aides with agency identification.
- IX. The agency must complete a monthly Child Health Support Service Data Report (Form 2438) and forward a copy to the service utilization reviewer at State Office of the Department of Health and Human Services in Concord, NH no later than 15 days following the end of the month.
- X. The Child Health Support aide must:
- A. Be at least 22 years of age; and
 - B. Possess a bachelor's degree from an accredited college or university with a major study in nursing, health, psychology, social work, sociology, education, guidance, or a related field emphasizing human relations, physical or behavioral health; or
 - C. Possess a high school diploma or general equivalency diploma and have 4 years experience working with families or other relevant human services experience;

- D. Complete a minimum of 24 hours per year of in-service training, 12 hours of which may include trainings provided in supervision that relate to general therapeutic topics and are not case specific. Completion of training must be documented in the aide's personnel file. Documentation must include a written summary of the dates of training, titles of training topics, and number of hours per training, with training records that include trainer signed certificates to be available at the time of any on-site quality assurance monitoring by DCYF/DJJS;
- E. Have a beeper, cell phone or pager so appointments may be scheduled or canceled;
- F. Carry and present identification to the child's caregiver as necessary;
- G. Review the "Case Plan;"
- H. Complete an initial health and behavioral health assessment for each family and within 30 days of the referral that includes:
 - 1. Health status of each family member;
 - 2. Behavioral health diagnosis and treatment received;
 - 3. Prescription medications of each family member; and
 - 4. Needs of the children and parents;
- I. Include the following components in the treatment plan, developed in conjunction with the family, the CPSW or JPPO, the prescribing practitioner, and the child health support service's program consultant, and forward to the CPSW or JPPO within 30 calendar days of referral:
 - 1. The findings of the initial assessment as identified by the provider and in the Case Plan;
 - 2. The treatment methods, frequency, duration, tasks and other actions to be taken by the child health support aide to meet the needs of the children and parents;
 - 3. The tasks and other actions to be taken by the parents;
 - 4. The goals, objectives, measurable child and family outcomes, and timeframes for achievement;
 - 5. The anticipated date of termination; and
 - 6. The date and signatures of the prescribing practitioner, child health support aide, program consultant, family members as applicable, and CPSW or JPPO;
- J. Provide a written report of the family's progress towards meeting the goals of the treatment plan at the end of the second month and each month thereafter, which includes:
 - 1. A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, dates, and measurable child and family outcomes achieved;

2. A description of the areas where additional improvement by the parents is essential to address the needs of children as identified by the provider and the Case Plan;
 3. Any new information;
 4. Recommended changes in the treatment plan including the needs and reasons for changes in goals, objectives, measurable child and family outcomes, timeframes, and anticipated date of termination; and
 5. The date and signatures of the child health support aide and the program consultant;
- K. Log each family visit and contact utilizing the Child Health Support Log sheet (Form 2439);
- L. Attend Case Planning or treatment-planning meetings as requested by the CPSW or JPPO;
- M. Meet the following requirements prior to providing vehicular transportation of a child, youth, or family member:
1. Possess a valid driver's license, and maintain a copy of the license in their agency's personnel file;
 2. Operate vehicles that have a current registration and safety inspection;
 3. Have current automobile liability insurance that includes coverage for accidental injury and death, and maintain a copy of the policy in their agency's personnel file;
 4. Have no convictions for impaired driving or multiple motor vehicle violations, and maintain a copy of the motor vehicle record in their agency's personnel file; and
 5. Have no convictions for crimes against persons; and maintain a copy of the criminal records verification in their agency's files, and
- N. Discuss needs and reasons for termination of services with the family members and the CPSW or JPPO.

Service Provision Guidelines

- I. Child Health Support Services must be authorized by the CPSW or JPPO, based on a court order, non-court, or voluntary services agreement.
- II. Child Health Support is a method of delivering family-centered, rehabilitative support services in the areas of physical and behavioral health, social support, parenting education and other therapeutic services to children and families. The goals of the services are to strengthen family skills as an alternative to placing a child outside the family home and/or to prepare a child to return home.
- III. Child Health Support Services are limited to 90 days per year from the date of first service per family, with the exception of court ordered supervision of parent-child visitations that must occur within the period of time mandated by the court order.
- IV. For one time only, Supervisors may waive the 3-month service limitation for up to 90 more days under the following conditions:

