

**106.0 UNIFORM ACCOUNTING SYSTEM (UAS) CODES**

<b>UAS</b>	<b>DESCRIPTION</b>	<b>LAST UPDATE</b>
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**PROGRAM NOTES**

<b>511</b>	<b>Comprehensive Child and Family Assessment</b>	<b>July 2022</b>
<b>518</b>	<b>Wrap-Around Services</b>	<b>July 2022</b>
<b>521</b>	<b>Prevention of Unnecessary Out-of-Home Placement</b>	<b>July 2022</b>
<b>551</b>	<b>Early Intervention and Prevention Services</b>	<b>July 2022</b>
<b>571</b>	<b>Homestead Services</b>	<b>July 2022</b>
<b>573</b>	<b>Parent Aide Services</b>	<b>July 2022</b>

**NOTE: Only Approved Contracted Providers Can Complete Services**

**109.11 UAS Program 511 (CONTRACT REQUIRED FOR ALL SERVICES)**

**PROGRAM NAME–Comprehensive Child and Family Assessment (PERMANENCY CASES ONLY)**

**CASE MAX Fiscal Year Limit: \$15,000. Waivers will be approved in \$5000 increments.**

**1<sup>st</sup> level waiver will be approved by the County Director/SS Administrator or Higher Position**

**2<sup>nd</sup> level waiver will be approved by the Regional Director or Higher Position**

**3<sup>rd</sup> level waiver will be approved by the District Director or Higher Position**

- ❖ **Please note: The waiver process is a DFCS internal process and providers do not need a copy of the waiver for payment purposes.**

**REFERENCES:** Child Welfare Policy Manual Chapter 18 Support Services to Preserve or Reunify Families 10.10 CCFA Services

**PROGRAM PURPOSE:**

**Comprehensive Child and Family (CCFA) – Code 29**

To assist DFCS staff, the juvenile court, families, and providers in developing case plans, making placement decisions, expediting permanency, and planning for effective service intervention. A Comprehensive Child and Family Assessment is required for all **children** entering care, the family members and collaterals associated with the child. If a child has already had a completed CCFA evaluation within the last 12 months a new, formal CCFA Evaluation is not required. An updated CCFA Evaluation may be required if the child’s information has changed within the 12-month period. The case manager will complete the Service Authorization/Referral form. The provider will complete the CCFA. **The provider must have a fully executed contract in the current fiscal year to perform these services.**

**NOTE: A Service Authorization must be completed and approved before sending to the provider for services. A copy of the trauma assessment, medical & dental exam should be requested by the case manager as soon as the child comes into care and forwarded to the provider as soon as the case manager receives it from Amerigroup.**

**COSTAR REPORTING** – Reported client may be a child depending on the type of assessment being conducted.

**PAYMENT REQUIREMENTS:**

CCFA approved providers have signed a DFCS contract with the State of Georgia. The provider of service must be credentialed in accordance with the code requirement listed in this manual.

Providers must submit the program invoice by the 10th of each month, a copy of the SHINES generated Service Authorization, the assessment, Travel/Mileage Log (dental & medical appointments only) and case note if the assessment was not completed within the stated timeline to the County DFCS offices. Regional County Contract Liaison’s will review and approve for completeness and accuracy, and forward to their designated accounting office.

**UAS Program 511 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Initial Child /Family Assessment</p> <ul style="list-style-type: none"> <li>Consist of the first child entering care, the family members and collaterals associated with the child regardless of location (one-time fee only)</li> </ul> <p><b>Note: The provider can submit their 3 attempts to secure the Checklist along with the invoice.</b></p>	<p>511-29e</p>	<ul style="list-style-type: none"> <li><b>\$935.00</b></li> <li>This fee is associated with the child case/id#.</li> <li>Compiling, Gathering, assembling all Information needed for a Complete CCFA.</li> <li>Must be Completed within 25 calendar days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>Rate includes the cost of attending any DFCS scheduled meeting.</li> <li>Rate includes cost of facilitating Multi-Disciplinary Team (MDT) meeting.</li> <li>Rate includes cost of mileage and missed appointments.</li> <li><b>Licensed/Provisional Licensure or Masters under supervision for licensure.</b></li> <li><b>Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</b></li> <li><b>Birth Family Background Form 419 is mandatory for the completion of all CCFA's.</b></li> <li><b>The CCFA Checklist (DFCS's approval of the completed CCFA) is mandatory for payment purposes and is completed by DFCS Case Manager or Supervisor or Administrator and provider during the MDT meeting. If DFCS staff does not want an MDT held or fails to participate in the MDT coordination/meeting, then the CCFA checklist is not required for payment purposes. The provider must send a case note detailing multiple attempts to coordinate with DFCS (must state DFCS staff contacted) with no response or an email if DFCS advises the provider in writing one is not needed.</b></li> <li><b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> <li><b>Upon receipt of a SA the provider will request in writing the case summary, log of contact narratives, medical/dental exam records, and the trauma assessment from the case manager if not sent with the SA.</b></li> </ul>

**UAS Program 511 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Additional Children in Sibling Group Entering Foster Care</p> <p>Includes additional children in the sibling group entering foster care, including all family members and collaterals associated with each child regardless of location (one-time fee only)</p>	<p><b>511-29f</b></p>	<ul style="list-style-type: none"> <li>• <b>\$220.00</b></li> <li>• This fee is associated with the child case/ID#.</li> <li>• Must be Completed within 25 calendar days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• Rate includes cost of mileage and missed appointments.</li> <li>• <b>Licensed/Provisional Licensure or Masters under supervision for licensure.</b></li> <li>• <b>Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> <li>• <b>Upon receipt of a SA the provider will request in writing the trauma assessment, medical &amp; dental exam from the case manager if not sent with the SA.</b></li> </ul>
<p>Kinship Assessment</p>	<p><b>511-29j</b></p>	<ul style="list-style-type: none"> <li>• <b>\$550.00</b> Per family</li> <li>• Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• Rate includes cost of mileage and missed appointments.</li> <li>• Family member or non-family member has been identified as a placement resource for children.</li> <li>• This Assessment is completed to determine the appropriateness of placement resources for children.</li> <li>• <b>Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services.</b></li> <li>• <b>The case manager should send the provider any drug screening test results with the service authorization so the results can be included in the Kinship assessment.</b></li> <li>• <b>If drug screening tests have not been completed, then case manager should complete SA’s for drug screening services and obtain the results to send to the CCFA provider.</b></li> <li>• <b>If the provider does not receive the drug screening results, they should request them in writing from the case manager.</b></li> <li>• <b>May Not Be Combined with other assessments/evaluations.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment.</b></li> </ul>

**UAS Program 511 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Update Expired CCFA</p> <p>(Used if Initial CCFA is more than 1 yr old)</p>	<p><b>511-29m</b></p>	<ul style="list-style-type: none"> <li>• <b>\$330.00</b></li> <li>• Current CCFA is more than one year old.</li> <li>• Reviewing original CCFA and making any family updates</li> <li>• Coordination of Compiling the family assessment.</li> <li>• Compiling, Gathering, assembling all Information needed for a Complete CCFA.</li> <li>• Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• Rate includes cost of mileage and missed appointments.</li> <li>• <b>Licensed/Provisional Licensure or Masters under supervision for licensure.</b></li> <li>• <b>Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> <li>• <b>CCFA Checklist Not Required for Payment Purposes</b></li> </ul>
<p>Update Current CCFA – Children in a Sibling Group who are in Foster Care.</p> <ul style="list-style-type: none"> <li>• Update a current CCFA-After submitting initial CCFA during the first 12 months child is in care.</li> <li>• Providers just updates the CCFA section for the paternal family &amp; Form 419 paternal family section.</li> </ul>	<p><b>511-29n</b></p>	<ul style="list-style-type: none"> <li>• <b>\$82.50</b> per child/family member</li> <li>• Each additional child for example if mom has a new baby after initial CCFA has been completed or a new biological father is identified within 12 months of a completed CCFA.</li> <li>• Fee can be used for each additional child needed to complete the updated CCFA.</li> <li>• Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• Rate includes cost of mileage and missed appointments.</li> <li>• <b>Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> <li>• <b>CCFA Checklist Not Required for Payment Purposes</b></li> </ul>

**UAS Program 511 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Incomplete CCFA Family Assessment	<b>511-29o</b>	<ul style="list-style-type: none"> <li>• <b>\$330</b></li> <li>• Justification Must be Provided.</li> <li>• Rate includes cost of mileage and missed appointments.</li> <li>• Code should only be used if family assessment was initiated and DFCS cancelled the referral before full completion of the CCFA. The case manager will send the provider a new SA with code 511-29o. Provider must submit all completed sections within 10 days of DFCS canceling the assessment.</li> </ul>
<p><b>Transportation/Escorting Services</b> for Children in foster care for medical-dental components needed to complete CCFA ONLY.</p> <p>No Client Satisfaction Survey Required for Transportation Services</p> <p><b>Note: Supervision hours cannot be billed while the provider is transporting clients or getting to &amp; from the location for all services.</b></p>	<b>511-56a</b>	<ul style="list-style-type: none"> <li>• <b>\$27.50 per hour</b></li> <li>• This code is used solely when transporting children to and from medical or dental appointments to meet CCFA requirements.</li> <li>• Hourly rate begins from the provider’s residence or official business address or current location, whichever is nearer to the destination point.</li> <li>• Please Note: Crisis Intervention Services are PROHIBITED during transportation.</li> <li>• <b>HS Diploma/GED &amp; 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) &amp; transporters must take Child Safety Seat training annually.</b></li> <li>• <b>Wait times can be charged if a trip one-way is 3 or more hours without justification on the SA. Any other billed wait time must be on the service authorization in the justification/comment section or in an email to the provider. If the provider was notified by email that needs to be submitted with the invoice packet. Mileage cannot be charged during wait time.</b></li> </ul>
CCFA Mileage  <b>(Does not have to be on the service authorization for payment purposes)</b>	<b>511-56b</b>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Mileage is reimbursable for transporting child(ren) only for the medical &amp; dental components of the CCFA.</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).  <b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• <b>The specific purpose for each trip must be listed on the mileage log.</b></li> <li>• <b>This service is paid by the hour not by the number of clients being transported</b></li> </ul>
Children’s Meals During Transportation	<b>511-56c</b>	<ul style="list-style-type: none"> <li>• <b>Meals for children when in transportation status</b></li> <li>• <b>Original detailed receipts are required.</b></li> <li>• <b>Clearly mark child’s portion of expenditures</b></li> <li>• <b>Meal limits may not exceed \$28 a day (\$6 Breakfast, \$7 Lunch, and \$15 Dinner)</b></li> </ul>

**UAS Program 511 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

<b>DESCRIPTION</b>	<b>CODE</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
Court Appearance and/or Testimony <b>(High Level)</b>	<b>511-88a</b>	<ul style="list-style-type: none"> <li>• <b>\$88/HR/Day May not Exceed \$640/Day</b></li> <li>• CCFA Assessment-Invoice and a copy of subpoena must be attached for payment.</li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only.</b></p>
Court Appearance and/or Testimony <b>(Low Level)</b>	<b>511-88b</b>	<ul style="list-style-type: none"> <li>• <b>\$49.50/HR/Day May not Exceed \$360</b></li> <li>• CCFA Assessment-Invoice and a copy of subpoena must be attached for payment.</li> <li>• <b>Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only</b></p>
Court Appearance and/or Testimony <b>(Moderate Level)</b>	<b>511-88c</b>	<ul style="list-style-type: none"> <li>• <b>\$71.50/HR/Day May not Exceed \$520/Day</b></li> <li>• CCFA Assessment-Invoice and a copy of subpoena must be attached for payment.</li> <li>• <b>Provisional Licensure or Masters Under Supervision for Licensure</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only</b></p>

**109.18 UAS Program 518 WRAP (CONTRACT REQUIRED FOR MOST SERVICES)**

**PROGRAM NAME – Wrap Around Services (FAMILY PRESERVATION AND PERMANENCY CASES)**

**CASE MAX Fiscal Year Limit: \$15,000. Waivers will be approved in \$5000 increments.**  
**1<sup>st</sup> level waiver will be approved by the County Director/SS Administrator or Higher Position**  
**2<sup>nd</sup> level waiver will be approved by the Regional Director or Higher Position**  
**3<sup>rd</sup> level waiver will be approved by the District Director or Higher Position**

- ❖ **Please note: The waiver process is a DFCS internal process and providers do not need a copy of the waiver for payment purposes.**

**REFERENCES:** Child Welfare Policy Manual Chapter 18 Support Services to Preserve or Reunify Families 18.6 WRAP Services

- **Maximum spending limits \$15,000 per FAMILY per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>) to include:**
  - **Crisis Intervention**
  - **In-Home Targeted Case Management**
  - **In-Home intensive treatment**
  - **Transportation & Mileage**
  - **Court Appearances - SA Completed for SAAG subpoenaed court appearance only.**
  - **Life Book**

**PROGRAM PURPOSE:**

Wrap Around services are comprehensive home-based mental health treatment and case management services designed to provide critical support to Permanency or Family preservation with the intent of promoting safe and stable families and/or early reunification.

