

ATTACHMENT FOUR

Intensive Family Reunification Service Attachment

DEFINITION

Intensive Family Reunification (IFR) provides intensive therapeutic and skill building interventions to families whose children have been removed and placed out of home for an extensive amount of time. Interventions are designed to address the safety threats that led to a child's removal and continued out of home placement. Additionally, this service improves parenting capacity as well as children's well-being, and families are safely reunified because of their change in behavior.

This service creates rapid, sustainable change in the family unit by focusing on interventions that build on family strengths in order to eliminate safety threats and/or reduce the risk of child maltreatment.

This service must be delivered in the family home or in a natural family environment, be available 24 hours a day, 7 days a week, including holidays and weekends. This service must include multiple in-person direct contacts (face to face visits, secure video conferencing/Telehealth, and phone calls regarding the family's plan) and indirect contacts (e.g. e-mails, text messages, phone calls not regarding the family's plan) with the family each week. This service also includes discharge planning of specific community resources that connect families with concrete supports to build upon the parental resilience and foundational parenting knowledge initiated by the IFR team.

TARGET POPULATION

Families whose children have been in out-of-home care for a minimum of 90 days, at least one parent is willing to reunify, the permanency plan is reunification with the parent who is willing to reunify, and the parent scores conditionally safe with services to reunify on the reunification assessment.

LENGTH OF SERVICE

The length of IFR service is determined by the success of the family achieving their goals for reunification.

STAFF CREDENTIALS

Any Therapist providing this service must be either a fully Licensed Mental Health Practitioner, or a provisionally Licensed Mental Health Practitioner under the supervision of a fully Licensed Mental Health Practitioner. The Contractor may also consider individuals who are Master's Degree Level in Counseling and/or Social work, and have completed all of the required classes but are currently obtaining internship hours with the Contractor. Interns must be supervised by a fully Licensed Mental Health Practitioner. Documentation of intern supervision must be kept in accordance with DHHS record retention policies and submitted to DHHS upon request. The supervising fully Licensed Mental Health Practitioner must sign all reports from the intern until the intern is fully licensed.

The Skill Builder must have obtained a Bachelor's Degree in human services, such as, but not limited to, a degree in Social Work, Psychology, Sociology, and Early Childhood Development; or a related field. The Skill Builder may also be enrolled in college and be within two semesters of completing a Bachelor's Degree in human service or a related field. A person who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, shall be considered to be enrolled in college.

The Contractor may also consider individuals for the Skill Builder position who have an Associate's Degree plus two years of experience in human services or a related field; individuals who are obtaining internship hours in a human services field while obtaining a Bachelor's Degree to be comparable to a Bachelor's Degree.

Upon the request by DHHS, the Contractor shall provide to the DHHS Contract Manager a written plan that outlines additional training and supervision that will be provided to staff who do not have a Bachelor's Degree or are not working on a Bachelor's Degree.

If an employee does not meet the standards outlined above, the Contractor shall notify the DHHS Contract Manager, or Designee, and provide the name of the employee, their job function, and education deficiencies which prevent them from meeting the contractual standards.

ACCEPTING & RESPONDING TO REFERRALS

The Contractor shall accept all referrals for IFR services, both rural and urban areas of the state. If the Contractor does not have the capacity to accept the referral or has reason to believe that the family referred does not meet the target population definition, the Contractor shall contact, by phone or email, the Service Area Administrator of the referring Child and Family Services Specialist to discuss the referral.

The initial face-to-face meeting with the family shall be considered the first day of service. The referring DHHS Case Manager or Supervisor shall be at the first meeting with the family and the Contractor to provide introductions and goal of service.

MINIMUM REPORTING REQUIREMENTS

The Contractor shall conduct a DHHS approved, client-driven, family assessment across the family's life domains, including safety assessment and planning, domestic violence assessment, suicide assessment, and crisis planning. The family functioning measurements shall be discussed with the family and the family's signature should be on the assessment as evidence of the conversation.

The Contractor shall develop a crisis intervention plan with the family at the first point of contact, indicating availability of the IFR team 24 hours a day, 7 days a week. The plan must be submitted to the referring DHHS Case Manager within 7 calendar days from the first day of service.

The Contractor shall provide a written treatment plan for the family with the family's signature indicating agreement with the plan. This plan shall be submitted to the referring DHHS Case Manager within the first 7 calendar days from the first day of service.

Monthly written progress reports shall also be provided to the referring DHHS Case Manager. The monthly report shall include information regarding the family's progress with achieving goals identified in the treatment plan and a contact log. The Contractor shall maintain the contact log and make the contact log available to DHHS upon request. Progress reports should include documentation of interventions to include role-play, practice, homework, rehearsal, modeling, education, and review of performance.

The Contractor shall provide a written discharge plan to the referring DHHS Case Manager, prior to discharging the family. The discharge plan shall include the family's involvement in the creation of the plan as well as specific community services and informal, social supports the family has been connected to during the IFR's length of service.

The Contractor shall obtain feedback from the family and referring DHHS Case Manager through post-service, satisfaction surveys. The Contractor shall maintain the surveys and make them available to DHHS upon request.

The Contractor shall report data measures on the Provider Performance Improvement database. These data measures will include demographic information about the family and if the children were in the home at the time of discharge.

ESTABLISHED RATE

DHHS shall pay the Contractor a daily rate that varies based upon the distance travelled to deliver IFR services. There are also up to 2 performance outcomes payments available when the service is provided in efficient and effective manners. DHHS shall pay the Contractor as follows:

- **Tier 1 Rate:** When the distance between the IFR Therapist's starting point address and the family's home address is fifteen (15) miles or less, DHHS shall pay the Contractor a **daily rate of \$46.43 per family** for service delivery.
- **Tier 2 Rate:** When the distance between the IFR Therapist's starting point address and the family's home address is at least sixteen (16) miles but not more than ninety-nine (99) miles, DHHS shall pay the Contractor a **daily rate of \$75.07 per family** for service delivery.
- **Tier 3 Rate:** When the distance between the IFR Therapist's starting point address and the family's home address is one hundred (100) miles or more, DHHS shall pay the Contractor a **daily rate of \$99.13 per family** for service delivery.

The Contractor shall provide DHHS with each Therapist's starting point address at least seven (7) calendar days immediately after the execution of this contract, and in no instance less than 24 hours after the contract is signed; and, at least seven (7) calendar days prior to utilizing a new therapist to deliver IFR services during the term of this contract. The distance between the IFR Therapist's starting point address and each family's home address will be calculated using MapQuest or Google Maps. Any fraction of a mile calculated shall be rounded up to the nearest mile.

The IFR Service Authorization will be created for a time period of 90 days. Should the service need to exceed 90 days, the case will be reviewed with the Service Area Administrator for approval. Documentation from the DHHS Case Manager or Supervisor showing agreement with the completion of services shall be included with supporting documentation to the billing team.

There may be special situations where a service ends due to unforeseen circumstances. No payment will be authorized when documentation does not meet requirements for multiple face to face contacts.

If an interpreter is requested by DHHS, the Contractor may request reimbursement for the actual cost of the interpreter service. At the time of the billing, the Contractor must provide documentation from the interpreter indicating the actual cost of the interpreter's services.

PERFORMANCE-BASED OUTCOME

The Contractor will be paid **\$102 per family** at six months after discharge if the family was able to safely reunify at discharge and if the youth were able to stay in the family home for six months following service discharge.

The Contractor will be paid **\$102 per family** when the family has been reunified with service discharge in less than 90 days.