- A. The family's problems have not been resolved and the child remains at risk for out-of-home placement; and
- B. The provider, who has discussed a continuation of services with family members and the CPSW or JPPO, submits in writing to the CPSW or JPPO the following information:
 - 1. The need and justification for continued services;
 - 2. The begin and end dates for continued services;
 - 3. The goals for the continued period of services;
 - 4. The revised therapeutic plan; and
 - 5. The additional anticipated child and family outcomes.
- V. The Supervisor must send a copy of the approval or denial to the provider, and if an extension is approved, send a copy of the approval to the County Human Services Administrator.
- VI. The reasons for a service extension and its date must be documented in the "Case Plan."
- VII. Child Health Support includes the following:
 - A. Addiction Support Counseling includes ongoing risk assessment and referral for substance abuse treatment, as well as supportive counseling for those in addiction treatment programs to reduce the effects these addictions have on parenting abilities;
 - B. Family-based Counseling includes education, consultation, and follow-up activities that develop and maintain family support systems to enhance and encourage parental coping and nurturing skills, assessment of parent and child interaction, family counseling and skill building for parents and their children who are in an out-of-home placement, and parenting skills instruction including role modeling;
 - C. Behavior Management includes an initial behavioral health assessment of the family, the development and implementation of behavior modification plans for the children and parents in conjunction with child development (including managing the child's behavior through appropriate discipline), education and parenting skills to inform and prepare parents for a child's behaviors and needs (including age appropriate socialization skills of the child), and counseling focused on stress management, conflict resolution, and impulse control;
 - D. Health Care Management includes an initial physical assessment of the family members, home health care education, and management of physical or behavioral illnesses as well as providing assistance to parents in implementing medical regimes as they relate to their tasks of daily living;
 - E. Household Management includes safety instruction to eliminate, reduce, or avoid hazards in the home as well as household management skills, which includes emphasizing the importance of cleanliness to a child's health;
 - F. Nutritional Education includes safe food handling procedures and dietary needs of children;

- G. Community Resource and Support includes encouraging, instruction, and assistance with accessing community agencies and services, and life skills development and support counseling for securing and maintaining safe housing, food, clothing, and heat; and
- H. Supervised Visitation between parent(s) and children, as ordered by the Court, DCYF, and DJJS to include parent education about age appropriate activities, discipline and behavior modification.
 - 1. The CPSW or JPPO must coordinate Child Health Support Services and must share information from the "Case Plan" with the Child Health Support Service provider.
 - 2. The CPSW or JPPO must notify the provider 3 days prior to closing an authorization that terminates this service for a family.
 - 3. The CPSW or JPPO must immediately notify the provider when an unanticipated court ordered placement occurs.
 - 4. The outcomes for Child Health Support Services, as measured by the provider and DCYF and DJJS, are:
 - (a) Safety
 - (1) Children are, first and foremost, protected from abused and neglect, as evidenced by at least 95% of families, children or youth having no new incident of abuse or neglect during or after service provision that results in founded determination;
 - (2) Children are safely maintained in their own homes whenever possible and appropriate as evidenced by at least 80% of families having no child or youth placed outside of the home during service provision; and
 - (3) Youth are safely maintained in their own community whenever possible and appropriate as evidenced by a stated goal of at least 80% of juvenile offenders not committing a new juvenile offense during service provision.
 - (b) Child and Family Well-Being
 - (1) Families have enhanced capacity to provide for their children's needs, by child and family involvement in Case Planning, as evidence by at least 90% of families signing the treatment plan; and
 - (2) Families have enhanced capacity to provide for their children's needs as evidenced by at least 70% of families will have increased strengths by one level as scored on the SDM scale for Family Strengths and Needs Review tool for DCYF. For DJJS, this determination is evidenced by an increased number of protective factors in the area of Family Strengths, Involvement and Supports, Social skills or Positive Perceptions and Outlooks.

- (c) Agencies must meet or exceed each required percentage. If the percentage falls below the required percentage, a service monitoring team must meet to recommend either:
 - (1) A corrective action plan; or
 - (2) Revocation of certification for payment.
- (d) The Child Health Support service monitoring team shall include:
 - (1) From the bureau of quality improvement, one representative;
 - (2) At least 2 program administrators,
 - (3) The DCYF service utilization reviewer; and
 - (4) A representative of DJJS.

Payment and Billing Procedures

- I. The method of payment is vendored.
- II. The provider must be certified for payment and enrolled on NH Bridges and the Medicaid Management Information System (MMIS) prior to service delivery.
- III. The CPSW or JPPO must forward the court order, "Non-Court Agreement" (Form 2239), or "Agreement for Voluntary Services" (Form 2235) for Child Health Support Services to the County Human Services Administrator.
- IV. Service is authorized by the CPSW or JPPO before service provision, using the following order of funding sources:
 - A. Title XIX Medicaid for Medicaid eligible children; and
 - B. State and County funds for non-Medicaid eligible children.
- V. The CPSW or JPPO provides service approval and information for the Fiscal Specialist to complete the "Service Authorization" or the "Prior Authorization" (PAIT) if the child is Medicaid eligible. MMIS and Bridges forwards completed copies of these forms to the provider, District Office, and county.
- VI. The service unit of one day includes all the provider requirements and all mileage.
- VII. Providers must maintain supporting records of billing and payment that includes:
 - A. Copies of the Child Health Support Log Sheet (Form 2439);
 - B. Copies of invoices; and
 - C. Copies of Medicaid Prior Authorizations or Service Authorizations.
- VIII. Providers must bill Medicaid Fiscal Agent for eligible children and bill DHHS for non-eligible children.

- IX. For non-Medicaid eligible children, the provider completes the "Service Authorization" to bill for services provided and submits the invoice to the County Human Services Administrator who receives the invoice pursuant to RSA 126-A:3 II-a and RSA 169 and forwards it to the DHHS Bureau of Data Management for processing.
- X. No payment is allowed for invoices received after one year from the date of service, pursuant to RSA 126-A:3 II.

Practice Guidance

What is the Service Rate for this Service?

- Refer to [Item 2700 Rates](#) (Fiscal Management Chapter, Rates Section) for current rate.