ATTACHMENT C

SERVICE STANDARDS

WAVE 4

(September 15, 2008)

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

DAY TREATMENT/DAY REPORTING PROGRAM

I. Service Description

Day Treatment/Day Reporting programs provide intensive supervision to children exhibiting a pattern of delinquent behavior. The primary functions of Day Treatment/Day Reporting can include intensive supervision, utilizing a cognitive behavior change approach, to prevent the removal of the child from the home, to increase community safety, and to improve family functioning.

Day Treatment/Day Reporting programs can vary in the intensity and length of supervision and service hours the child and family receive.

The Day Treatment service is designed to provide an environment in which each child can develop the skills necessary for successful living, and to alter the previous environment of the child so that newly acquired skills are encouraged and old inappropriate behaviors are discouraged. Family involvement is highly encouraged or required for successful completion of the program. The service also addresses the educational needs of the individual child, based on an assessment of their academic progress.

The Day Reporting service provides daily supervision and structured activities for youth whom require more intensive oversight, as an alternative to secure detention. This program serves pre- or post-adjudicated youth.

Day Treatment

Providing agency receives referrals from the Department of Child Services FCM or the DCS Service Consultant. Upon receipt of a referral, the provider will respond to the referral source within two business days regarding the receipt of the referral. Provider will conduct an interview with the child and family within 5 business days of the referral and notify the referral source regarding acceptance into the program within 24 hours after the interview. (This requirement is null and void if the referral source determines eligibility for program acceptance).

Service delivery can range from 1-180 days, at 4-10 hours per day. Per Diem may not be billed if there is not at least 20 hours of face to face contact per weekly. Service delivery may be extended beyond 180 days if approved by Department of Child Services.

Services shall include, but are not limited to: Individualized educational planning, life skills training (including work readiness if appropriate), and community service projects.

Services shall also include a minimum of 6 hours per week of cognitive based instruction in a curriculum that demonstrates best practices of model programs. The use of role playing and interaction to teach new skills may be utilized. Services can address thinking errors, anger management, substance abuse, and other mental health needs identified by the provider and referral source.

Pre- and post-tests for evaluation and progress must be utilized.

Provider must also include a component that requires family involvement for a minimum of one hour per week. This may be in the form of a parenting support group or parenting instruction.

Provider will communicate progress to the referral source at least once per month in the form of a written progress report and monthly attendance in program, including number of contact hours. Provider will attend all Court review hearings and provide written progress reports to the Court at each review hearing.

Day Reporting

Providing agency receives referrals from the Department of Child Services FCM or DCS Service Consultant. Upon receipt of a referral, the provider will respond to the referral source within two business days regarding the receipt of the referral. Provider will conduct an interview with the child and family within 5 business days of the referral and notify the referral source regarding acceptance into the program within 24 hours after the interview. (This requirement is null and void if the referral source determines eligibility for program acceptance).

Service delivery can range from 1-180 days, at 4-10 hours per day. Per Diem may not be billed if there is not at least 20 hours of face to face contact per weekly. Service delivery may be extended beyond 180 days if approved by Department of Child Services and by order of the Court.

Services shall include, but are not limited to: Intensive supervision, educational planning assistance, and community/recreational activities.

Provider will communicate progress to the referral source and monthly attendance in program, including number of contact hours. Provider will submit written progress reports to the Court at each hearing to review placement.

II. Target Population

Services must be restricted to the following eligibility categories:

- Children who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix; when there is "imminent risk of removal" of the child (ren) from the home; or

- Children alleged to be a delinquent child or adjudicated a delinquent child with moderate to high levels of risk to re-offend and/or a risk to be removed from the home.

III. Goals and Outcome measures

Day Treatment

Goal #1: Reduce the risk of repetitive delinquent behavior.

1. 100% of children in the Day Treatment program will receive a minimum of 6 hours per week of cognitive based instruction to successfully complete the program.

2. 50% of children will successfully complete the program with a reduction of the risk to re-offend based on a validated risk assessment tool.

Goal #2: Prevent removal from home or community.

1. 70% of parents will participate in required family activities as identified by the individual program.

2. 70% of children who successfully complete the program will have exhibited improved family relationships.

3. 70% of families that were intact at the initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period, and will have avoided out of home placement 6 months following service closure.

