# Support Services

Rhode Island Department of Children, Youth and Families

**Policy: 700.0020**

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Department staff will not always be able to provide all services needed by a child and his or her family. A thorough assessment of needs must be completed and services that can be provided by agency staff shall be identified. The role and responsibilities of a staff person will differ depending on the unit and/or division in which he/she is employed. These responsibilities are defined in written policy, specific to the unit and/or division. Services, which are needed to assist the child and/or family in attaining the case plan goal, that cannot be provided by agency staff, , may be acquired by referral to an outside agency. However, support services purchased by the Department on behalf of a child and/or family must be necessary services directly related to the achievement of case plan objectives.

Many support services are available free of charge in the community, through schools, churches, public and private agencies, or social organizations. Scholarships and other funds may be available to children of families with a low income and children in foster placement. Some services are funded as part of residential care contracts. Parents are encouraged to use their own resources to purchase these services when a fee is required. However, funding for support services may be approved in certain situations to maintain and stabilize a child at home, in a foster care or group home, or in a child caring institution. Funding for support services may also be provided to help a child maximize his or her potential or to feel more fully a part of the community.

Certain mental health evaluation and counseling services are funded through the Medical Assistance Program for children and youth who receive Medical Assistance and who are enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

The Authorization for Support Services (DCYF #005) is used by service staff to request necessary individual support services that cannot be directly provided by the Department. Some of these services have been contracted for and others are available on a fee for service basis. It is important for staff to use a contracted service if an appropriate one is available. The DCYF #005 process is not to be used to circumvent State Purchasing procedures.

The DCYF #005 is used by the Business Office to track the use of contracted and non-contracted services as well as to authorize payment to the vendor. The DCYF #005 is also used to track services funded through Medical Assistance such as mental health evaluation and counseling.

Intensive, multiple support services are sometimes provided through a comprehensive program to children and families who meet eligibility criteria. The Department contracts

~~with Intensive Community Based Tracking (ICBT) programs and Comprehensive Emergency Services (CES) agencies throughout Rhode Island for these services.~~

**~~Related Procedures~~**

~~Support Services~~
~~Identification of Appropriate Service Provider~~
~~Request for Authorization~~
~~Worker/Service Provider Contact~~

## Support Services

**Procedure From Policy 700.0020: Support Services**

A. The worker identifies the support service that is needed. Many support services are authorized through the DCYF #005 process. The DCYF #005 contains a listing of services which must be authorized through this procedure. Other DCYF policies which directly pertain to many of these services contain more detailed information about the service:

B. Several types of support services that are frequently utilized by a child and/or family involved with the Department are described below.

1. Home Nursing Care - Preventive service to maintain a child at home or to eliminate the removal of a child from home. This service is accessed only when there is Departmental involvement regarding abuse/neglect which has
2. resulted in a condition requiring medical service or supervision or failure to thrive which has been attributed to inadequate physical care or nurturing. If there is no medical need and only services defined in Subsection a (1 - 3) below are required, homemaker/parent aide services may be more appropriate:
    a. Teaching parenting/child-care skills:
        (1) Parent effectiveness training.
        (2) Training in nutrition.
        (3) Training in hygiene.
    b. Providing medical attention on a regular basis to a child who has a short-term medical condition:
        (1) Home visits by a nurse to perform such functions as redressing a wound or dispensing medication.
        (2) Home visits by social service staff regarding problematic issues associated with a medical condition.

2. Day Care - Support service to provide care and supervision for part of a twenty-four (24) hour day to a child outside of his/her home. Day Care is a supplement to parental care and is not intended to infringe on parental responsibility:
    a. Day Care can be provided in a group facility or a private home. Licensing/Certification is completed by the Department in accordance with Rhode Island General Law (RIGL) 42-72.1:
        (1) Center-based (group) programs are licensed by the Department to provide care for three age groups: (1) infant/toddler - 6 weeks to 3 years; (2) pre-school - 3 years to 5 years; and (3) school age - 5 years to 14 years.
        (2) Family Day Care homes are certified by the Department:
            (a) Certification is mandatory for a provider caring for four (4) or more unrelated children.
            (b) Certification may be voluntarily obtained by a provider caring for less than four (4) children.

b. ~~Day Care resources can be obtained through the Day Care Licensing Unit.~~

(1) ~~The parent(s) (or foster parent(s)) and primary service worker select the Day Care provider by contacting the Day Care Unit for information on licensed center-based facilities and certified home-based providers. In the case of day care being provided in accordance with Subsection c (4) below, placement, foster care recruitment staff or the primary service worker may process the DCYF #005.~~

(2) ~~Day Care will not be approved unless the setting is appropriately licensed/certified.~~

c. ~~The need for Day Care Services can be established if one (1) or more of the following criteria exists:~~