Wrap around services are used to support children placed in DFCS foster homes, reunited with birth families, or placed with relative caregivers who receive a Relative Support subsidy.

Unless otherwise specified, the duration of aftercare services provision **cannot exceed six (6) months.** Aftercare services must be court-ordered and may be extended up to an additional six (6) months without a waiver.

**COSTAR REPORTING: The reported client is the child.**

**PAYMENT REQUIREMENTS:**

WRAP **approved** providers have signed a DFCS wide contract with the state of Georgia. The provider of service must be credentialed in accordance with the code requirement listed in this manual.



**UAS 518 (cont)**

Providers must submit the program invoice by the 10th of each month, a copy of the SHINES generated Service Authorization, Travel/Mileage Log, and case documentation to the County DFCS offices. Regional County Contract Liaison's will review and approve for completeness and accuracy, and forward to their designated accounting office.

**Case notes should be detailed, and each BA staff must list the time of their shift.**

- **The case note must reflect the hours (time) and date of service listed on the invoice.**
- **It should state observations during service provision, what was completed during the service (example: parenting, budgeting, behavioral modification, visitation, supervision, etc.).**
- **It must include the provider's name that completed services. If multiple provider staff, all names must be on the case note (time/hours of each staff per shift). Must have date and times of service as well.**
- **A stand-alone progress note is required for every day of service provision.**
- **Transportation and Supervision are two separate services and documentation regarding hours/times should be noted separately on the case note.**

**Note: BA service should be no longer than 12-hour shifts.**

**NOTE:** Payments are only made from original Wraparound Invoices.

**NOTE:** Program 518 maximum spending limit per family, per fiscal year, excludes all costs related to emergency placements hoteling and/or supervision services.

**NOTE:** Payments are only made from the statewide approved original WRAP invoices.

**COSTAR Reporting:** Service Authorizations for hoteling services must indicate the client's name and the number of days in the client count.

**Accounting Note:** Payments for hoteling must be made client specific, enter the Number of Days and the beginning to ending dates.

**EMERGENCY – HOTELING and/or SUPERVISION Codes (518-00h/518-00s/51800t/518-00m/518-00b):** 518-00 codes are ONLY to be used to pay a state approved WRAP provider for costs associated with caring for a foster care child that needs hoteling or supervision (4 or more hours within a 24 hr time frame. These costs may include, but are not limited to, hotel, meals, transportation hours, mileage, basic clothing, personal grooming items (toothbrush, soap, deodorant) and medication if needed. The provider should pay all charges, **including the hotel**, and be reimbursed. **Original detailed receipts are required for reimbursement.** An hourly rate of \$38.50 per/hr. per person supervising the child(ren) when supervision is needed and delivered by state approved WRAP providers. **DFCS must justify the need for 2 behavioral aides by describing the child's behavior, disrupted placements, mental health diagnosis or medical condition. The caseworker and their supervisor should determine the appropriate level of assistance required from the provider to ensure safety and adequate supervision.**

**UAS 518 (cont)**

**For any supervision services a DFCS Supervision plan along with the Universal Application or Child Passport must be provided to the contractor detailing activities for the child during the day.**

**For any Emergency Placement Hoteling/Supervision Cost that exceeds \$15,000.00 (cumulative case total) a payment approval request must be sent to the DFCS Delivered Services Unit Billing Specialist for approval. The email request must have:**

**Subject Line:** State Hoteling/Supervision Exception Request should contain the Child's name and which Region is requesting the Exception. An example would be: **Hoteling/Supervision Over \$15,000.00 Exception Request for: Sally Sue-Region 2**

**Attachments:** Invoice Packets that include the invoice, all supporting receipts, mileage forms, service authorization and case notes.

**Body of the email:** The email should provide the name of the WRAP provider being used and an explanation/justification for emergency hoteling/supervision cost. This should state what efforts have been made to secure a placement for the child prior to utilizing hoteling/supervision. If more than one behavioral aide is needed, you must explain why in terms of the child's behavior or medical needs. The total cost (approximate or actual) should be detailed as follows:

- Hotel Cost (518-00h):
- Supervision Cost (518-00s):
- Miscellaneous Cost (518-00m):
- Transportation Cost (518-00t):
- Mileage Cost (518-00b):
- Total:

**If a DFCS employee stays in a hotel with the child, cost incurred such as hotel, meals, transportation and miscellaneous are to be charged to Program 522.**

**All hoteling and/or supervision (4 or more hrs. used within 24 consecutive hours) service invoices must be on the stand-alone invoice using only the 518-00 codes.**

**COSTAR REPORTING for all other entitlement codes in Program 518 - Count the client in each entitlement code for the services they receive.**

**UAS 518 (cont)****Crisis Intervention – Code 62**

Crisis Intervention is designed to provide an immediate service to stabilize families who are experiencing a disruption or a breakdown in their normal pattern of functioning. Crisis intervention should be used to restore balance and reduce effects of the crisis in the future. This service should be used to assess the immediate situation, identify, and confirm the crisis, and its impact to the individual and/or family.

Services should include, but are not limited to:

- Assessing and identifying the crisis
- Listening
- Face to face Counseling
- Development of a plan for problem solving.
- Development of new coping skills
- Brief education/role playing of potential future situations.
- Recommendation of community resources

**Please Note: This is not used for in-home case management.**

**Services in this area cannot exceed 5 consecutive days.**

**In-Home Case Management – Code 71**

The purpose is to provide case management assistance to families in completing the defined goals and steps of the Case Plan.

**Services may include, but are not limited to:**

- Coordinating community services
- Advocating for service provisions
- Preparing families for reunification
- Monitoring placements for safety and stability following reunification.
- Basic Behavioral Management for family
- Parenting Education/Skills
- Preparing children for adoption (excluding child life histories)
- Developing and discussing life books
- Basic Methods of Discipline

**In-Home Clinical/Therapeutic and/or Counseling Services– Code 95**

The purpose is to provide therapeutic and/or clinical services for a family in preparation of the safe return of a child and/or to maintain and stabilize a child's current placement.

**UAS 518 (cont)**

**Services may include, but are not limited to:**

- Drug Treatment and support services for the parent/caregiver and/or child
- Therapy and/or counseling
- Domestic violence counseling
- Anger and Stress management/counseling
- Enhanced Behavior Management for children
- Grief management, loss and/or separation issues
- Enhanced Methods of Discipline