Goal #3: Enrollment in education programming

1. 100% of children will be enrolled in some type of educational programming during their involvement in the program.

2. 70% of children will be enrolled in an education program three months after the program completion.

Goal # 4: Provide opportunities for the child to make meaningful contributions to their community.

1. 100% of children will be given opportunities to participate in employment, community, and recreational activities during their involvement in the program.

2. 70% of children will be employed or involved in community activities three months after program completion

Day Reporting

Goal #1: Provide supervision as an alternative to incarceration

1. 75% of youth will not return to secure detention while in the program.

2. 100% of youth will receive intensive supervision and participate in other activities while in the program.

Goal # 2: Provide opportunities for the child to make meaningful contributions to their community.

1. 100% of children will be given opportunities to participate in employment, community, and recreational activities during their involvement in the program.

2. 70% of children will be employed or involved in community activities three months after program completion

Goal #3: Enrollment in education programming

1. 100% of children will be enrolled in some type of educational programming during their involvement in the program.

2. 70% of children will be enrolled in an education program three months after the program completion.

IV. Qualifications

Direct Worker:

Program Coordinator must be a person with Bachelor's degree in criminal justice, sociology, psychology, social work or related field.

Supervision:

Program Supervision must be a person with Master's degree in criminal justice, social work, psychology, Social Work or related field.

Overall supervision of the Day Treatment program must be provided by a person with a Master's degree in Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

V. Billable Units

Per Diem cost for each client placed in the program. This per diem includes all costs of program including court appearances.

Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Rates:

Day Treatment Per Diem: _____

Day Reporting Per Diem: _____

Translation/Sign Language: Actual Costs

Budget Summary must be submitted for rate determination.

VII. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, dated, signed referral form authorizing service

2) Documentation of regular contact with the referred families/children

3) Copies of monthly reports/Court reports

IX. Service Access

Services must be accessed though a DCS Family Case Manager or DCS Service Consultant referral. Referrals are valid for a maximum of twelve months (12) unless otherwise specified by the DCS. Providers must initiate a reauthorization got services to continue beyond the approved time period.

NOTE: ***All services must be pre-approved through a DCS Family Case Manager or a DCS Services Consultant referral form. In emergency situations, services may begin with a verbal approval but must be followed by a written referral form with in 5 days. It is the responsibility of the service provider to obtain the written referral. Providers must have the ability to respond to referrals and to provide services 24 hours a day, 7 days a week.***

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT

I. Service Description

Quality Assurance services will be provided for DCS and Probation children currently in residential placement to assist the local DCS and Probation offices to determine if the needs of the children are being met by the placement or to find a placement that more suitably meets individual needs and to decrease costs for children in residential care; children at-risk of residential placement will be evaluated to locate a placement that can meet the child's needs at an acceptable cost.

These quality assurance services will consist of, but may not be limited to, specific evaluations completed with regard to educational needs, psychiatric needs, medical needs, etc. to be sure that each child is receiving the quality of services specified by said agency or to assure each child is "matched" with a provider that can best meet the individual needs of the child.

II. Target Population

Children that are either at-risk of residential placement or already in placement.

III. Goals and Outcomes

Goal #1: Decrease in number of children placed in residential care

1. Numbers of children in residential placement will be monitored, compared to placement numbers of previous years with a goal of 25% decrease in the number of children placed by the end of the contract period.

Goal # 2: Children will be maintained in lower levels of care

1. The level of services needed by individual children and provided by their placements will be monitored through visits with the facility and FCM to assess effectiveness of treatment and to ensure treatment progress, with the goal of 25% of children in residential placement being stepped down to treatment that continues to meet their needs by the end of the contract period. The educational, physical and mental health needs of children in placement will be monitored to ensure appropriate levels of response to these needs.

Goal #3: Decrease cost of children in residential placement

1. By monitoring the treatment needs and progress of children during residential placement, they will be moved to less restrictive and less costly placements that will lead to a decreased length of stay in placement. Referral to alternate funding sources, such as Department of Education, Division of Mental Health and Addictions, Division of Disability, Aging and Rehabilitation Services and Bureau of Developmental Disability Services will be made and monitored to decrease DCS placement costs. Data will be kept on the cost of children in placement and compared to previous years to demonstrate at 25% reduction in overall placement costs during the contract period.

