

S.B. 2 Intent Language Report - Child and Family Services and Juvenile Justice Reform

The Legislature intends that the Department of Human Services provide to the Office of the Legislative Fiscal Analyst no later than October 15, 2017 the following information for youth that are court-involved or at risk of court involvement, to assess the impact of juvenile justice reform efforts on the Division of Child and Family Services:

(1) the number of youth placed in each type of out-of-home setting,

See below answer #2

(2) the average length of out-of-home stay by setting,

Avg Days in Placement By Setting Type		Answer #1	Answer #2
Placement Setting	Total Days	Total Clients (Duplicated)**	Avg Days in Placement
IRTS	7,918	41	193
Kinship	4,744	78	61
Foster Family	6,504	54	120
Proctor	16,519	132	125
Residential	19,077	289	66
Hospitalization	1,291	22	59
Runaway/Other	3,250	64	51
Total	59,303	243	87

**Duplicated count of placements; all placements for youth served in foster care at any time during the 2017 state fiscal year.

Unduplicated number = 243

Youth Served in Foster Care with Referral Source of Court/Direct Court Order

and Primary Reasons of Delinquency/Ungovernable/Status Offenses

One child may have multiple placements during one foster care case and/or one fiscal year

(3) the reasons for out-of-home placement,

New cases in SFY 2017

Reason for Out of Home Placement	FY17 Total
Abandonment	
Adoptive Failure	
Adoptive Failure Non-State	
Delinquent Behavior	44
Dependency	41
Neglect	143
Parent Condition/Absence	47
Parent Relinquishment	3
Physical Abuse	17
Sexual Abuse	3
Status Offenses	
Ungovernable	11
Grand Total	309

(4) the daily cost of each type of out-of-home setting,

Avg Cost* per Day By Setting Type (FY2017)

Placement Setting	Total Days	Total Cost	Avg Cost/Day
IRTS	7,918	\$ 210,247.42	\$ 26.55
Kinship	4,744	\$ -	\$ -
Foster Family	6,504	\$ 186,255.10	\$ 28.64
Proctor	16,519	\$ 859,462.75	\$ 52.03
Residential	19,077	\$ 2,657,727.18	\$ 139.32
Hospitalization	1,291	\$ -	\$ -
Runaway/Other	3,250	\$ -	\$ -
Total	59,303	\$ 3,913,692.45	\$ 65.99

*Includes only Maintenance Payments

(5) the number of youth receiving services in the community,

Because the youth affected by this bill were in custody then the baseline is zero

Baseline (FY17)= 0

(6) the average length of community service provision,

Because the youth affected by this bill were in custody then the baseline is zero

Baseline (FY17)= 0

(7) a list of support services delivered in the community, including frequency of use and costs of each service, and

Service Code	Medicaid Mirror	Service Name	Description	Rate
NXA	96105	Assessment of Aphasia	Includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination, with interpretation and report	132.44 / Hour
NDS	96110	Developmental Screening	With interpretation and report, per standardized instrument form	5.63 / 15-min
NID	H2014	Individual Skills Training and Development (Psychosocial rehabilitative services with an individual)	Individual skills training and development -per 15 minutes (This procedure code is used when providing PRS to an individual	13.30 / 15-min
NGP	H2017	Group Psychosocial Rehabilitative Services	Psychosocial rehabilitative services (PRS) are provided face-to-face to an individual or a group and are designed to restore the client to his or her maximum functional level through the use of face-to-face interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills. This service is aimed at maximizing the client's basic daily living and life skills, increasing compliance with the client's medication regimen as applicable, and reducing or eliminating symptomatology that interferes with the client's functioning in order to prevent the need for more restrictive levels of care such as inpatient hospitalization.	3.63 / 15-min