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Transportation/Escorting Services</p> <p><b>Not to Be Used for Hoteling and/or Supervision (4 or more hrs. used within 24 consecutive hrs.) Services.</b></p> <p>No Client Satisfaction Survey Required for Transportation Services</p> <p><b>Note: Supervision hours cannot be billed while the provider is transporting clients or getting to &amp; from the location for all services.</b></p>	<p><b>518-56a</b></p>	<ul style="list-style-type: none"> <li>• <b>\$27.50 per hour</b></li> <li>• This code is used solely when transporting children or family members to appointments to complete WRAP services.</li> <li>• Hourly rate begins from the provider’s residence or official business address or current location, whichever is nearer to the destination point.</li> <li>• Please Note: Crisis Intervention Services are PROHIBITED during transportation.</li> <li>• If transportation services are going to require 10 consecutive (non-stop) hours of driving, then the provider must provide two drivers.</li> <li>• <b>Can be used for Court Testimony – Subpoena required for payment &amp; includes mileage.</b></li> <li>• <b>HS Diploma/GED &amp; 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) &amp; transporters must take Child Safety Seat training annually.</b></li> <li>• <b>Wait times can be charged if a trip one-way is 3 or more hours without justification on the SA. Any other billed wait time must be on the service authorization in the justification/comment section or in an email to the provider. If the provider was notified by email that needs to be submitted with the invoice packet. Mileage cannot be charged during wait time.</b></li> <li>• <b>This service is paid by the hour not by the number of clients being transported</b></li> </ul>
<p>WRAP Mileage</p> <p><b>Not to Be Used for Hoteling and/or Supervision (4 or more hrs. a day) Services</b></p> <p><b>(Does not have to be on the service authorization for payment purposes)</b></p>	<p><b>518-56b</b></p>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required). <b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• <b>The specific purpose for each trip must be listed on the mileage log.</b></li> </ul>
<p>Children’s Meals During Transportation</p>	<p><b>518-56c</b></p>	<ul style="list-style-type: none"> <li>• <b>Meals for children when in transportation status</b></li> <li>• <b>Original detailed receipts are required.</b></li> <li>• <b>Clearly mark child’s portion of expenditures</b></li> <li>• <b>Meal limits may not exceed \$28 a day (\$6 Breakfast, \$7 Lunch, and \$15 Dinner)</b></li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
WRAP Missed or <b>Scheduled</b> Appointment s	<b>518-56g</b>	<ul style="list-style-type: none"> <li>• <b>\$27.50 per appointment</b></li> <li>• 3 missed appointments per month with a MAX of 6 per family/case per fiscal year.</li> <li>• All missed appointments must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client.</li> <li>• <b>DFCS Staff should add to SA for all services that pay for missed appointments.</b></li> </ul> <p><b>Telehealth Scheduled Missed Appointments can only be billed when the following conditions are met:</b></p> <ul style="list-style-type: none"> <li>• An appointment is scheduled and confirmed with the client and is documented in the case notes (the date it was scheduled and confirmed with the client).</li> <li>• If the client fails to keep the confirmed appointment via phone or video conferencing, you must notify the case manager in writing after 3 attempts to reach back out to the client on the same day. The missed appointment case note must reflect the date the appointment was confirmed with the client and the three additional attempts for the day. :</li> </ul>
Crisis Intervention  <b>(High Risk)</b>	<b>518-62a</b>	<ul style="list-style-type: none"> <li>• <b>\$88.00 per hour</b></li> <li>• <b>May not Exceed 5 Consecutive Days</b></li> <li>• Additional time will need a waiver from the County Director.</li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Crisis Intervention  <b>(Lower Risk)</b>	<b>518-62b</b>	<ul style="list-style-type: none"> <li>• <b>\$49.50 per hour</b></li> <li>• <b>May not Exceed 5 Consecutive Days</b></li> <li>• Additional time will need a waiver from the County Director.</li> <li>• <b>Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</b></li> <li>• <b>Must be supervised by fully licensed staff.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Crisis Intervention (Moderate Risk)	518-62d	<ul style="list-style-type: none"> <li>• <b>\$71.50 per hour</b></li> <li>• <b>May not Exceed 5 Consecutive Days</b></li> <li>• Additional time will need a waiver from the County Director.</li> <li>• <b>Provisional Licensure or Masters under Supervision for Licensure</b></li> <li>• <b>Must be supervised by fully licensed staff.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
In Home Targeted Case Management (High Risk)	518-71a	<ul style="list-style-type: none"> <li>• <b>\$88.00 per hour</b></li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul> <p><b><u>Case Management Includes:</u></b></p> <ul style="list-style-type: none"> <li>• Coordinating community services</li> <li>• Advocating for service provisions</li> <li>• Preparing families for reunification</li> <li>• Monitoring placements for safety and stability following reunification.</li> <li>• Basic behavioral management for family</li> <li>• Parenting Education/Skills</li> <li>• Preparing children for adoption (excluding child life histories)</li> <li>• Developing and discussing life books</li> <li>• Basic methods of discipline</li> </ul>
In Home Targeted Case Management (Lower Risk)	518-71b	<ul style="list-style-type: none"> <li>• <b>\$49.50 per hour</b></li> <li>• <b>Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul> <p><b><u>Case Management Includes:</u></b></p> <ul style="list-style-type: none"> <li>• Coordinating community services</li> <li>• Advocating for service provisions</li> <li>• Preparing families for reunification</li> <li>• Monitoring placements for safety and stability following reunification.</li> <li>• Basic behavioral management for family</li> <li>• Parenting Education/Skills</li> <li>• Preparing children for adoption (excluding child life histories)</li> <li>• Developing and discussing life books</li> <li>• Basic methods of discipline</li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
In Home Targeted Case Management  (Moderate Risk)	518-71q	<ul style="list-style-type: none"> <li>• \$71.50 per hour</li> <li>• Provisional Licensure or Masters under Supervision for Licensure</li> <li>• This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</li> </ul> <p><b><u>Case Management Includes:</u></b></p> <ul style="list-style-type: none"> <li>• Coordinating community services</li> <li>• Advocating for service provisions</li> <li>• Preparing families for reunification</li> <li>• Monitoring placements for safety and stability following reunification.</li> <li>• Basic behavioral management for family</li> <li>• Parenting Education/Skills</li> <li>• Preparing children for adoption (excluding child life histories)</li> <li>• Developing and discussing life books</li> <li>• Basic methods of discipline</li> </ul>
Coordination and Facilitation of Family Team Meetings (FTM)	518-71r	<ul style="list-style-type: none"> <li>• \$49.50 per hour</li> <li>• Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</li> <li>• FTM Certification Training Mandatory (provider staff must have attended a training on or after 9/2018)</li> <li>• DFCS Staff can go to the fiscal web site and review the list of trained FTM facilitators by agency: (<a href="http://ffs.dhs.ga.gov">http://ffs.dhs.ga.gov</a>). Please note this is an DHS Employee Intranet site so you must log in with your SOG login &amp; password.</li> </ul>
Court Appearance and/or Testimony (High Level)	518-88a	<ul style="list-style-type: none"> <li>• \$88/HR/Day May not Exceed \$640/Day</li> <li>• WRAP-Invoice and a copy of subpoena must be attached for payment.</li> <li>• Masters/Doctoral – Licensed only</li> <li>• Includes Mileage</li> </ul> <p>SA Completed for SAAG subpoenaed court appearance only</p>
Court Appearance and/or Testimony (Low Level)	518-88b	<ul style="list-style-type: none"> <li>• \$49.50/HR/Day May not Exceed \$360</li> <li>• WRAP-Invoice and a copy of subpoena must be attached for payment.</li> <li>• Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</li> <li>• Includes Mileage</li> </ul> <p>SA Completed for SAAG subpoenaed court appearance only</p>



**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Court Appearance and/or Testimony <b>(Moderate Level)</b>	<b>518-88c</b>	<ul style="list-style-type: none"> <li>• <b>\$71.50/HR/Day May not Exceed \$520/Day</b></li> <li>• WRAP-Invoice and a copy of subpoena must be attached for payment.</li> <li>• <b>Provisional Licensure or Masters Under Supervision for Licensure</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only.</b></p>
In-Home Intensive Clinical/Therapeutic Services <b>(High Risk)</b>	<b>518-95a</b>	<ul style="list-style-type: none"> <li>• <b>\$88.00 per hour</b></li> <li>• Services cannot exceed 6 months.</li> <li>• Counseling can be provided for: Individual, child, group, or family.</li> <li>• A waiver is needed if services exceed 6 months from the County Director.</li> <li>• <b>Masters/Doctoral Degree – Licensed Only</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
In Home Intensive Clinical/Therapeutic Services <b>(Moderate Risk)</b>	<b>518-95b</b>	<ul style="list-style-type: none"> <li>• <b>\$71.50 per hour</b></li> <li>• Services cannot exceed 6 months.</li> <li>• Counseling can be provided for: Individual, child, group, or family.</li> <li>• A waiver is needed if services exceed 6 months from the County Director.</li> <li>• <b>Provisional Licensure or Masters under Supervision for Licensure</b></li> <li>• <b>Must be supervised by fully licensed staff.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Behavioral Aide  <b>Note: BA service should be no longer than 12-hour shifts.</b>	518-47e	<ul style="list-style-type: none"> <li>• \$38.50 per hour</li> <li>• HS Diploma/GED &amp; 5 years human services experience or Bachelor’s Degree in Human Services (no human services experience required)</li> <li>• Can be used for visitation/supervision if less than 4 hours a day (Note: 4 or more hours must be coded as 518-00s Supervision).</li> <li>• A DFCS Supervision Plan along with a Universal Application or Child Passport is to be submitted to the provider with the service authorization regardless of number of hours.</li> <li>• Can be used for Court Testimony – Subpoena required for payment &amp; incudes mileage.</li> <li>• Other Uses: Home visits, Basic Behavior modification, and Basic Parenting Skills, etc.</li> <li>• This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</li> </ul>
Emergency Hoteling and/or Supervision (Behavioral Aide Services) Services. Must use WRAP PROVIDER  <b>NON-CONTRACTED (Excluded from fiscal case max)</b>	518-00s	<ul style="list-style-type: none"> <li>• \$38.50 per hour</li> <li>• This code is ONLY to be used to pay state approved WRAP providers for supervision of a foster child.</li> <li>• The child to staff ratio will be determined on a case-by-case basis by DFCS.</li> <li>• HS Diploma/GED &amp; 5 years human services experience or Bachelor’s Degree in Human Services (no human services experience required)</li> <li>• Used only if supervision is 4 or more hrs. within 24 consecutive hours (Note: if less than 4 hours staff must use the behavior aide code 518-47e).</li> <li>• A DFCS Supervision Plan along with a Universal Application or Child Passport is to be submitted to the provider with the service authorization regardless of number of hours.</li> <li>• This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</li> </ul>
Emergency Hotel Cost. Must use WRAP PROVIDER  <b>NON-CONTRACTED (Excluded from fiscal case max)</b>	518-00h	<ul style="list-style-type: none"> <li>• This code is ONLY to be used to pay state approved WRAP providers for the cost associated with the purchase of hotel room.</li> <li>• Original hotel receipt showing a ZERO balance is required.</li> <li>• This code is also used if DFCS pays for the hotel via Petty Cash, P-Card or Direct Bill, if WRAP provider is staying with the child.</li> <li>• Max Rate for Hotel Room is \$175.00 per night (excluding applicable fees &amp; taxes)</li> <li>• If damages happen during the hotel stay the provider must take pictures of damages and secure a quote from the hotel for the damages and submit those with the invoice packet.</li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Emergency Hoteling and/or Supervision  <b>Transportation/Escorting</b>                      Must use WRAP PROVIDER  <b>NON-CONTRACTED</b></p> <p><b>(Excluded from fiscal case max)</b></p> <p>No Client Satisfaction Survey Required for Transportation Services</p> <p><b>Note: Supervision hours cannot be billed while the provider is transporting clients or getting to &amp; from the location for all services.</b></p> <p><b>BA service should be no longer than 12-hour shifts.</b></p>	<p><b>518-00t</b></p>	<ul style="list-style-type: none"> <li>• \$27.50 per hour</li> <li>• This code is <b>ONLY</b> to be used to pay state approved WRAP providers for transportation services associated with hoteling and/or supervision services when no other placement can be found.</li> <li>• Can be used for Court Testimony – Subpoena required for payment &amp; includes mileage.</li> <li>• Hourly rate begins from the provider’s residence or official business address or current location, whichever is nearer to the destination point.</li> <li>• Mileage logs are required.</li> <li>• HS Diploma/GED &amp; 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) &amp; transporters must take Child Safety Seat training annually.</li> <li>• The specific purpose for each trip must be listed on the mileage log.</li> <li>• Wait times can be charged if a trip one-way is 3 or more hours without justification on the SA. Any other billed wait time must be on the service authorization in the justification/comment section or in an email to the provider. If the provider was notified by email that needs to be submitted with the invoice packet. Mileage cannot be charged during wait time.</li> <li>• This service is paid by the hour not by the number of clients being transported</li> </ul>
<p>Emergency Hoteling and/or Supervision <b>Mileage</b>. Must use WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b>  <b>(Excluded from fiscal case max)</b></p> <p><b>(Does not have to be on the service authorization for payment purposes)</b></p>	<p><b>518-00b</b></p>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).  <b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• The specific purpose for each trip must be listed on the mileage log.</li> </ul>
<p>Emergency Hoteling and/or Supervision <b>Miscellaneous Costs</b>. Must use WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b>  <b>(Excluded from fiscal case max)</b></p>	<p><b>518-00m</b></p>	<ul style="list-style-type: none"> <li>• This code is <b>ONLY</b> to be used to pay state approved WRAP providers for the purchase of miscellaneous items for the child during hoteling or supervision services when no other placement can be found.</li> <li>• Miscellaneous items are food \$28 a day (\$6 Breakfast, \$7 Lunch, and \$15 Dinner), clothing (up to \$220 justification required from case manager), personal grooming items (up to \$30), and prescription medicine if required, original detailed receipts required for all expenditures.</li> <li>• Please be advised these are the only items that can be paid for with state funds. Any other cost must be requested on the service authorization and paid for with County Funds.</li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Education Stability – Public Transportation Services. Must use WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b></p>	<p><b>518-56d</b></p>	<p>Expenditures incurred in maintaining educational stability using public transportation is appropriate as follows. These expenditures may have to be handled on a reimbursement basis because these types of providers will not be able to bill DFCS.</p> <ul style="list-style-type: none"> <li>• Mass Transit Services</li> <li>• Van Pools</li> <li>• Taxis                             <ul style="list-style-type: none"> <li>• The caseworker will need to provide a copy of the completed Best Interest Determination (BID) and the WRAP invoice to process payments.</li> </ul> </li> </ul> <p>Caseworkers can contact <a href="mailto:epac@dhs.ga.gov">epac@dhs.ga.gov</a> with additional questions/concerns.</p> <ul style="list-style-type: none"> <li>• HS Diploma/GED &amp; 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) &amp; transporters must take Child Safety Seat training annually.</li> </ul>
<p>Education Stability – WRAP Transportation/Escorting Services. Must use WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b></p> <p>No Client Satisfaction Survey Required for Transportation Services</p>	<p><b>518-56e</b></p>	<p>Expenditures incurred in maintaining educational stability using WRAP providers is appropriate as follows.</p> <ul style="list-style-type: none"> <li>• Hourly rate \$27.50 (2 hours per day) may be more occasionally due to traffic issues, caseworker should approve.</li> <li>• The caseworker will need to provide a copy of the completed Best Interest Determination (BID) and the WRAP invoice to process payments.</li> <li>• HS Diploma/GED &amp; 1-year human services experience or a Bachelor’s Degree in Human Services (no human services experience required &amp; transporters must take Child Safety Seat training annually.</li> <li>• Caseworkers can contact <a href="mailto:epac@dhs.ga.gov">epac@dhs.ga.gov</a> with additional questions/concerns.</li> <li>• Wait times can be charged if a trip one-way is 3 or more hours without justification on the SA. Any other billed wait time must be on the service authorization in the justification/comment section or in an email to the provider. If the provider was notified by email that needs to be submitted with the invoice packet. Mileage cannot be charged during wait time.</li> <li>• This service is paid by the hour not by the number of clients being transported.</li> </ul>