Goal # 4: Development of additional services within the local community

1. Through meetings with local DCS staff, service providers and facility staff more programs will be developed to meet the needs of children that are either being considered for placement or that are already in placement, to allow them to remain or return to the community and still have their individual needs met. Data on children being served in the local community will reflect at 25% increase in local services.

IV. Qualifications

Master's degree in social work, psychology or marriage and family therapy and 3 (three) years of related clinical experience.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral-valued culturally competent manner.

V. Billable Units

Hourly rate for face-to-face services with the client

Client is defined as the child/family members of a child at-risk or placement or in placement, facility staff of the residential placement, services providers and DCS or Probation staff

Face-to-face contact may be to conduct assessments, staff children being referred and discuss proposed or alternate placements, visit children in placement, meet with service providers and facility staff to develop programming specific to the child and includes professional time involved in scoring testing instruments and preparing the assessment report. (Note: routine report writing, scheduling of appointments and travel time is not included in face-to-face time. These activities are to be built into the costs of face-to-face and shall not be billed separately.)

Includes crisis intervention and other goal-directed interventions via telephone with the identified client.

For hourly rates, partial unites may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes= .25 billable hours, 23 to 37 minutes= .50 billable hours, 38 to 52 minutes= .75 billable hours, 53 to 60 minutes= 1.00 billable hours. All billed time must be associated with an identified client.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, dated and signed DCS referral form authorizing services

2) Written report of contact made with child, facility staff, DCS or Probation staff or service provider staff to include summary of meeting content

3) Data to support that the goals of decreased number of placements, lower cost of placements, lower levels of care and increased number of local services are being met

VII. Service Access

Services must be accessed through a DCS referral form. Referrals are valid for a maximum of 12 (twelve) months unless otherwise specified by DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE*: **All services must be pre-approved through a DCS referral form. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 (five) days. It is the responsibility of the service provider to obtain the written referral. Providers must have the ability to respond to referrals and to provide services 24 hours a day, 7 days a week.***

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

RESIDENTIAL DETOXIFICATION

I. Service Description

Safe, humane detoxification from alcohol and other drugs is an important step in the recovery process. Detoxification is a short-term residential service for persons withdrawing from the effects of prolonged alcohol or drug consumption. Services shall continue only until the client recovers from the effects of acute intoxication. Detoxification shall always include supervision, and may also include counseling and/or medical care. Three immediate goals of detoxification shall be included, to provide a safe withdrawal from the drug(s) of dependence and enable the patient to become drug free, to provide withdrawal that is humane and protects the patient's dignity, and to prepare the patient for ongoing treatment of his or her alcohol and other drug (AOD) dependence

The vendor shall provide withdrawal that is humane and protects the patient's dignity. A caring staff, a supportive environment, sensitivity to cultural issues, confidentiality, and the selection of appropriate detoxification medication (if needed) are all important to providing humane withdrawal.

The program will prepare the patient for ongoing treatment of his or her AOD dependence. During detoxification, patients may form therapeutic relationships with treatment staff or other patients, and may become aware of alternatives to an AOD-dependent lifestyle. Detoxification is an opportunity to offer patients information and to motivate them for longer term treatment.

Detoxification facilities shall provide living accommodations in a structured environment for individuals who require twenty-four (24) hour per day supervision while withdrawing from toxic levels of consumption. Services will be available continuously twenty-four (24) hours a day, seven (7) days per week. Counseling services will be provided to motivate clients to accept referral for continued care for alcohol and drug dependence.

Detoxification clients will be monitored by qualified, experienced staff 24 hours a day. On staff physician and nurses shall supervise the process and coordinate services as needed. Each client shall also be assigned a counselor to work with during their stay. When they are able to, detoxification clients will be encouraged to participate in

educational groups, group counseling sessions, and to work individually with their counselor.

During the detoxification process, every effort should be made to engage clients in longer-term treatment designed to promote recovery from alcoholism and other addiction. An individualized treatment plan will be developed, for each client with his or her counselor, in order to learn to identify and cope with relapse potentials and to create a plan for maintaining freedom from drug or alcohol use after discharge.

