


DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201

DATE: February 26, 2009

POLICY DIRECTIVE # SSA 09-14

TO: Directors, Local Departments of Social Services
Assistant Directors, Local Departments of Social Services
Foster Care Supervisors, Local Departments of Social Services

FROM: Carnitra D. White
Interim Executive Director
Social Services Administration 

RE: One on One Support Services

PROGRAMS AFFECTED: Out-of-Home Placement Services

ORIGINATING OFFICE: Office of Child Welfare Practice and Policy

BACKGROUND: Supersedes SSA Policy Memorandum dated April 9, 2007

ACTION REQUIRED OF: All Local Departments

ACTION DUE DATE: March 15, 2009

CONTACT PERSON: Deborah Ramelmeier, Director
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Purpose:

This Policy Directive addresses the identification and eligibility for one-on-one support and supervision for children placed in out-of-home care and to ensure that local staff are made aware of the availability of the funds and have detailed information for use of this enhancement for supporting the placement of children. The goal of providing one-on-one service(s) is to provide a more intensive level of care for the safety and security of the youth and others affected by the youth's behavior. These are exceptional interventions provided beyond the scope of the Program deemed necessary to resolve the immediate situation and to maintain the placement for the youth.

Background:

One-on-One Support Services are temporary supplemental services to provide individual supervision for children/youth to ensure their safety and that of others in the placement setting. These services are **not** intended to replace the professional treatment services needed by the youth and are generally for the purpose of providing awake supervision by staff comparable to Provider childcare staff. **Youth who require long-term one-on-one support should not be placed with Providers whose service profiles do not address the intensity of need demonstrated by the youth. It is not intended that these services would include youth/child restraint activity on the part of the one-on-one staff.** Facilities that are reimbursed for residential care by Medical Assistance (Residential Treatment Centers) are generally not eligible to supplement residential care with additional one-on-one services.

One-on-One Services: Program Request Procedure:

Criteria: One-on-one service(s) shall only be considered when a youth's behaviors or actions appear to be temporarily beyond the normal scope of the Program (as described in SYFIS profile) and are indicative of a need for a short-term intensive intervention to assist the youth in returning to full participation in the program. If the youth needs more intensive services than are offered by this program, the youth may need to be re-staffed for a more appropriate placement. The following may be indicators for one-on-one services:

1. Youth action that is harmful to self or others, i.e. assaultive, suicidal, medical emergencies, self-inflicted injuries.
2. Crisis as evidenced by a youth's psychological relapse, decompensation and/or extreme reaction to changes in medication.
3. Stabilization of a newly admitted youth with a history of problematic behavior.

Request for Services: The Program seeking the one-on-one service(s) shall hold an emergency team meeting, including the LDSS Case Manager and appropriate DSS staff as needed, to form a plan to manage the situation within its regular program capability. Phone conferences may be used in emergencies. If it is determined that the youth cannot be maintained within the regular program, the Program shall submit a written request to the Assistant Director of the local department using the Request Form (Attachment A), which includes the following information:

1. Name of the youth with identifier (DOB or CHESSIE ID #);
2. Description of youth's behavior or action(s) that precipitated the request;
3. Description of the program's strategies and efforts to manage the situation;
4. Goals and objectives which the one-on-one services seek to accomplish and why they are not achievable without one-on-one services;
5. Description of provider profile care and supervision level and reason 1:1 is not included in regular program;
6. Provider of the service, including qualifications and credentials;

7. Definition of one-on-one service(s) to be provided and a clear statement of what the provider is able to do (such as: supervise, counsel, refocus);
8. The daily time periods for which the service is sought;
9. Unit cost per hour, justification for cost and total cost for 30 days. The hourly cost must be the actual cost of the service to the provider. No administrative costs may be included.

Approval of Services: The Assistant Director of the local department of social services must review the request for appropriateness. The LDSS must review provider's SYFIS profile to ascertain scope of services provided, youth needs/behaviors addressed by program and level of care and supervision included in IRC rate (<http://www.ocyf.state.md.us>). The request is forwarded to the Director of the Office of Child Welfare Practice and Policy at the Social Services Administration for final approval. Requests will be responded to within 3 working days. Once funding approval is granted, the local department will notify the Program of the Department's decision. Services may not begin until funding approval is provided. Approval will only be granted in 30-day increments.