**UAS Program 518 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Education Stability – WRAP Mileage Services. Must use WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b></p> <p><b>(Does not have to be on the service authorization for payment purposes)</b></p>	<p><b>518-56f</b></p>	<p>Expenditures incurred in maintaining educational stability using WRAP providers is appropriate as follows.</p> <ul style="list-style-type: none"> <li>• Mileage at state approved rate no more than 120 miles per day</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).</li> </ul> <p><b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</p> <ul style="list-style-type: none"> <li>• The caseworker will need to provide a copy of the completed Best Interest Determination (BID) and the WRAP invoice to process payments.</li> <li>• <b>NOTE:</b> A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• The specific purpose for each trip must be listed on the mileage log.</li> </ul> <p>Caseworkers can contact <a href="mailto:epac@dhs.ga.gov">epac@dhs.ga.gov</a> with additional questions/concerns.</p>
<p>Preventive Family Support Services. Must use WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b></p>	<p><b>518-86a</b></p>	<p><b>\$45.00 per hour (Max \$500 per case)</b></p> <p><b>This service is available for Counties/Regions who need extra support completing Family Support or Investigations cases, due to a staffing shortage or backlog of pending cases. Regional and District Director approvals are required before initiating the service.</b></p> <p><b>This Rate Includes:</b></p> <ul style="list-style-type: none"> <li>• Assessment of the Family</li> <li>• Documentation</li> <li>• Staffing with the DFCS Supervisor</li> </ul> <p><b>Staffing Requirements:</b></p> <ul style="list-style-type: none"> <li>• Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</li> </ul>
<p>Preventive Family Support – Mileage</p> <p>Must use a WRAP PROVIDER</p> <p><b>NON-CONTRACTED</b></p> <p><b>(Does not have to be on the service authorization for payment purposes)</b></p>	<p><b>518-86b</b></p>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).</li> </ul> <p><b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</p> <ul style="list-style-type: none"> <li>• <b>NOTE:</b> A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> </ul> <p><b>The specific purpose for each trip must be listed on the mileage log.</b></p>

**109.21 UAS Program 521-PUP (CONTRACT FOR CERTAIN SERVICES REQUIRED)**

**PROGRAM NAME – FFC- Prevention of Unnecessary Out-of-Home Placement (PUP) (Family Preservation, Family Support, Investigations, Permanency or Adoptions)**

**CASE MAX Fiscal Year Limit: \$15,000. Waivers will be approved in \$5000 increments.**

**1<sup>st</sup> level waiver will be approved by the County Director/SS Administrator or Higher Position**

**2<sup>nd</sup> level waiver will be approved by the Regional Director or Higher Position**

**3<sup>rd</sup> level waiver will be approved by the District Director or Higher Position**

- ❖ **Please note: The waiver process is a DFCS internal process and providers do not need a copy of the waiver for payment purposes.**

**REFERENCES** Child Welfare Policy Manual Chapter 18 Support Services to Preserve or Reunify Families 18.3 PUP Services

**PROGRAM PURPOSE:**

The goal of PUP services is to reduce risk factors contributing to child maltreatment to ensure the protection and safety of a child. PUP services include, but not limited to emergency housing/financial assistance, temporary childcare services, counseling, emergency transportation needs and psychiatric/psychological testing, drug screens, and substance abuse assessments, domestic violence assessments, sexual abuse assessments, and parental fitness.

They are provided as a support service among others as part of the safety or case plan in an open Family Preservation or Permanency case. Imminent risk of placement or readiness for reunification of the children must be clearly documented in the case record.

**Speech and Hearing Evaluations (age 4-17 and Adults) – Code 09**

To provide an assessment for non-Medicaid eligible and/or private insurance children, birth parents, foster parents, and/or caregivers. Birth parents are eligible when a permanency plan of reunification is the goal or when other permanency plans may need to be selected. Services must be conducted by a certified technician or certified audiologist.

**COSTAR REPORTING** – Reported client is the family of a child in imminent risk of placement or a child in foster care that is in readiness for reunification. Count clients in each entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Services may only be authorized once per fiscal year. In addition:

1. Must be an open Family Preservation, Family Support, Investigations, Permanency or Adoption cases. The case Manager documents one of the two conditions:
  - (A) Risk of Imminent Placement
  - (B) Immediate Reunification

**UAS 521 (cont)****PAYMENT REQUIREMENTS:**

Providers must submit the program invoice by the 10th of each month, a copy of the SHINES generated Service Authorization, Travel/Mileage Log, and case notes (counseling and only for assessments/evaluations not completed within the defined timeline)), drug screening results, evaluations/assessments to the County DFCS offices. Regional County Contract Liaison's will review and approve for completeness and accuracy, and forward to their designated accounting office.

Non-contracted services require the original invoices with receipts. In most cases, PUP expenditures are made directly to the provider. However, funds may be reimbursed directly to a family if the SSCM has given the client prior approval, receipts must be provided. The County Director or their Supervisory designee authorizes each PUP expenditure.

When paying rent, a letter/invoice with address and telephone number from the company or individual who is renting the location is needed. Paying utilities requires a bill (original only) or a letter from the utility company. Bill is paid **DIRECTLY** to the **utility company**. Deposits for rent or utilities should include a letter notifying payee that the deposit should be returned to DFCS.

**PROHIBITED PUP SERVICES:**

- Payment of consumer credit debt
- Purchase of trailers or down payment on trailers, trailer lot, or homes
- Legal services for separation, divorce,
- Custody modification or modification of visitation
- Purchase or down payment on vehicles
- Repairs on rental property
- Traffic fines/Court costs
- Ongoing sexual abuse offender counseling for an adult (cost is paid by offender)

**Safety/Enrichment Activities:** Per Foster Care Policy, a child must be 3 years old or older for a family to be reimbursed for swimming lessons. However, if it is determined in the best interest of the child, the caseworker can ask the director for a county level waiver.

**Billing:** Protocol states, two months cannot be billed on one invoice for accounting purposes **unless** it is for behavioral assessments or mental health evaluations.

Example - billing for more than 1 service month- the provider performed services in October and November for PUP services, the invoice is due by the 10<sup>th</sup> of December. Dates of service on the invoice sheet would reflect October and November and the Service month would be the last month of service, November.

**Drug Screening:** Missed or Unannounced Appointments or refusal to complete a drug screening test: It is permissible for the provider to charge \$25 for a missed or unannounced appointment or refusal in the event the client misses an appointment or client is not home for an unannounced visit or refuses to complete a drug test. The missed (scheduled or unannounced) appointment maximum is 6 times per family (up to 3 per month) and a maximum of 3 per family for drug refusals.

**UAS 521 (cont)**

**MILEAGE:** It is permissible for a provider performing counseling services and in-home drug screens to be reimbursed for travel to get to and from their appointment. A specific purpose must be listed for all trips.

**Criminal Background Checks/Fingerprinting:** Cases that require background fingerprint checks for clients not in DFCS custody are **paid directly to GBI, if using LIVESCAN**. A Purchase Order is required for all client related fingerprint expenditures for Program 521. These charges are not going to be processed in SHINES.

NOTE: If the fingerprinting cost is mandatory and will be reimbursed to the client, then the client should not be asked to provide payment at the time of the screening.

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Domestic Violence Assessment	521-29a	<ul style="list-style-type: none"> <li>• \$935.00</li> <li>• Licensed/Provisional Licensure or Masters under supervision for licensure.</li> <li>• Should only be used if the child/family is non-eligible for Peach Care or Private Health Insurance.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</li> <li>• Must be completed within 25 business days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• If DFCS staff requests this assessment be combined with a Parental Fitness &amp; Substance Abuse Assessments (935.00 for the 1<sup>st</sup> and <b>495.00</b> each for any other combined assessments).</li> <li>• If not combined with other assessments the rate is 935.00.</li> <li>• If assessments are combined all assessment names need to be in the report title and must have separate sections &amp; recommendation. DFCS determines if assessments are combined.</li> <li>• All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</li> </ul>