Services include providing any requested testimony and/or court appearances (to include hearing or appeals). Clients will be accepted into the program within twelve (12) hours of the referral or sooner if an emergency exists. Each client will spend approximately two to six days in the detoxification program. Length of stay is determined for each individual in attendance.

Services provided during the detoxification period include:

1) Medical services
2) Counseling
3) Family/Collateral contacts
4) Visitation arrangements with children
5) Aftercare planning

Discharge

Each discharge plan should include discussions on the client's diagnosis, progress and recommendations for further treatment. Best practice will have client discharged only when the next step of the treatment plan is available immediately or in a short time frame.

The referring county shall receive a copy of the discharge summary within 7 days of the client's discharge.

II. Target Population

Services must be restricted to the following eligibility categories:

1) Children and/or child's guardian who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs.

2) Children with a status of CHINS, and/or JD/JS

3) All adopted children and adoptive families

III. Goals and Outcome Measures

Goal #1: Timely initiation and reporting

1) 100 % of services initiated within 12 hours of referral.

2) 100 % of discharge summary reports will be received within 7 days of client's discharge.

Goal #2: Effective treatment for individuals

1) 90% of clients will participate in continuing care upon completion of detoxification.

Goal #3 DCS and Family satisfaction with services

1) 90% of the families who have participated in Residential Detoxification will rate the services "satisfactory" or above.

2) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

IV. Qualifications

Licensed Physician:

A licensed physician shall be identified as the program's medical director. The vendor shall be licensed and certified by the Indiana Division of Mental Health and Addiction according to state law. The Indiana DMHA licensure and certification rules and regulations are at: http://www.in.gov/fssa/dmha/4553.htm Another helpful link is How to Become a Certified/Licensed Provider at: http://www.in.gov/fssa/dmha/4560.htm

Therapists and Counselors:

It is expected that all therapists and counselors shall have a degree and be licensed/certified by an organization approved by the Indiana Division of Mental Health and Addiction. They shall receive pertinent ongoing training. Indiana DMHA approved addiction counseling is at: http://www.in.gov/fssa/dmha/4517.htm

V. Billable Units

Primary payer for this service is Medicaid and private insurance. This is not intended as a co-pay or secondary payer but as payer of last resort.

Per Diem cost for each client placed in the program.

Court Time on case

Services include providing any requested testimony and/or court appearances Including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Rates

Daily rate/per diem _____

Court cost _____

Translation or sign language Actual cost

Budget summary must be submitted for rate determination.

VII. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, dated, signed DCS referral form authorizing service
2) Documentation of regular contact with the referred families/children

3) Written reports no less than quarterly or more frequently as prescribed by DCS.

VIII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a DCS referral form. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral Provider must have the ability to respond to referrals and to provide services within 24 hours a day, 7 days a week.

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)

I. Service Description

TRP is a provision of services to assist in transition from most the restrictive to a less/least restrictive placement. A Transition from Restrictive Placement (TRP) is a court-ordered program for youth adjudicated a CHINS or JD/JS. The purpose of the program is to prevent a return of the youth to a more restrictive setting/placement. TRP must include the following kinds of services to the youth and family:

- Therapeutic/clinical interventions to address the service needs of the youth and family. Therapeutic interventions must be based on an evidence-based model such as Functional Family Therapy (FFT), Multisystemic Therapy (MST), Parenting with Love and Limits (PLL), etc.
- Home-based services including but not limited to the following:

- Home-based family therapy
- Case management services
- Home assessment
- Coordination of services, with special emphasis on education and employment services
- Educational transition services
- Vocational services
- Drug/alcohol screening & monitoring
- Conflict management
- Emergency/crisis services
- Child development education
- Domestic violence education
- Parenting education/training
- Family communication
- Assistance with transportation
- Family reunification
- Family assessment
- Community referrals and follow-up
- Behavior modification
- Budgeting/money management
- Other services as deemed appropriate based on the needs of the youth and family

1) Services must include 24-hour access to crisis intervention seven days a week and must be provided in the family's home, at a community site, or in the office.

2) Services must include ongoing risk assessment and monitoring family/parental progress.

3) Services must include development of goals with measurable outcomes.

4) Provider must complete an intake interview with the family within five calendar days after receipt of the referral.