Justification of Continued Services: The Program shall be responsible for submitting justification to the Assistant Director of the Local Department for continuing the one-on-one service(s) over 30 days by submitting an Continuation Request Form (Attachment B). Once the local department reviews the request, it is forwarded to the Office Director for Child Welfare Practice and Policy for final approval. The justification shall include the same information as the original request with the following additions:

- Description of youth's behavior or action(s) since the services were begun,
- Progress of the youth's treatment through achievement of goals and objectives which the one-on-one services sought to accomplish,
- Efforts to discontinue or to reduce the number of hours of one-on-one services.

Collaborative Clinical Review: If one-on-one services will be recommended for more than 60 days, the Program must convene a full clinical teaming, including all involved parties. The purpose of the teaming is to determine what services are required to maintain the child in placement and to plan for alternative placements that can better meet the child's needs.

Billing Requirements: The Program must submit a detailed billing statement to the LDSS by the 5th business day of the month following service delivery. The statement must include dates and times of service. Additionally, the Program must provide a written report detailing in fifteen-minute increments the actual services provided during the period of one-to one service. Failure to provide the report will result in denial of payment. The worker and supervisor must review the bill and detailed statement prior to submitting or approving service log. A copy of the detailed statement must be maintained in the child's record for auditing purposes.

Chart of Accounts for 33.07.00.03/n00g0003 – Pay Codes

All payments must be made via CHESSIE Service log.

Category/Subcategory	Program	Category/Subcategory Name
2121	Federal Foster Care Out of Home	One-on-One Support Services
7121	State Foster Care Out of Home	One-on-One Support Services

SOCIAL SERVICES ADMINISTRATION
ONE-ON-ONE SERVICES: PROGRAM REQUEST FORM

Instruction: This form shall be used by programs to request one-on-one services for DSS youth in accord with the procedure, Policy Directive 09-14, One-on-One Support Services.

YOUTH

YOUTH'S NAME _____ DOB _____ CHESSIE# _____

CASE MANAGER _____ COUNTY _____

PROGRAM

PROGRAM NAME _____ REQUEST DATE _____

ADDRESS _____

SYFIS Profile – Level of Care and Supervision _____

CONTACT PERSON _____ TITLE _____

PHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

CASE REVIEW

DATE OF TEAM MEETING _____ ADMIT DATE _____ CASE MANAGER ATTENDED / BY PHONE: Yes No

1. Description of youth's behavior or action(s).

2. Description of the program's strategies and efforts to manage the situation.

3. Goals and objectives which the one-on-one services seek to accomplish and why they are not achievable without one-on-one services.

4. Provider of the service, including qualifications and credentials.

5. Definition of one-on-one service(s) to be provided and a clear statement of what the provider will do (such as: supervise, counsel, refocus).

6. The daily time periods for which the service is sought.

7. Unit cost and total cost for 30 days.

REVIEW COMPLETE (LDSS)

LDSS Assistant Director (or designee): _____ Date

FUNDING DECISION (SSA)

APPROVED _____ **DENIED** _____

EFFECTIVE DATE: _____

DENIAL REASON: _____

Social Services Administration: _____ Date

SOCIAL SERVICES ADMINISTRATION
ONE-ON-ONE SERVICES: PROGRAM CONTINUATION REQUEST FORM

Instruction: This form shall be used by programs to request one-on-one services for DSS youth in accordance with Policy Directive 09-14, One-on-One Support Services.

YOUTH

YOUTH'S NAME _____ DOB _____ CHESSIE# _____

CASE MANAGER _____ COUNTY _____

PROGRAM

PROGRAM NAME _____ REQUEST DATE _____

ADDRESS _____

SYFIS Profile – Level of Care and Supervision _____

CONTACT PERSON _____ TITLE _____

PHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

CASE REVIEW

DATE OF TEAM MEETING _____ ADMIT DATE _____ CASE MANAGER ATTENDED / BY PHONE: Yes No

1. Description of youth's behavior or action(s) since the services were begun or since last request.

2. Description of the program's strategies and efforts to manage the situation.

3. Progress of the youth's treatment and achievement of goals and objectives which the one-on-one services sought to accomplish.

4. Efforts to discontinue or to reduce the number of hours of one-on-one services.

5. Provider of the service, including qualifications and credentials.

6. Changes in one-on-one services to be provided. Provide definition of one-on-one service(s) to be provided and a clear statement of what the provider will do (such as: supervise, counsel, refocus).