**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Parental Fitness Assessment</p> <p>This service is available for Counties/Regions who have over 35 cases on their backlog for Family support services and Investigations Combined.</p> <p><b>This Rate Includes:</b></p> <ul style="list-style-type: none"> <li>• Assessment of the Family</li> <li>• Documentation</li> <li>• Staffing with the DFCS Supervisor</li> </ul> <p><b>Staffing Requirements:</b> Licensed or Provisional Licensure or Masters under supervision for licensure. Rate includes mileage and missed appointments.</p> <p>Non-Contracted approved PUP provider.</p>	<p>521-29c</p>	<ul style="list-style-type: none"> <li>• \$935.00</li> <li>• Licensed or Provisional Licensure or Masters under supervision for licensure</li> <li>• Should only be used if the child/family is non-eligible for Peach Care or Private Health Insurance.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</li> <li>• Must be completed within 25 business days of receipt of referral/service authorization. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• If DFCS staff requests this assessment be combined with a Domestic Violence &amp; Substance Abuse Assessments (935.00 for the 1<sup>st</sup> and <b>495.00</b> each for any other combined assessments.</li> <li>• If assessments are combined all assessment names need to be in the report title and must have separate sections &amp; recommendation. DFCS determines if assessments are combined.</li> <li>• If not combined with other assessments the rate is 935.00.</li> <li>• All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</li> </ul>
<p>Psycho-Sexual Abuse Evaluation</p>	<p>521-29d</p>	<ul style="list-style-type: none"> <li>• \$935.00</li> <li>• Licensed Psychologist only</li> <li>• Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Must be completed within 25 business days of receipt of referral/service authorization. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• <b>May Not Be Combined with other assessments/evaluations.</b></li> <li>• All evaluations must have the printed name, handwritten signature &amp; signature date of the licensed psychologist who completed the evaluation.</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Substance Abuse Assessment	521-29e	<ul style="list-style-type: none"> <li>• \$935.00</li> <li>• Masters or higher degree in Human Services and Licensed or Provisional Licensed or Masters Degree under Supervision for Licensure or Bachelor’s degree with Certified Addiction Counselor 2 (CAC2) certification.</li> <li>• Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual or CAC2 certified or higher equivalent substance abuse/addiction certification.</li> <li>• Must be completed within 25 business days of receipt of referral/service authorization. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• If DFCS staff requests this assessment be combined with a Parental Fitness &amp; Domestic Violence Assessments (935.00 for the 1<sup>st</sup> and 495.00 each for any other combined assessments).</li> <li>• If not combined with other assessments the rate is 935.00.</li> <li>• If assessments are combined all assessment names need to be in the report title and must have separate sections &amp; recommendation. DFCS determines if assessments are combined.</li> <li>• All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</li> <li>• The case manager should complete a SA for drug screening services and obtain the results to send to the Substance Abuse Assessment provider.</li> <li>• Providers must request all drug screening results from the DFCS case manager or higher once the service authorization is accepted to include in the report.</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Trauma Assessments	521-29f	<ul style="list-style-type: none"> <li>• \$440.00</li> <li>• Licensed or Provisional Licensure or Masters under supervision for licensure</li> <li>• Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance.</li> <li>• DFCS staff must complete the eform and send to Amerigroup to initiate services.</li> <li>• Amerigroup (Medicaid) will assign to one of their Medicaid providers to complete.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</li> <li>• Must be completed within 25 business days of receipt of referral/service authorization. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• <b>May Not Be Combined with other assessments/evaluations.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Bonding/Attachment Assessment	521-29h	<ul style="list-style-type: none"> <li>• <b>\$935.00</b></li> <li>• <b>Licensed or Provisional Licensure or Masters under supervision for licensure</b></li> <li>• <b>Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</b></li> <li>• <b>Rate includes mileage and missed appointments.</b></li> <li>• <b>Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• <b>May Not Be Combined with other assessments/evaluations.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> <li>• <b>Service Authorizations should be completed as listed below:</b> <ol style="list-style-type: none"> <li>1. <b>Bio-Parent &amp; all children = Only 1 SA is needed/935.00 total (only 1 name listed under services authorized and all other names [children/ care giver] should be listed in the justification/comment section as this is a group service)</b></li> <li>2. <b>Please note: (2 would be needed if bio-parents live in separate households)</b></li> <li>3. <b>Foster Parent &amp; all children = Only 1 SA is needed/935.00 total (only 1 name listed under services authorized and all other names [children/ care giver] should be listed in the justification/comment section as this is a group service)</b></li> <li>4. <b>Relative or Fictitious Kin &amp; all children = Only 1 SA is needed/935.00 total cost (only 1 name listed under services authorized and all other names [children/ care giver] should be listed in the justification/comment section as this is a group service)</b></li> </ol> </li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Counseling (High Risk)	521-50a	<ul style="list-style-type: none"> <li>• <b>\$88.00 per hour</b></li> <li>• Counseling can be provided for: Individual, child, group, or family.</li> <li>• <b>Master/Doctoral Degree– Licensed only</b></li> <li>• <b>Cannot be done while providing transportation services.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Counseling (Moderate Risk)	521-50b	<ul style="list-style-type: none"> <li>• <b>\$71.50 per hour</b></li> <li>• Counseling can be provided for: Individual, child, group, or family.</li> <li>• <b>Master/Doctoral Degree - Provisional Licensure or Masters under Supervision for Licensure</b></li> <li>• <b>Must be supervised by fully licensed staff.</b></li> <li>• <b>Cannot be done while providing transportation services.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

<b>DESCRIPTION</b>	<b>CODE</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
Psychological Evaluation	521-54a	<ul style="list-style-type: none"> <li>• <b>\$935.00</b></li> <li>• <b>Licensed Psychologist only</b></li> <li>• <b>Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance or denied by Amerigroup.</b></li> <li>• <b>Case managers are responsible for initiating services through an Amerigroup provider. The Amerigroup provider should submit a request to complete the psychological evaluation. If Amerigroup denies the Amerigroup provider should provide a copy of the denial to the DFCS case manager. The Case manager should not proceed with a PUP approved provider before beginning the Amerigroup process.</b></li> <li>• <b>The Amerigroup denial letter is not needed for adults or children who are not in the custody of DFCS such as family preservation cases &amp; family support cases or undocumented children.</b></li> <li>• <b>A copy of the denial letter should be sent with the SA to the PUP provider when requesting this service.</b></li> <li>• <b>Rate includes mileage and missed appointments.</b></li> <li>• <b>Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• <b>May Not Be Combined with other assessments/evaluations.</b></li> <li>• <b>All evaluations must have the printed name, handwritten or digital signature &amp; signature date of the licensed psychologist who completed the evaluation.</b></li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Neuro-Psychological Evaluation	521-54b	<ul style="list-style-type: none"> <li>• \$2090.00</li> <li>• Must Be Court Ordered</li> <li>• Licensed Psychologist/Neuropsychologist only</li> <li>• Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance or denied by Amerigroup.</li> <li>• Case managers are responsible for initiating services through an Amerigroup provider. The Amerigroup provider should submit a request to complete the neuro-psychological evaluation. If Amerigroup denies the Amerigroup provider should provide a copy of the denial to the DFCS case manager. The Case manager should not proceed with a PUP approved provider before beginning the Amerigroup process.</li> <li>• A copy of the denial letter &amp; court order should be sent with the SA to the PUP provider when requesting this service.</li> <li>• The Amerigroup denial letter is not needed for adults or children who are not in the custody of DFCS such as family preservation cases &amp; family support cases or undocumented children.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Must be completed within 25 business days of receipt of referral/service authorization. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• May Not Be Combined with other assessments/evaluations.</li> <li>• All evaluations must have the printed name, handwritten or digital signature &amp; signature date of the licensed psychologist who completed the evaluation.</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Psychiatric Evaluation	521-54c	<ul style="list-style-type: none"> <li>• \$935.00</li> <li>• MD/Psychiatrist only</li> <li>• Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance.</li> <li>• Rate includes mileage and missed appointments.</li> <li>• Must be completed within 25 business days of receipt of referral/service authorization. <b>If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• May Not Be Combined with other assessments/evaluations.</li> <li>• All evaluations must have the printed name, handwritten signature and signature date of the MD/Psychiatrist who completed the evaluation.</li> <li>• Case managers are responsible for initiating services through an Amerigroup provider. The Amerigroup provider should submit a request to complete the neuro-psychological evaluation. If Amerigroup denies the Amerigroup provider should provide a copy of the denial to the DFCS case manager. The Case manager should not proceed with a PUP approved provider before beginning the Amerigroup process.</li> <li>• A copy of the denial letter should be sent with the SA to the PUP provider when requesting this service.</li> <li>• The Amerigroup denial letter is not needed for adults or children who are not in the custody of DFCS such as family preservation cases &amp; family support cases or undocumented children.</li> </ul>