5) Provider must provide home-based therapy services to the family during the time the youth is incarcerated to identify and address any issues that may hinder the youth's success upon his/her return home.

6) Provider must maintain monthly contact with the youth's placement agency during the time the youth is in the more restrictive placement to ensure that the transition plan remains consistent between both agencies.

7) Provider must participate in an initial meeting with the youth's FCM or probation officer, youth, and family within 48 hours of release.

8) Provider must complete the Child and Adolescent Needs and Strengths (CANS) assessment within 30 days of release from the correctional facility, if not completed at the time of discharge from the more restrictive placement, and every six months thereafter. If no CANS was completed prior to the youth being admitted to the more restrictive placement, the service provider is responsible for completing the assessment within 2 weeks of the placement in a less restrictive placement. .

9) Provider must conduct a minimum of two (2) face to face visits per week with the youth during the first thirty (30) days of release from a more restrictive placement. The level of supervision after that period of time will be determined by the team but will never be less than 1 face to face visit per week.

10) When appropriate the provider may require the youth to submit to at least one random drug screen within fourteen (14) days of changing from a more restrictive placement. This may be done through probation or another approved vendor.

11) Provider must maintain frequent contact with the FCM/probation officer and notify the FCM/probation officer in writing of non-compliance issues. The provider must also develop a recommendation for the FCM/probation officer as to a suitable therapeutic intervention.

12) The family will be the focus of service and services will focus on the strengths of the family and build upon these strengths.

13) Services must be family focused and child centered.

14) Services must include intensive in-home skill building and after-care linkage.

15) Services include providing monthly progress reports in a format approved by the Court, participation in team meetings, and providing requested testimony and/or presence at court hearings.

16) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.

17) The caseload of the therapist/case manager will include no more than ten (10) workload units per therapist. Youth being supervised in the community are weighted at 1 workload unit.

II. Target Population

Services must be restricted to the following eligibility categories:

1) Children with a status of CHINS and/or JD/JS who have been placed in a restrictive setting.

III. Goals and Outcome Measures

Goal #1: To improve the transition for youth back to their home by providing therapeutic services to the youth and family

Outcome Measures

1) Based on the CANS Assessment, 100% of participants will have an individualized service plan developed. (For Probation only)

2) 95% of families will participate in home-based counseling during the youth's period of placement.

3) 90% of the youth will have a minimum of 2 face to face visits each week from their case manager/therapist during the first 30 days following their placement from a more restrictive to a less restrictive placement.

Goal #2: To reduce routine barriers by providing direct assistance with transition issues

Outcome Measures

1) 90% of all participants will have a state-issued ID or driver's license by the completion of the program.

2) 90% of all participants will actively participate in an education program.

3) 100% of participants not involved in an educational program will be employed and/or participating in a formal employment assistance program.

Goal #3: To develop a system of community supports for each youth that will continue after completion of the program.

Outcome Measures

1) 100% of the youth in the program will establish at least one community-based support that will continue to provide assistance and/or direction following completion of the program.

IV. Qualifications

Case Manager:

Bachelor's degree in social work, psychology, sociology, or a directly related human service field required.

Therapist:

Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 years related clinical experience or a masters degree with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

Supervisor:

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

The staff person must possess:

- Knowledge of community resources and ability to work as a team member
- Understanding regarding issues that are specific and unique to youth transitioning back into the community following a period of incarceration

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a neutral valued culturally competent manner.

V. Billable Units

Face to face time with the youth and/or family

(Note: Members of the client family are to be defined in consultation with the family and approved by the Juvenile Court. This may include persons not legally defined as part of the family).

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes probation meetings or case conferences initiated and approved by Probation for the purposes of goal directed communication regarding the services to be provided to the client/family.

Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Rates

Face to Face rate: _____

Translation or sign language rate: Actual cost

VII. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, signed, and dated referral form authorizing services
2) A court order ordering the TRP program
3) Documentation of regular contact with the referred families/children
4) Written reports no less than monthly or more frequently as prescribed referral by the source.

VIII. Service Access

Services must be accessed through a DCS Family Case Manager or DCS Service Consultant referral form. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by DCS. Providers must initiate a reauthorization for services to continue beyond the approved time period.

Note: All services must be pre-approved through a DCS Family Case Manager or DCS Service Consultant referral form. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.