(1) ~~There is documentation of physical, emotional, or social problems within the family resulting in the potential for child abuse/neglect and/or the need for placement outside the home.~~

(2) ~~Day Care is identified as part of a transition plan for the return of a child to his/her home.~~

(3) ~~There is a need to provide respite care for a portion of the day in order to maintain a foster placement.~~

(4) ~~The foster parent(s) is working and therefore there is no caretaker home to supervise the foster child during the day or after school.~~

(5) ~~There is documentation that a child needs Day Care for a therapeutic reason or socialization experience.~~

d. ~~Day Care is approved for a period of six (6) months or less:~~

(1) ~~Prior to the end of the authorized period, the worker determines if there is a need for the continuation of Day Care based on criteria outlined in Subsection c above.~~

(2) ~~If there is a need for continued service, worker submits request for continuation of service. Request must be received by the Day Care Supervisor at least one (1) week prior to the expiration date.~~

3. ~~Parent Aide - Service to provide support to parents and children in order to strengthen and maintain healthy family life and to assist the family with parenting and daily living skills. This service, which can be approved for a period of six (6) months, and with approval of the Regional Director for an additional three (3) months, can provide the following support to maintain at home a child, who has suffered abuse/neglect or is at risk of abuse/neglect:~~

a. ~~Encourage the parent(s) to develop skills to access support systems for him/herself and the entire family.~~

b. ~~Help the parent(s) learn more effective parenting skills.~~

c. ~~Assist in improving parent/child relationships.~~

d. ~~Help the family deal effectively with stress and crisis.~~

e. ~~Teach the family to improve housekeeping standards.~~
f. ~~Aid in improving home-management skills (i.e. budgeting).~~

4. ~~Parent Education - Parent education, through seminars, group discussion, activities, audio-visual aides, study and practice, to address the following issues:~~
   a. ~~Child development.~~
   b. ~~Principles of practical child raising.~~
   c. ~~Discipline.~~
   d. ~~Understanding children's behavior.~~
   e. ~~Dealing effectively with problematic behavior.~~
   f. ~~Communications skills.~~
5. ~~Homemaker - Service to provide assistance to the parent(s) to improve housekeeping standards and/or home management skills (i.e. budgeting).~~
6. ~~Self-Help Groups - Support groups, organized for a variety of reasons, which consist of individuals who share similar needs and problems:~~
   a. ~~Self-help groups are organized for adults who abuse or neglect their children physically, emotionally, verbally, or sexually. Through informal discussion and support, the group can provide the impetus to change abusive behavior to more constructive and productive behavior.~~
   b. ~~Self-help groups are available for individuals with a history of substance abuse.~~
   c. ~~Self-help groups are available for single parent families and blended (step-parent) families.~~
7. ~~Mental Health Evaluation and Counseling Services - The primary service worker can provide support and direction to the parent(s) and children regarding daily living skills and parent/child communication. However, certain situations requiring clinical expertise can be referred to a mental health center, a family service agency, or a private mental health professional. Authorization for funding is obtained through the DCYF #005 process. (Refer to Policy 700.0010, Mental Health Evaluation and Counseling Services.)~~
8. ~~Substance Abuse Counseling - This service is sometimes available without cost or for a minimal fee in the community. Substance abuse testing (i.e. urinalysis) is a medical procedure which is sometimes required by the Department as part of a case plan to monitor the drug use of a child or parent. The frequency and type of testing should be planned in conjunction with the client and the substance abuse service provider. Payment for service should be made in accordance with the substance abuse fee schedule. (Refer to Policy 700.0195, Substance Abuse Treatment Services.)~~
9. ~~Community and Social Organizations - The Department encourages family participation in scouting, youth clubs, and social organizations. The worker can assist the child and family in locating services that are available without charge.~~

10. ~~Intensive Community Based Treatment (ICBT) - Twenty-four (24) hour crisis management program to provide services to adolescents in an effort to maintain a child at home or to maintain a child in foster placement. This service is not accessed through the DCYF #005 process. Referral is made to the Residential Review Team.~~
11. ~~Comprehensive Emergency Services (CES) - System of coordinated community-based services designed to meet emergency needs of children and their families who are experiencing a crisis that threatens to disrupt the family unit. Individual components of a CES program cannot be utilized if the need for coordinated comprehensive services does not exist. This program is not accessed through the DCYF #005 process.~~

# Identification of Appropriate Service Provider

**Procedure From Policy 700.0020: Support Services**

A. ~~The worker explores whether or not the parent(s) has resources to pay for a service, either totally or partially, or if service is available within the community at little or no cost. The worker indicates in the Description field of the DCYF #005 the amount that the family is contributing. If the family is unable to contribute, the reason is indicated:~~