**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p><b>PUP Services Mileage - For Counseling Services only</b></p> <p><b>(Not to Be Used for Drug or DNA Screening/Testing or non-contracted services)</b></p> <p><b>(Does not have to be on the service authorization for payment purposes)</b></p>	<p><b>521-56a</b></p>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required). <b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• <b>NOTE:</b> A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• <b>The specific purpose for each trip must be listed on the mileage log.</b></li> </ul>
<p><b>PUP Services - Missed Scheduled Appointments- For Counseling Services only</b></p> <p><b>(Not to Be Used for Drug or DNA Screening/Testing or non-contracted services)</b></p>	<p><b>521-56e</b></p>	<ul style="list-style-type: none"> <li>• <b>27.50 per appointment</b></li> <li>• 3 missed appointments per month with a MAX of 6 per family/case per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>)</li> <li>• All missed appointments must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client.</li> <li>• <b>DFCS Staff should add to SA for all services that pays for missed appointments.</b></li> </ul> <p><b>Telehealth Scheduled Missed Appointments can only be billed when the following conditions are met:</b></p> <ul style="list-style-type: none"> <li>• An appointment is scheduled and confirmed with the client and is documented in the case notes (the date it was scheduled and confirmed with the client).</li> <li>• If the client fails to keep the confirmed appointment via phone or video conferencing, you must notify the case manager in writing after 3 attempts to reach back out to the client on the same day. The missed appointment case note must reflect the date the appointment was confirmed with the client and the three additional attempts for the day.</li> </ul>
<p><b>Court Appearance and/or Testimony (High)</b></p> <p><b>(Not to Be Used for Drug Screening or DNA Testing or non-contracted services)</b></p>	<p><b>521-88a</b></p>	<ul style="list-style-type: none"> <li>• <b>\$88/HR/Day May not Exceed \$640/Day</b></li> <li>• PUP-Invoice and a copy of subpoena must be attached for payment.</li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only.</b></p>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Court Appearance and/or Testimony (Low)</p> <p>((Not to Be Used for Drug Screening or DNA Testing or non-contracted services))</p>	<p>521-88b</p>	<ul style="list-style-type: none"> <li>• \$49.50/HR/Day May not Exceed \$360</li> <li>• PUP-Invoice and a copy of subpoena must be attached for payment.</li> <li>• Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</li> <li>• Includes Mileage</li> </ul> <p>SA Completed for SAAG subpoenaed court appearance only</p>
<p>Court Appearance and/or Testimony (Moderate)</p> <p>(Not to Be Used for Drug Screening or DNA Testing or non-contracted services)</p>	<p>521-88c</p>	<ul style="list-style-type: none"> <li>• \$71.50/HR/Day May not Exceed \$520/Day</li> <li>• PUP-Invoice and a copy of subpoena must be attached for payment.</li> <li>• Provisional Licensure or Masters Under Supervision for Licensure</li> <li>• Includes Mileage</li> </ul> <p>SA Completed for SAAG subpoenaed court appearance only</p>
<p>Drug Screening Services –</p> <p><b>Hair Follicle</b></p> <p>ATTENTION: Must be performed by the same sex/gender as the client, if pubic hair is the only sample available.</p> <p>The Service Authorization must be sent to the drug screen agency within 8 hours of the request via encrypted email (put DHSENCRYPT in the subject line of the email).</p>	<p>521-51a</p>	<ul style="list-style-type: none"> <li>• \$137.50 per service</li> <li>• High School Diploma/GED</li> <li>• Drug Screen Collection Training/Certification Required</li> <li>• 7 panel tests include: (Marijuana, Cocaine, Opiates, PCP, Amphetamines, Methamphetamines including Ecstasy/MDA, and Benzodiazepines)</li> </ul>
<p>Drug Screening Services –</p> <p><b>Urine Analysis</b></p> <p>All collections must be directly observed and must be completed by the same sex/gender as the client.</p> <p>The Service Authorization must be sent to the drug screen agency within 8 hours of the request via encrypted email (put DHSENCRYPT in the subject line of the email).</p>	<p>521-51b</p>	<ul style="list-style-type: none"> <li>• \$110.00 per service</li> <li>• High School Diploma/GED</li> <li>• Drug Screen Collection Training/Certification Required</li> <li>• 13 panel tests include: (AMP/BUP/BZO/COC/ETG500/Fentanyl/mAMP/MD MA/MTD/OPI/OXY/THC/Tramadol)</li> <li>• When screening a minor, please use 2 collectors (1 collection, 1 witness) and bill for 2 units</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Drug Screening Services –</p> <p><b>Oral Swab</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51c</p>	<ul style="list-style-type: none"> <li>• <b>\$110.00 per service</b></li> <li>• <b>High School Diploma/GED</b></li> <li>• <b>Drug Screen Collection Training/Certification Required</b></li> <li>• <b>6 panel tests include:</b> (Amphetamines, Benzodiazepines, Cannabinoids, Cocaine, Opiates, PCP)</li> </ul>
<p>Drug Screening Services –</p> <p><b>Sweat Patch</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51y</p>	<ul style="list-style-type: none"> <li>• <b>\$165.00 per service</b></li> <li>• <b>High School Diploma/GED</b></li> <li>• <b>Drug Screen Collection Training/Certification Required</b></li> <li>• <b>6 panel tests include:</b> (Amphetamines, Methamphetamines, Opiates, Cocaine, PCP, THC)</li> </ul>
<p>Drug Screening Services –</p> <p><b>Fingernail Test</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51al</p>	<ul style="list-style-type: none"> <li>• <b>\$165.00 per service</b></li> <li>• <b>High School Diploma/GED</b></li> <li>• <b>Drug Screen Collection Training/Certification Required</b></li> <li>• <b>5 panel</b> (Amphetamines/Methamphetamines, Marijuana (THC), Phencyclidine, Cocaine, Opiates)</li> </ul>
<p>Drug Screen Services –</p> <p><b>Urine - Synthetic Cannabinoids Stimulants Drug Screening</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51aa</p>	<ul style="list-style-type: none"> <li>• <b>\$165.00</b></li> <li>• <b>Synthetic Cannabinoids Panel Includes:</b> A urine panel comprised of over 40 synthetic cannabinoid metabolites, including substances such as Spice, K2, etc.</li> </ul> <p><b>Must Be Court Ordered or CPS Case Specific Allegation (approval needed from DSU)</b></p>
<p>Drug Screen Services –</p> <p><b>Urine - Synthetic Stimulants Drug Screening</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51ab</p>	<ul style="list-style-type: none"> <li>• <b>\$165.00</b></li> <li>• <b>Synthetic Stimulant Panel Includes:</b> A urine panel comprised of over 60 synthetic stimulant metabolites, including substances such as Bath Salts, Flakka, etc.</li> </ul> <p><b>Must Be Court Ordered or CPS Case Specific Allegation (approval needed from DSU)</b></p>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Drug Screening Services –</p> <p><b>Urine – Synthetic Kratom Drug Screening</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHSENCRYPT in the subject line of the email).</p>	<p>512-51ac</p>	<ul style="list-style-type: none"> <li>• \$165.00</li> <li>• <b>Synthetic Kratom Panel Includes:</b> A urine panel comprised of Mitragynine and 7 Hydroxymitragynine.</li> </ul> <p><b>Must Be Court Ordered or CPS Case Specific Allegation (approval needed from DSU)</b></p>
<p>Drug Screening Services –</p> <p><b>Urine Insta-cup</b></p> <p>All collections must be directly observed and must be completed by the same sex/gender as the client.</p> <p>The Service Authorization must be sent to the drug screen agency within 8 hours of the request via encrypted email (put DHSENCRYPT in the subject line of the email).</p>	<p>521-51ja</p>	<ul style="list-style-type: none"> <li>• \$30.00 per service</li> <li>• High School Diploma/GED</li> <li>• Drug Screen Collection Training/Certification Required</li> <li>• 13 panel tests include: (AMP/BUP/BZO/COC/ETG500/Fentanyl/mAMP/MDMA/MTD/OPI/OXY/THC/Tramadol)</li> </ul> <p>• <i>Insta-cup service is requested by DFCS staff for emergency placements, ordered as a condition of visitations, weekends or afterhours only</i></p>
<p>Drug Screening Services –</p> <p><b>Lab Affidavit</b></p>	<p>521-51z</p>	<ul style="list-style-type: none"> <li>• \$27.50 per affidavit</li> <li>• Used when a SAAG and/or Judge wants a form from the actual lab that completed the test.</li> </ul>
<p>Drug Screening Services –</p> <p><b>Court Appearance &amp; Testimony</b></p>	<p>521-51g</p>	<ul style="list-style-type: none"> <li>• \$38.50/HR/Day May not Exceed \$360</li> <li>• Invoice and a copy of subpoena must be attached for payment.</li> <li>• High School Diploma/GED or higher</li> <li>• Includes Mileage</li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only.</b></p>
<p>Drug Screening Services –</p> <p><b>Drug Screen Refusal</b></p>	<p>521-51h</p>	<ul style="list-style-type: none"> <li>• \$27.50 per appointment</li> <li>• Max 4 refusals per month per person referred.</li> <li>• Max 16 per fiscal year (July 1st to June 30<sup>th</sup>)</li> <li>• All drug screen refusals must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client.</li> <li>• <b>DFCS Staff should add to SA for all services that pays for missed appointments. Provider must track billed refusal to ensure they do not bill more than is allowed per month or fiscal year.</b></li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Drug Screening Services –</p> <p><b>Missed Scheduled or Non-Scheduled (Random)</b></p>	<p><b>521-51i</b></p>	<ul style="list-style-type: none"> <li>• <b>\$27.50 per appointment</b></li> <li>• <b>Max 6 missed appointments per month per person referred.</b></li> <li>• <b>Max 30 per individual per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</b></li> <li>• <b>All missed scheduled or non-scheduled appointments must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client.</b></li> <li>• <b>DFCS Staff should add to SA for all services that pays for missed appointments.</b></li> <li>• <b>Provider must track billed missed appointments to ensure they do not bill more than is allowed per month or fiscal year.</b></li> </ul>
<p>Drug Screening Services –</p> <p><b>Drug Screen Mileage</b></p> <p><b>(Does not have to be on the service authorization for payment purposes)</b></p>	<p><b>521-51j</b></p>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).</li> <li>• <b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• <b>NOTE:</b> A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• The specific purpose for each trip must be listed on the mileage log.</li> <li>• <b>Mileage requirement:</b> allowable max travel of 100-mile radius per leg only</li> </ul>
<p><b>Family Treatment Court Drug Screen - Hair Follicle</b></p> <p><b>ATTENTION: Must be performed by the same sex/gender as the client, if pubic hair is the only sample available.</b></p> <p><b>The Service Authorization must be sent to the drug screen agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</b></p>	<p><b>521-51ad</b></p>	<ul style="list-style-type: none"> <li>• <b>\$82.50 per service</b></li> <li>• <b>High School Diploma/GED</b></li> <li>• <b>Drug Screen Collection Training/Certification Required</b></li> <li>• <b>7 panel tests include:</b> (Marijuana, Cocaine, Opiates, PCP, Amphetamines, Methamphetamines including Ecstasy/MDA, and Benzodiazepines)</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p><b>Family Treatment Court Drug Screen - Urine</b></p> <p><i>(Lab confirmation on positives only)</i></p> <p>All collections must be directly observed and must be completed by the same sex/gender as the client.</p> <p>The Service Authorization must be sent to the drug screen agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51ae</p>	<ul style="list-style-type: none"> <li>• \$60.50 per service</li> <li>• High School Diploma/GED</li> <li>• Drug Screen Collection Training/Certification Required</li> <li>• 13 panel tests include: (AMP/BUP/BZO/COC/ETG500/Fentanyl/mAMP/MDMA/MTD/OPI/OXY/THC/Tramadol)</li> <li>• <i>Insta-cup service is requested by DFCS staff for emergency placements, ordered as a condition of visitations, weekends or afterhours only</i></li> </ul>
<p><b>Family Treatment Court Drug Screen - Sweat Patch</b></p> <p>The Service Authorization must be sent to the drug screen collection agency within 8 hours of the request via encrypted email (put DHCENCRYPT in the subject line of the email).</p>	<p>521-51af</p>	<ul style="list-style-type: none"> <li>• \$60.50 per service</li> <li>• High School Diploma/GED</li> <li>• Drug Screen Collection Training/Certification Required</li> <li>• 6 panel tests include: (Amphetamines, Methamphetamines, Opiates, Cocaine, PCP, THC)</li> </ul>
<p>Speech Evaluation</p> <p><b>NON-CONTRACTED</b></p>	<p>521-09a</p>	<ul style="list-style-type: none"> <li>• \$200-\$600</li> <li>• Must be conducted by a certified speech therapist.</li> </ul>
<p>Hearing Evaluation</p> <p><b>NON-CONTRACTED</b></p>	<p>521-09b</p>	<ul style="list-style-type: none"> <li>• \$200-\$600</li> <li>• Must be conducted by a certified audiologist.</li> </ul>
<p>Emergency Housing/Financial Assistance</p> <p><b>NON-CONTRACTED</b></p>	<p>521-48a</p>	<ul style="list-style-type: none"> <li>• Past due rent, current rent and up to 3 months future rent can be paid once per family per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> <li>▪ Rent/Deposit paid directly to leasing agent.</li> <li>▪ Deposit must be returned to DFCS.</li> <li>▪ Documentation of the family’s plan indicating how they will maintain the changes after the provision of PUP services.</li> </ul>
<p>Mortgage Expenses</p> <p><b>NON-CONTRACTED</b></p>	<p>521-48b</p>	<ul style="list-style-type: none"> <li>▪ A mortgage payment can be made if all PUP criteria have been met.</li> <li>▪ Documentation of the family’s plan indicating how they will maintain the changes after the provision of PUP services.</li> <li>▪ Mortgage expenses paid directly to mortgage company or bank</li> </ul>
<p>Utility Expenses</p> <p><b>NON-CONTRACTED</b></p>	<p>521-48c</p>	<ul style="list-style-type: none"> <li>• Past utility bills, current utility bills and up to 3 months future utility bills may be paid directly to utility company once per family per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

<b>DESCRIPTION</b>	<b>CODE</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
Utility Deposits <b>NON-CONTRACTED</b>	<b>521-48d</b>	<ul style="list-style-type: none"> <li>Utility deposits may be paid directly to utility company once per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> </ul>
Home Repairs (Minor) <b>NON-CONTRACTED</b>	<b>521-48e</b>	<ul style="list-style-type: none"> <li>Minor home repairs max of <b>\$1500.00</b></li> <li>Family must <b>own</b> the home.</li> <li>Provider invoice required for payment.</li> <li>Pest Inspections and Treatment</li> </ul>
Legal Expenses (Guardianship) <b>NON-CONTRACTED</b>	<b>521-48f</b>	<ul style="list-style-type: none"> <li>Minor legal services max of <b>\$500.00</b> (one-time fee) for guardianship of child</li> <li>Documentation required</li> </ul>
Emergency Furniture <b>NON-CONTRACTED</b>	<b>521-48g</b>	<ul style="list-style-type: none"> <li>Emergency funds for household <b>furniture</b> after all other community resources have been exhausted.</li> <li>Range <b>\$100.00-\$1000.00 Maximum</b></li> <li><b>Please note: Receipt of purchase required and Payment to provider only.</b></li> </ul>
Emergency Clothing <b>NON-CONTRACTED</b>	<b>521-48h</b>	<ul style="list-style-type: none"> <li>Emergency Clothing (Uniforms) for child after all other community resources have been exhausted.</li> <li><b>\$100.00</b> maximum per child</li> <li><b>Please note: Receipt of purchase required.</b></li> </ul>
Birth/Death Certificates <b>NON-CONTRACTED</b>	<b>521-48i</b>	<ul style="list-style-type: none"> <li>\$45 MAX for birth/death certificates needed to provide services to a Family Preservation or Permanency Cases.</li> <li>Payable to Vital Records</li> <li><a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a></li> </ul>
Child Safety Devices <b>NON-CONTRACTED</b>	<b>521-48j</b>	<ul style="list-style-type: none"> <li>Can only be used to reimburse a case manager who must purchase child safety devices (child restraints) for child(ren) upon initial intake.</li> <li>Max of \$200.00 per child restraint</li> </ul>
Emergency Day Care Services <b>NON-CONTRACTED</b>	<b>521-49</b>	<ul style="list-style-type: none"> <li>Emergency temporary day care for children under 13 years of age or up to age 18 if physically or mentally disabled.</li> <li>Service Authorization Unit Rates must be within the Child Care Maximum Reimbursement Rates established</li> <li>Maximum of 6 months childcare services per child per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> <li><b>Please note: Justification required and Payment to service provider only.</b></li> </ul>
Emergency Meals and Lodging <b>NON-CONTRACTED</b>	<b>521-56b</b>	<ul style="list-style-type: none"> <li>May not exceed \$300.00 per occurrence.</li> <li>Justification required.</li> </ul>