7. The daily time periods for which the service is sought.

8. Unit cost per hour, justification of hourly cost and total cost for 30 days.

REVIEW COMPLETE

LDSS Assistant Director (or designee): _____ Date _____

FUNDING DECISION APPROVED _____ DENIED _____

EFFECTIVE DATE: _____

DENIAL REASON: _____

Social Services Administration: _____ Date _____

**SOCIAL SERVICES ADMINISTRATION
PROVIDER REQUEST PROCEDURE: ONE-ON-ONE SERVICES**

Background: One-on-One Support Services are temporary supplemental services to provide individual supervision for children/youth to ensure their safety and that of others in the placement setting. These services are not intended to replace the professional treatment services needed by the youth and are generally for the purpose of providing awake supervision by staff comparable to Provider childcare staff. **Youth who require long-term one-on-one support should not be placed with Providers whose service profiles do not address the intensity of need demonstrated by the youth. It is not intended that these services would include youth/child restraint activity on the part of the one-on-one staff.** Facilities that are reimbursed for residential care by Medical Assistance (Residential Treatment Centers) are generally not eligible to supplement residential care with additional one-on-one services funding.

Criteria: One-on-one service(s) shall only be considered when a youth's behaviors or actions appear to be temporarily beyond the normal scope of the Program (as described in the SYFIS profile) and are indicative of a need for a short-term intensive intervention to assist the youth in returning to full participation in the program. If the youth needs more intensive services than are offered by this program, the youth may need to be re-staffed for a more appropriate placement. The following may be indicators for one-on-one services:

1. Youth actions that are harmful to self or others, i.e. assaultive, suicidal, medical emergencies, self-inflicted injuries.
2. Crisis as evidenced by a youth's psychological relapse, decompensation and/or extreme reaction to changes in medication.
3. Stabilization of a newly admitted youth with a history of problematic behavior.

The goal of providing one-on-one service(s) is to provide a more intensive level of care for the safety and security of the youth and others affected by the youth's behavior. These are exceptional interventions provided beyond the scope of the Program deemed necessary to resolve the immediate situation and to maintain the placement for the youth. **Services may not begin until funding approval is provided or payment will not be made.**

Request for Services: The Program seeking the one-on-one service(s) shall hold an emergency team meeting, including the LDSS Case Manager and appropriate DSS staff as needed, to form a plan to manage the situation within its regular program capability. Phone conferences may be used in emergencies. If it is determined that the youth cannot be maintained within the regular program, the Program shall submit a written request to the Assistant Director of the local department using the Request Form (Attachment A), which includes the following information:

1. Name of the youth with identifier (DOB or CHESSIE ID #);
2. Description of youth's behavior or action(s) that precipitated the request;
3. Description of the program's strategies and efforts to manage the situation;
4. Goals and objectives which the one-on-one services seek to accomplish and why they are not achievable without one-on-one services;

5. Description of provider profile care and supervision level and reason 1:1 is not included in regular program;
6. Provider of the service, including qualifications and credentials;
7. Definition of one-on-one service(s) to be provided and a clear statement of what the provider is able to do (such as: supervise, restrain, counsel, refocus);
8. The daily time periods for which the service is sought;
9. Unit cost and total cost for 30 days. The hourly cost must be the actual cost of the service to the provider. No administrative costs may be included.

Approval of Services: The Assistant Director of the local department of social services will review the request for appropriateness. The LDSS will review provider's SYFIS profile to ascertain scope of services provided, youth needs/behaviors addressed by program and level of care and supervision included in IRC rate. If the assistant director agrees with request, the request is forwarded to the Director of the Office of Child Welfare Practice and Policy at the Social Services Administration for final approval. Once funding approval is granted/denied, the local department will notify the Program of the Department's decision. **Services may not begin until funding approval is provided.** Approval will only be granted in 30-day increments.

Billing Requirements: The Program must submit a detailed billing statement to the LDSS by the 5th business day of the month following service delivery. The statement must include dates and times of service. Additionally, the Program must provide a written report detailing in fifteen-minute increments the actual services provided during the period of one-to one service. Failure to provide the report will result in denial of payment.

Justification of Continued Services: The Program shall be responsible for submitting justification to the Assistant Director of the Local Department for continuing the one-on-one service(s) over 30 days by submitting an Continuation Request Form (Attachment B). Once the local department reviews the request, it will be forwarded to the Office Director for Child Welfare Practice and Policy for funding approval/denial. The justification shall include the same information as the original request with the following additions:

- Description of youth's behavior or action(s) since the services were begun,
- Progress of the youth's treatment through achievement of goals and objectives which the one-on-one services sought to accomplish,
- Efforts to discontinue or to reduce the number of hours of one-on-one services.

Collaborative Clinical Review: If one-on-one services will be recommended for more than 60 days, the Program must convene a full clinical teaming, including all involved parties. The purpose of the teaming is to determine what services are required to maintain the child in placement and to plan for alternative placements that can better meet the child's needs.