1. ~~The parent(s) is encouraged to use his/her own resources, including third-party medical coverage, to pay for services.~~
2. ~~Many services that are provided by a Community Mental Health Center are available to eligible clients, who live in the center's catchment area, on a sliding fee scale.~~
3. ~~The Department may provide funding for services which are unaffordable to a family. Listed below are some indications of a family's inability to pay for services. Other indications may exist and should be discussed with the worker's supervisor. Any situation can be brought to the Regional Director for determination:~~
   - (a) ~~Family Court has determined that the family is indigent and has appointed legal counsel.~~
   - (b) ~~The family is receiving Public Assistance (including Medical Assistance) or Disability Benefits.~~
   - (c) ~~The parent, who is the primary wage earner, is unemployed.~~
   - (d) ~~An immediate service need cannot be met in a timely fashion unless the Department provides funding.~~

B. ~~If a child is in residential care or involved with another contracted service, the worker contacts the Contracts Unit to determine if the required service is included in the contract.~~

# Request for Authorization

**Procedure From Policy 700.0020: Support Services**

A. ~~If the required service is court ordered, unaffordable, or cannot be acquired unless it is purchased by the Department, or if the service will be funded through Medical Assistance (MA), the worker can request authorization for payment for this service through the DCYF #005 process. The DCYF #005 contains a listing of services that must be authorized through this process.~~

B. ~~The worker completes the DCYF #005 on-line and submits to his/her Supervisor for approval. The DCYF #005 is completed in accordance with Instructions for Completion located in On-line Help:~~

1. ~~A separate DCYF #005 must be completed for each service being requested;~~
2. ~~A separate DCYF #005 must be completed for each child who is to receive a separate service; and~~
3. ~~If a service is being requested for a family at one (1) fee, regardless of the number of family members involved, only one (1) DCYF #005 needs to be completed. The child most closely associated with the need for this service must be identified.~~

C. ~~The approval route of the DCYF #005 depends on the service type.~~

D. ~~The appropriate designee gives final approval.~~

E. ~~The Business Office prints an official copy of the DCYF #005 for the vendor. When the DCYF #005 is used for Emergency Shelter Equivalency Placement for Adolescents, copies of the form are distributed in the following manner: Business Office - white; Shelter Placement Unit - yellow; Primary Service Worker - green.~~

F. ~~The Business Office processes the DCYF #005 (in situations involving Day Care, the Business Office electronically forwards a copy of the DCYF #005 to DHS.~~

G. ~~The Vendor submits the original or a copy of the invoice, which is printed on the back of the vendor copy of the DCYF #005, to the Business Office in accordance with the following procedures (in situations involving Day Care, the vendor submits the DCYF #005 directly to DHS for payment):~~

1. ~~The vendor ensures that the DCYF #005 number is included on the invoice;~~
2. ~~There must be a separate invoice for each DCYF #005;~~
3. ~~The requested rate on the invoice must correspond to the authorized rate on the DCYF #005; and~~
4. ~~Payment will be made only for services authorized on the DCYF #005 and provided within the approved timeframes.~~

## Worker/Service Provider Contact

**Procedure From Policy 700.0020: Support Services**

A. ~~The worker confers with the service provider prior to the initiation of the following types of service in order to establish the time frames and objectives for treatment:~~

1. ~~Home nursing care.~~
2. ~~Homemaker/parent aide.~~
3. ~~Parent education.~~
4. ~~Mental health evaluation.~~
5. ~~Mental health counseling.~~
6. ~~Intensive Community Based Treatment (ICBT).~~

B. ~~The worker obtains a monthly progress report from the service provider unless there is an agreement for less frequent communication. Approval for less frequent contact is given by the Regional Director.~~

C. ~~If there is a need for continuation of a service, the following must occur:~~

1. ~~The service provider confers with the primary service worker/supervisor and indicates the need and justification for this service.~~
2. ~~In the case of mental health counseling services, the service provider must contact the worker two (2) weeks in advance of the date of completion of approved services. The worker must submit a DCYF #005 along with the appropriate report from the service provider to request authorization for continuation of services.~~

D. ~~The worker confers with the service provider prior to termination of ancillary services or termination of the case to the Department:~~

1. ~~The worker requests a written summary which identifies the treatment goal(s), services that were provided, and progress made by the client.~~
2. ~~If the Department is terminating involvement with the client and the service provider will continue to work with the client, this information must be documented in the service provider's written summary to the Department:~~
   - (a) ~~Involvement by the Department is not terminated until services purchased by the Department have been completed and evaluated for effectiveness.~~
   - (b) ~~If in the opinion of worker and supervisor there is a compelling reason to terminate Departmental involvement while services purchased by the Department continue, administrative approval must be obtained and documented in a Case Activity Note.~~