NGI	H2017U	Group Psychosocial Rehabilitative Services - Intensive	Psychosocial rehabilitative services (PRS) are provided face-to-face to an individual or a group and are designed to restore the client to his or her maximum functional level through the use of face-to-face interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills. This service is aimed at maximizing the client's basic daily living and life skills, increasing compliance with the client's medication regimen as applicable, and reducing or eliminating symptomatology that interferes with the client's functioning in order to prevent the need for more restrictive levels of care such as inpatient hospitalization. Intensive psychosocial rehabilitative services may be coded when a ration of no more than five clients per provider is maintained during a group rehabilitative psychosocial service	3.85 / 15-min
NBI	H2019	Individual/Family Therapeutic Behavioral Services	Therapeutic behavioral services are provided face-to-face to an individual or a group and is coded when the service provided does not fully meet the definition of psychotherapy. Instead, the provider uses behavioral interventions to assist clients with a specific behavior problem. This service may be provided to an individual or a group	17.02 / 15-min
NBG	H2019 with HQ modifier	Group Therapeutic Behavioral Services	Therapeutic behavioral services are provided face-to-face to an individual or a group and is coded when the service provided does not fully meet the definition of psychotherapy. Instead, the provider uses behavioral interventions to assist clients with a specific behavior problem. This service may be provided to an individual or a group	5.71 / 15-min
NCA	90791	Psychiatric Diagnostic Interview Examination	The purpose of this code is to allow therapy and related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement through Medicaid. The description and reimbursement rate is to be the same as for the Medicaid eligible code (MCA - for children in foster care), with the exception of the population to be served by the new code. The assessment shall be completed by a qualified staff (i.e., licensed psychiatrist, licensed psychologist, etc.). Identify the existence, nature and extent of emotional and behavioral problems for the purposes of determining the client's need for services. The content of the assessment shall comply with Medicaid requirements.	33.16 / 15-min
NFC	90832, 90834, 90837	Individual Psychotherapy	This to allow therapy and related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. The description of service and reimbursement rate is to be the same as for the Medicaid eligible code (YFC - for children in foster care), with the exception of the population to be served. NF1, NF2, & NF3 designate the length of the face-to-face session with the client. All have the same description.	30.20 / 15-min

NXH	96101	Psychological Testing	For therapy and related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. This service and reimbursement rate is the same as the Medicaid-eligible codes 96101, 96118, 96111 & 96116, with the exception of the population to be served.	132.44 / hr
NFT	90847	Family Psychotherapy with Client Present	This code is to allow therapy and related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. The description of service and reimbursement rate is to be the same as for the Medicaid eligible code (YFT - for children in foster care), with the exception of the population to be served for the new code. Family therapy with the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.	27.19 /15-min
NFW	90846	Family Psychotherapy without Client Present	The purpose of this code is to allow therapy and related services to adults or child clients who are open for in-home services. These services, by definition, are not eligible for Federal Reimbursement though Medicaid. The description and reimbursement rate is to be the same as for the Medicaid eligible code (YFW - for children in foster care), with the exception of the population to be served for the new code. Family therapy without the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is not present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.	27.19 /15-min

NGT	90853, 90849	Group Psychotherapy	The purpose of this code is to allow therapy and related services to adults or child clients who are open for in-home services. These services, by definition, are not eligible for Federal Reimbursement though Medicaid. The description and reimbursement rate is to be the same as for the Medicaid eligible code (YFW - for children in foster care), with the exception of the population to be served for the new code. Family therapy without the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is not present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.	27.19 /15-min
NXD	96111	Developmental Testing- Extended	For therapy related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. Description and rate is the same as for the Medicaid eligible billing code (96111), with the exception of the population served. Developmental testing is an evaluation to determine the existence, nature & extent of a disorder using developmental tests and instruments deemed appropriate to the Client's needs.	132.44 / hr
NXB	96116	Neurobehavioral Status Examination	Therapy related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. Description and rate is the same as for the Medicaid eligible billing code (96116) except the population served. Evaluation to determine the existence, nature & extent of a disorder, and clinical assessment, using psychological tests appropriate to the client's needs within interpretation and report.	132.44 / hr
NXN	96118	Neuropsychologi cal Testing	Therapy related services to adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. Description and rate is the same as for the Medicaid eligible billing code (96116) except the population served. Evaluation to determine the existence, nature & extent of a disorder, and clinical assessment, using psychological tests appropriate to the client's needs within interpretation and report.	132.44 / hr