**UAS Program 521 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

<b>DESCRIPTION</b>	<b>CODE</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
Emergency Gasoline/Public Transportation <b>NON-CONTRACTED</b>	<b>521-56c</b>	<ul style="list-style-type: none"> <li>• May not exceed \$100.00 per family per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> <li>• Justification required.</li> </ul>
Emergency Vehicle Repair <b>NON-CONTRACTED</b>	<b>521-56d</b>	<ul style="list-style-type: none"> <li>• May not exceed maximum of \$500.00 per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>) per family.</li> <li>• Receipt of purchase required and Payment to provider only.</li> </ul>
Safety/Enrichment Activities [DFCS FOSTER CARE CHILDREN ONLY] <b>NON-CONTRACTED</b>	<b>521-80</b>	Enrichment programs promote the well-being of children by providing them with an experience that draws out their fullest potential and talents. Enrichment activities are often geared towards an educational experience that focuses on high abilities such as gifted programs and can span across the arts, humanities, and sciences. They help bolster academics and social interactions for children. These extra-curricular activities can include, but are not limited to: <ul style="list-style-type: none"> <li>▪ Dance Classes</li> <li>▪ Art classes</li> <li>▪ Sports</li> <li>▪ Band</li> <li>▪ Advanced Reading or Math courses</li> </ul> Funding for this service can also include purchase of materials needed for these classes (i.e., instruments, uniforms and equipment, supplies, etc.) <ul style="list-style-type: none"> <li>• Must be under 14 and available for all children in DFCS custody regardless of placement (FC, relative, CPA and AA children whose case has not finalized)</li> <li>• ILP Program may have funds available if youth is over age 14.</li> <li>• Maximum \$500.00 per child per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> <li>• Afterschool Care may have programs available</li> </ul>



**109.51 UAS Program – 551 Early Intervention (CONTRACT REQUIRED FOR ALL SERVICES)**

**CASE MAX Fiscal Year Limit: \$1,000.**

**One Waiver can be approved for \$250 by the County Director or Regional Director.**

**Please note: The waiver process is a DFCS internal process and providers do not need a copy of the waiver for payment purposes.**

**PROGRAM NAME - Early Intervention and Preventive Services (FAMILY PRESERVATION, FAMILY SUPPORT, SCREEN OUTS AND UNSUBSTANTIATED REPORTS)**

**REFERENCES:** Child Welfare Policy Manual Chapter 18 Support Services to Preserve or Reunify Families 18.1 Early Intervention Services

**PROGRAM PURPOSE** – This program is designed to provide Community-Based Prevention and Early Intervention activities to afford children a safe, stable and supportive family setting by promoting the well-being of the family. Services are designed to build on and increase the strength and stability of families, increase parent confidence and competence in their parenting abilities and enhance family functioning to prevent child abuse and neglect. The provider must have a fully executed contract in the current fiscal year to perform these services.

**COSTAR REPORTING** – Reported client is the head of the family unit and children remain in the home.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Families eligible for these services are in order of priority:

- Families in which abuse, or neglect has been substantiated.,
- Families in which abuse and/or neglect has been screened out or unsubstantiated. Services to Priority 2 Families (cases unsubstantiated or screened out) would be voluntary in nature.

**Note: Maximum of 15 visits only.**

**UAS 551 (cont)**

**PAYMENT REQUIREMENTS**

Providers must submit the program invoice by the 10<sup>th</sup> of each month, a copy of the SHINES generated Service Authorization, Travel/Mileage Log, and case documentation to the County DFCS offices. Regional County Contract Liaison’s will review and approve for completeness and accuracy, secure the designated DFCS approving authority signature and forward to their designated accounting office.

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Prevention/Early Intervention Services [CONTRACT REQUIRED]	551-79	<p><b>This program provides Community-Based Prevention and Early Intervention activities to afford children a safe, stable, and supportive family setting by promoting the well-being of the family. The provider should provide intensive home visitation services, case management and referral services only.</b></p> <p>Max per family is \$1000, <b>excluding mileage</b></p>
Home Visits	551-79b	<ul style="list-style-type: none"> <li>• <b>\$49.50 per hour</b></li> <li>• Behavioral Modification/Management</li> <li>• Budgeting Skills</li> <li>• Communication Skills</li> <li>• Environmental Safety</li> <li>• Parenting Education/Skill building</li> <li>• <b>Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Early Intervention Mileage  (Does not have to be on the service authorization for payment purposes)	551-79d	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required). <b>NOTE:</b> If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• <b>NOTE:</b> A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• <b>The specific purpose for each trip must be listed on the mileage log.</b></li> </ul>
Early Intervention Missed Scheduled Appointments	551-79f	<ul style="list-style-type: none"> <li>• <b>\$27.50 for missed appointment (max 2) for Early Intervention services</b></li> <li>• <b>DFCS Staff should add to SA for all services that pays for missed appointments.</b></li> </ul>

**109.71 UAS Program – 571 Homestead (CONTRACT REQUIRED FOR ALL SERVICES)**

**PROGRAM NAME – Homestead (FAMILY PRESERVATION AND PERMANENCY CASES)**

**CASE MAX Fiscal Year Limit: \$15,000. Waivers will be approved in \$5000 increments.**

**1<sup>st</sup> level waiver will be approved by the County Director/SS Administrator or Higher Position**

**2<sup>nd</sup> level waiver will be approved by the Regional Director or Higher Position**

**3<sup>rd</sup> level waiver will be approved by the District Director or Higher Position**

**Please note: The waiver process is a DFCS internal process and providers do not need a copy of the waiver for payment purposes.**

**REFERENCES:** Child Welfare Policy Manual Chapter 18 Support Services to Preserve or Reunify Families 18.5 Homestead Services

**PROGRAM PURPOSE** – To assure safety for children with Family Preservation or Permanency cases that are at-risk of unnecessary foster care or ready for reunification by providing the following services:

- **Counseling and Kinship Assessment**
  - Intensive in-home counseling to maintain and stabilize a child’s permanency
  - Prepare for the safe return of a child to caretaker from who removed
  - In-home or court ordered assessments to prevent unnecessary foster care placement
  - Expedite reunification

**COSTAR REPORTING** – Reported client is the head of the family unit. Count client in each entitlement code for which he/she receives services.

- **KEY PROGRAM AND ELIGIBILITY REQUIREMENTS – Families with an active Social Services case are eligible to receive Homestead and Relative/Non-Relative Services** per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>). All services are to be completed within 180 days. The provider must have a fully executed contract in the current fiscal year to perform these services.

**PAYMENT REQUIREMENTS:**

Providers must submit the program invoice by the 10th of each month, a copy of the SHINES generated Service Authorization, Travel/Mileage Log, and case documentation to the County DFCS accuracy, secure the designated DFCS approving authority signature and forward to their designated accounting office.

UAS 571 (cont)

ALLOWABLE ENTITLEMENT CODES

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Kinship Assessment	571-29a	<ul style="list-style-type: none"> <li>• <b>\$550.00</b> Per family</li> <li>• Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. <b>If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• Rate includes cost of mileage and missed appointments.</li> <li>• Family member or non-family member has been identified as a placement resource for children.</li> <li>• This Assessment is completed to determine the appropriateness of placement resources for children.</li> <li>• <b>Master’s degree in human services with 1-year experience in human services or bachelor’s degree in Human Services with 3 years’ experience in human services.</b></li> <li>• <b>The case manager should send the provider any drug screening test results with the service authorization so the results can be included in the Kinship assessment.</b></li> <li>• <b>If drug screening tests have not been completed, then case manager should complete SA’s for drug screening services and obtain the results to send to the CCFA provider.</b></li> <li>• <b>If the provider does not receive the drug screening results, they should request them in writing from the case manager.</b></li> <li>• <b>May Not Be Combined with other assessments/evaluations.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment.</b></li> </ul>

**UAS Program 571 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Bonding/Attachment Assessment	571-29e	<ul style="list-style-type: none"> <li>• <b>\$935.00</b></li> <li>• <b>Licensed/Provisional Licensure or Masters under supervision for licensure.</b></li> <li>• <b>Assessment must be signed by a Licensed professional if completed by a provisional licensed or under supervision for licensure individual.</b></li> <li>• <b>Rate includes mileage and missed appointments.</b></li> <li>• <b>Must be completed within 25 business days of receipt of referral/service authorization. If the report cannot be completed within 25 business days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.</b></li> <li>• <b>All assessments/evaluations must have the printed name, digital or handwritten signature and date of the assessment &amp; licensed individual (licensed individual name and signature is only required if the assessment/evaluation was completed by a provisional licensed or Masters Under Supervision for Licensure assessor)</b></li> <li>• <b>Service Authorizations should be completed as listed below:</b> <ol style="list-style-type: none"> <li>1. <b>Bio-Parent &amp; all children = Only 1 SA is needed/935.00 total (only 1 name listed under services authorized and all other names [children/ care giver] should be listed in the justification/comment section as this is a group service)</b>  <b>Please note: (2 would be needed if bio-parents live in separate households)</b></li> <li>2. <b>Foster Parent &amp; all children = Only 1 SA is needed/935.00 total (only 1 name listed under services authorized and all other names [children/ care giver] should be listed in the justification/comment section as this is a group service)</b></li> <li>3. <b>Relative or Fictitious Kin &amp; all children = Only 1 SA is needed/935.00 total cost (only 1 name listed under services authorized and all other names [children/ care giver] should be listed in the justification/comment section as this is a group service)</b></li> </ol> </li> </ul>

**UAS Program 571 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
<p>Homestead Services Missed Scheduled Appointments</p>	<p><b>571-56a</b></p>	<ul style="list-style-type: none"> <li>• <b>27.50 per appointment</b></li> <li>• 3 missed appointments per month with a MAX of 6 per family/case per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>).</li> <li>• All missed appointments must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client.</li> <li>• <b>DFCS Staff should add to SA for all services that pays for missed appointments.</b></li> </ul> <p><b>Telehealth Scheduled Missed Appointments can only be billed when the following conditions are met:</b></p> <ul style="list-style-type: none"> <li>• An appointment is scheduled and confirmed with the client and is documented in the case notes (the date it was scheduled and confirmed with the client).</li> <li>• If the client fails to keep the confirmed appointment via phone or video conferencing, you must notify the case manager in writing after 3 attempts to reach back out to the client on the same day. The missed appointment case note must reflect the date the appointment was confirmed with the client and the three additional attempts for the day.</li> </ul>
<p>Transportation/Escorting Services</p> <p>No Client Satisfaction Survey Required for Transportation Services</p> <p><b>Note: Supervision hours cannot be billed while the provider is transporting clients or getting to &amp; from the location for all services.</b></p>	<p><b>571-56c</b></p>	<ul style="list-style-type: none"> <li>• <b>27.50 per hour</b></li> <li>• This code is used solely when transporting children or family members to appointments.</li> <li>• Hourly rate begins from the provider’s residence or official business address or current location, whichever is nearer to the destination point.</li> <li>• Please Note: Crisis Intervention Services are PROHIBITED during transportation.</li> <li>• If transportation services are going to require 10 consecutive (non-stop) hours of driving, then the provider must provide two drivers.</li> <li>• Can be used for Court Testimony – Subpoena required for payment &amp; incudes mileage.</li> <li>• HS Diploma/GED &amp; 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) &amp; transporters must take Child Safety Seat training annually.</li> <li>• Wait times can be charged if a trip one-way is 3 or more hours without justification on the SA. Any other billed wait time must be on the service authorization in the justification/comment section or in an email to the provider. If the provider was notified by email that needs to be submitted with the invoice packet. Mileage cannot be charged during wait time.</li> <li>• This service is paid by the hour not by the number of clients being transported.</li> </ul>

**UAS Program 571 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Homestead Services Mileage  <b>(Does not have to be on the service authorization for payment purposes)</b>	<b>571-56b</b>	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).</li> <li>• NOTE: If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• The specific purpose for each trip must be listed on the mileage log.</li> </ul>
Therapy/Counseling <b>(High Risk)</b>	<b>571-61h</b>	<ul style="list-style-type: none"> <li>• <b>\$88.00 per hour</b></li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• Counseling can be provided for: Individual, child, group, or family.</li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Therapy/Counseling <b>(Moderate Risk)</b>	<b>571-61i</b>	<ul style="list-style-type: none"> <li>• <b>\$71.50 per hour</b></li> <li>• <b>Provisional Licensure or Masters under Supervision for Licensure</b></li> <li>• Counseling can be provided for: Individual, child, group, or family.</li> <li>• <b>Must be supervised by fully licensed staff.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Crisis Intervention <b>(High Risk)</b>	<b>571-62a</b>	<ul style="list-style-type: none"> <li>• <b>\$88.00 per hour</b></li> <li>• A disruption or breakdown in a person’s or family’s normal or usual pattern of functioning. A crisis cannot be resolved by a person’s customary problem-solving resources/skills.</li> <li>• <b>Services Cannot Exceed 5 Consecutive Days</b></li> <li>• Additional time will need a waiver from the County Director.</li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>

**UAS Program 571 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Crisis Intervention <b>(Moderate Risk)</b>	571-62b	<ul style="list-style-type: none"> <li>• <b>\$71.50 per hour</b></li> <li>• A disruption or breakdown in a person’s or family’s normal or usual pattern of functioning. A crisis cannot be resolved by a person’s customary problem-solving resources/skills.</li> <li>• <b>Services Cannot Exceed 5 Consecutive Days</b></li> <li>• Additional time will need a waiver from the County Director.</li> <li>• <b>Provisional Licensure or Masters under Supervision for Licensure</b></li> <li>• <b>Must be supervised by fully licensed staff.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Behavioral Aide  <b>Note: BA service should be no longer than 12-hour shifts.</b>	571-47a	<ul style="list-style-type: none"> <li>• <b>\$38.50 per hour</b></li> <li>• <b>HS Diploma/GED &amp; 5 years human services experience or Bachelor’s Degree in Human Services (no human services experience required)</b></li> <li>• <b>Can be used for visitation/supervision if less than 4 hours a day within a 24-hr. time frame (Note: 4 or more hours must be coded as 518-00s Supervision).</b></li> <li>• <b>A DFCS Supervision Plan along with a Universal Application or Child Passport is to be submitted to the provider with the service authorization regardless of number of hours.</b></li> <li>• <b>Can be used for Court Testimony – Subpoena required for payment &amp; incudes mileage.</b></li> <li>• <b>Other Uses:</b> Home visits, Basic Behavior modification, and Basic Parenting Education/Skills, etc.</li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Court Appearance and/or Testimony <b>(High Level)</b>	571-88a	<ul style="list-style-type: none"> <li>• <b>\$88/HR/Day May not Exceed \$640/Day</b></li> <li>• Invoice and a copy of subpoena must be attached for payment.</li> <li>• <b>Masters/Doctoral – Licensed only</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only.</b></p>
Court Appearance and/or Testimony <b>(Low Level)</b>	571-88b	<ul style="list-style-type: none"> <li>• <b>\$49.50/HR/Day May not Exceed \$360</b></li> <li>• <b>Invoice and a copy of subpoena must be attached for payment.</b></li> <li>• <b>Masters Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services or High School Diploma with 10 years of Human Services experience.</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only</b></p>



<p>Court Appearance and/or Testimony (Moderate Level)</p>	<p><b>571-88c</b></p>	<ul style="list-style-type: none"> <li>• <b>\$71.50/HR/Day May not Exceed \$520/Day</b></li> <li>• <b>Invoice and a copy of subpoena must be attached for payment.</b></li> <li>• <b>Provisional Licensure or Masters Under Supervision for Licensure</b></li> <li>• <b>Includes Mileage</b></li> </ul> <p><b>SA Completed for SAAG subpoenaed court appearance only</b></p>
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**109.73 UAS Code – 573 Parent Aide (PA) (CONTRACT REQUIRED FOR ALL SERVICES)**

**PROGRAM NAME – Parent Aide Services (FAMILY PRESERVATION AND PERMANENCY CASES)**

**CASE MAX Fiscal Year Limit: \$15,000. Waivers will be approved in \$5000 increments.  
1<sup>st</sup> level waiver will be approved by the County Director/SS Administrator or Higher Position  
2<sup>nd</sup> level waiver will be approved by the Regional Director or Higher Position  
3<sup>rd</sup> level waiver will be approved by the District Director or Higher Position**

**Please note: The waiver process is a DFCS internal process and providers do not need a copy of the waiver for payment purposes.**

**REFERENCES:** Child Welfare Policy Manual Chapter 18 Support Services to Preserve or Reunify Families 18.4 Parent Aide Services

**PROGRAM PURPOSE-** This program is designed to provide Community–Based Prevention activities to afford children a safe, stable and supportive family setting by promoting the well-being of the family. Services include parenting education and training, and are designed to build on and increase the strength and stability of families, increase parent confidence and competence in their parenting abilities, and enhance family functioning to prevent child abuse and neglect.

**Parent Aide Services**

- Behavioral Management
- Budgeting Skills
- Communication Skills
- Environmental Safety
- Parenting Education/Skills

The goal of the program is ensuring the safety, well-being, and permanency of children.

**COSTAR REPORTING** – Reported client is the head of the family unit and children remain in the home.

- **KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Families with an active Social Services case are eligible to receive Parent Aide Services** per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>). All services are to be completed within 180 days (unless this requirement is waived by the DFCS). Order of Priority is as follows:
  1. Families in which abuse, or neglect has been substantiated, or have an open Permanency Case but there has been a determination that there is low risk for a repeat incidence.
  2. Families for which abuse and/or neglect has been unsubstantiated and/or there is no open permanency case. Services to priority 2 families would be voluntary in nature.

**UAS 573 (cont)**

**PAYMENT REQUIREMENTS:**

Providers must submit the program invoice by the 10th of each month, a copy of the SHINES generated Service Authorization, Travel/Mileage Log, and case documentation to the County DFCS. Offices. Regional County Contract Liaison’s will review and approve for completeness and accuracy, secure the designated DFCS approving authority signature and forward to their designated accounting office.

**Two months cannot be billed on one invoice for accounting purposes unless it is for group parenting class (Parent Aide contract service) when provider completes the 10 required sessions and bills the 350.00.**

**ALLOWABLE ENTITLEMENT CODES**

DESCRIPTION	CODE	SPECIFIC SERVICE REQUIREMENTS
Parent Aide Missed Scheduled Appointments  Can be used for Group/Individual Parenting Classes 573-72g or Behavioral Aide Services 573-47a.  See instructions under specific service requirements	573-56a	<ul style="list-style-type: none"> <li>• <b>27.50 per appointment</b></li> <li>• 3 missed appointments per month with a MAX of 6 per family/case per fiscal year (July 1<sup>st</sup> thru June 30<sup>th</sup>) <b>for Behavioral Aide Services.</b></li> <li>• All missed appointments must be put in writing to the DFCS case manager within 24 hours of the missed appointment and included in the monthly documentation per client.</li> <li>• <b>DFCS Staff should add to SA for all services that pays for missed appointments</b></li> </ul>
Parent Aide Services Mileage  (Does not have to be on the service authorization for payment purposes)	573-56b	<ul style="list-style-type: none"> <li>• Mileage Reimbursable at the state approved Rate</li> <li>• Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (Full address required).</li> <li>• NOTE: If a provider is completing back-to-back service’s current location may not be closest to the destination.</li> <li>• NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point).</li> <li>• The specific purpose for each trip must be listed on the mileage log.</li> </ul>
Printed Material	573-72b	<ul style="list-style-type: none"> <li>• <b>\$44.00 (per person referred)</b></li> <li>• Parenting skills Materials</li> <li>• One-time charge per person only</li> </ul>
Child Care Cost	573-72f	<ul style="list-style-type: none"> <li>• <b>\$165 per child (one-time fee per child)</b></li> <li>• Provide childcare services to parents participating in Group Parenting classes</li> <li>• <b>Attendance sheets required.</b></li> <li>• <b>HS Diploma/GED &amp; Certification in CPR &amp; First Aide (both due every two years). CPR/First Aide must either be taken in person or online with Red Cross or American Heart Association within 60 days of staff approval by DFCS Contract Administration Unit.</b></li> </ul>

**UAS Program 573 (CONTRACT REQUIRED FOR ALL SERVICES)**

**ALLOWABLE ENTITLEMENT CODES**

<b>DESCRIPTION</b>	<b>CODE</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
Group or Individual Parenting Class	573-72g	<ul style="list-style-type: none"> <li>• <b>\$38.50 per hour</b></li> <li>• Provider should provide a minimum of 10 or more hours of group or individual parenting sessions.</li> <li>• <b>Attendance sheets required if group sessions.</b></li> <li>• <b>Bachelor’s Degree or Higher in human services and 5 years’ experience in training &amp; presentations one on one or groups.</b></li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul>
Behavioral Aide  <b>Note: BA service should be no longer than 12-hour shifts.</b>	573-47a	<ul style="list-style-type: none"> <li>• <b>\$38.50 per hour</b></li> <li>• <b>HS Diploma/GED &amp; 5 years human services experience or Bachelor’s Degree in Human Services (no human services experience required)</b></li> <li>• <b>Other Uses:</b> Home visits, Basic Behavior modification, and Parenting Skills, etc.</li> <li>• <b>Can be used for Court Testimony – Subpoena required for payment &amp; incudes mileage.</b></li> <li>• <b>This code cannot be used for any visitation or supervision services.</b> <ul style="list-style-type: none"> <li>• Supervision code (4 or more hour in a 24-hour period) is 518-00s.</li> <li>• Visitation code (Less than 4 hours in a 24-hour period) is 518-47e.</li> <li>• <b>This can be individual or performed in a group setting. This service is paid by the hour not by the number of clients being provided the service. Case notes are required per family if completed as a group.</b></li> </ul> </li> </ul>