NPE	90792	Psychiatric Diagnostic Evaluation by MD/APRN	The purpose of this code is to allow therapy and related services to adults or child clients who are open for in-home services. This service, by definition, are not eligible for Federal Reimbursement though Medicaid. The description of service and reimbursement rate is to be the same as for the Medicaid eligible code (YPE - for children in foster care), with the exception of the population to be served for the new code. A face-to-face individual clinical evaluation to determine the existence, nature and extent of a mental illness or disorder for the purpose of identifying the client's need for mental health services. Services may include assessing the need for and prescribing psychotropic medications. May be called on to do emergency evaluations in secure facilities or detention and to facilitate hospitalization.	33.16 / 15-min
NCN	H0031	Mental Health Assessment by a Non-Mental Health Therapist	For therapy related services for adults or child clients who are open for in-home services. This service, by definition, is not eligible for Federal Reimbursement though Medicaid. This service and rate are the same as for the Medicaid eligible service (H0031), with the exception of the population served. This service is performed by a non-mental-health-therapist who is a qualified professional that's part of a multi-disciplinary team gathering psychosocial data under supervision of a licensed mental health therapist.	33.16 / 15-min
NMM		Pharmacologic Management	The purpose of this code is to allow therapy and related services to adults or child clients who are open for in-home services. This service, by definition, are not eligible for Federal Reimbursement though Medicaid. The description of service and reimbursement rate is to be the same as for the Medicaid eligible code (YMM - for children in foster care), with the exception of the population to be served for the new code. Services are provided by a licensed Psychiatrist for purposes of prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.	81.01 / session
NMR		Pharmacologic Management by a Nurse	The purpose of this code is to allow therapy and related services to adults or child clients who are open for in-home services. This service, by definition, are not eligible for Federal Reimbursement though Medicaid. The description of service and reimbursement rate is to be the same as for the Medicaid eligible code (YMR - for children in foster care), with the exception of the population to be served for the new code. Services are provided by a Registered Nurse for purposes of prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.	40.72 / session

NIS		Mentoring In-Home	NIS is an in-home code that mirrors the services of the YIS tracking code for foster care. This code allows providers to bill separately for tracking and mentoring services provided to children or adults that are receiving in-home services.	3.31 / 15-min
NGS		Day Group Skills In-Home	Mirror code to DGS but for children receiving in-home services, rather than out-of-home services. Non-clinical rehabilitative support and supervision services provided to a group of clients in a day treatment setting.	1.26 / 15-min
DAR		Day/Hourly Respite	Day Respite Services (DAR) provides an hourly rate for one-to-one and group routine respite care to give relief to, or during the absence of, the typical caregiver. DAR does not include payment for room and board and is provided in the person's residence or other approved residential setting. This service may be provided in a facility-based program approved by DHS or in the private residence of a DAR provider.	3.56 / 15-min
OVR		Overnight Respite	Overnight Respite (OVR) provides one-to-one and group daily and overnight care to give relief to, or during the absence of, the typical caregiver. OVR is always provided in a facility-based program approved by DHS or in the private residence of the OVR contractor. OVR includes payment for room and board.	95.98 / day
DGT		Day Group and Transportation	Provides day group skills support services (non-clinical rehabilitative support and supervision) and transportation in a day treatment setting, to high level behavioral and low IQ clients to stabilize and maintain home placements.	85.00 / day
CTP		Contracted Transportation	Mirror code of PTP to use in contracts. For payments to "contracted providers" to cover the costs of transporting foster care youth to and from activities which are included in the service plan. These activities may include transportation for placement, case reviews, judicial reviews, or other court activities.	.38 / mile
NRT		Non-Routine Travel	Travel expenses for trips exceeding a 75 mile radius, or as determined by DHS, from the Contractor's place of business shall be reimbursed to the Contractor based on the mileage found in the DHS/DSAMH City to City Mileage Chart. The mileage paid for trips exceeding the radius is the total trip distance per the chart, less 75 miles, multiplied by the rate.	1.07 / mile

Frequency of use in FY17 0
Costs of services FY17 0

(8) remaining barriers to implementing the reforms.

We only recognize barriers that are still being addressed to keep clients from coming into care through other ways
Respite availability for in-home clients. Youth who disrupt from home need to have a temporary place to stay while parents and youth emotions level out.

Lack of Community-based Day Treatment Service Providers

Youth can't remain in the home due to their own safety needs or others (such as sex abuse victims in the home)