DV Treatment in the DHS Contract

Clinical Evaluation and Treatment, Non-Clinical Support Services, and Forensic Evaluations – DHS 90758

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How To Get This Contract

- The RFP may be found at https://purchasing.utah.gov/
- If first time on SciQuest, click Register with SciQuest
- Then, on the top menu bar go to the item that says "for vendors," and you'll see three options. Click the option on the far right that says "Current Bids."
- This RFP is the one at the top of the list, right now, that says "Clinical Evaluation and Treatment, Non-Clinical Support Services, and Forensic Evaluations."
- Specific questions about the procurement should be posted on the SciQuest site.

Before we start . . . .

- This presentation does not include every requirement found in DHS 90758.
- Read your contract.
- Refer to appropriate sections of the Medicaid Provider Manual.

OTHER DISCLAIMER

Make sure you read and know the SOW and Special Conditions to the plenary contract

Who Does the Contract Serve?

- Adults convicted of perpetrating IPV or cohabitant abuse
- Adult IPV or DV survivors
- Children and Youth who have experienced IPV or cohabitant abuse

WHY SERVE OFFENDERS?

WHY SERVE CHILDREN AND YOUTH?

QUESTION:

Why does the state subsidize the treatment costs for offenders?

GETTY IMAGES/AP/NEW YORK TIMES

Safety, permanency, and stability of children will be enhanced through the provision of appropriate and responsive services.

Being raised in a home where there is domestic violence is the #1 predictor of who will become involved in DV as an adult.

What's Different About This Contract?

Vendor Contract

This contract serves as an agreement between [Client] and [Vendor]. It becomes effective on [Date] and involves services provided for [Event], which will be held on [Date of Event] from [Event start time] to [Event end time].

The Vendor hereby agrees to provide the following services for the Event in exchange for financial compensation outlined below:

_____

_____

_____

Compensation

In exchange for the services described above, the Client agrees to provide the Vendor with a total payment sum of $[_____]. A non-refundable fee of 20% of this amount or $[_____] shall be paid upon the execution of this contract, with the balance due no less than five (5) business days prior to the Event.

Event Logistics

The Vendor shall have access to the Event location beginning at [Start time] on [Date] in order to set up the appropriate stations, goods, or other items necessary in order to complete the services described.

Items that require physical display space must be no larger than [Dimensions] and shall be displayed in a clean and orderly fashion throughout the course of the Event. No goods or services not described above may be sold or distributed during this Event without the Client's express written consent.

Following the event, the Vendor will have until [End time] to break down all equipment and clear the area of all goods. The Vendor is required to leave the area in a clean and serviceable manner.

Professional Appearance

The Vendor will display an appearance and manner appropriate with the mood and theme of the Event being held. The vending station will not in any way interfere with the Event on hand, nor will vending staff leave the station unattended. Any special dress or appearance requirements outside of the accepted norm will be discussed in advance between the Client and the Vendor.

By signing below, both the Client and the Vendor indicate that they have read, understand, and agree to all terms and conditions outlined in this contract.

Client: _____ Date: _____

Vendor: _____ Date: _____

Section C.2.

"Comply with the requirements of the Utah Medicaid Manual and the additional requirements in this Contract for DV Offender evaluation, DV Offender intervention, and DV Survivor services."

Rehabilitative Mental Health and Substance Use Disorder Services

https://medicaid.utah.gov/utah-medicaid-official-publications?p=Medicaid%20Provider%20Manuals/

D. Staff Qualifications

"Staff shall have no known history of committing DV offenses."

Medicaid Manual on Providers

- A licensed mental health therapist practicing within the scope of his or her license in accordance with Title 58, Chapter 60, Mental Health Professional Practice Act, of the Utah Code.

Medicaid Provider Manual Section 1-5: Provider Qualifications

Utah Mental Health Practice Act

Administrative Code 58-60-102

(f) a clinical social worker;

(g) a certified social worker;

(h) a marriage and family therapist;

(i) an associate marriage and family therapist;

(j) a clinical mental health counselor; or

(k) an associate clinical mental health counselor

Required Staff Training

For Direct Care Staff

- Utah Administrative Rule 501-21-7
- 24 Hour Preservice Training (as approved in writing by UADVT or DHS DV Administrator) before assessment or Tx
- Ongoing requirement of 16 hours per year
- Campbell Danger Assessment OR Lethality Assessment Protocol (One Time)
- Columbia - Suicide Severity Rating Scale (C-SSRS) Every Two Years

And for Offender Treatment

- Domestic Violence Risk and Needs Evaluation (DVRNE)

Remember to keep proof of training in personnel files

Getting Paid

Obtain written prior authorization using the DVPSA

Signed by the Regional DV Specialist or designee

Signed by the Contractor

And signed by the Contract Analyst

Region DV Specialists and Designees

- Western: Shane Derfler sderfler@utah.gov
- Northern: Maria Sandoval msandoval@utah.gov
- Eastern: Jennie Olson jennieolson@utah.gov
- Southwest: Julie Tebbs jtebbs@utah.gov
- SLVR: it depends . . . . jamiedjohn@utah.gov

Billing for Offender Services

- Offenders may receive contract-subsidized services for one episode of treatment – unless authorized in writing from the DCFS DV Regional Specialist and the State Office DV Administrator.
- Offenders must pay copays, at least, from the sliding fee scale https://dcfs.utah.gov/services/domestic-violence-services/ If copay is not collected this contract will not pay.
- Provide a copy of the sliding fee scale to the offender and document it.

Billing for Survivor Services

- Survivors Do Not Have Copays – Bill appropriate rate to DCFS
- Contractor must have verification that Survivor was referred to Utah Office for Victims of Crime (OVC) to apply for victim reparations.
- Client's signed "declaration statement" regarding insurance coverage.

Billing for Meeting Attendance

- Contractors may bill the appropriate number of units for attendance at Child and Family Team Meetings using the code for group treatment.
- This applies to attendance in person, by telephone, or via secure telehealth platform.
- It does not apply to travel time.
- The Contractor is to document attendance in the client's record as with any other therapeutic intervention.

Medicaid Eligible Clients

- Contractors providing … DV treatment shall become a Utah Medicaid Provider prior to providing services. Contractors providing DV treatment may be exempt from this requirement if they have received written approval from the DHS/DCFS State Office DV Program Administrator prior to providing services.

Trauma Informed Principles

- Realize the widespread impact of trauma and understand potential paths for recovery;
- Recognize the signs and symptoms of trauma in clients, families, staff, and others;
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seek to actively resist re-traumatization.

SAMHSA

Six Key Principles

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical, and Gender Issues

(Mostly) No Mixing Clients

- Offenders and Survivors Should Not Be Mixed
- Schedule On Different Days or at Different Times
- Have a Written Policy on Not Mixing
- Don't Provide Treatment to Offender and Survivor Without PRIOR written approval from the Regional DV Specialist and the DCFS DV Program Administrator

Creating Safeguards

The Contractor shall ensure certain safeguards have been created and implemented to ensure that DV Offenders are monitored and that DV Survivor safety is the highest priority. These safeguards include but are not limited to the following:

Survivor Information and Contact

- Written policies that govern victim and partner notification and contact.
- Survivor and partner contact is for their safety, not for promoting rehabilitation of the offender.

- When the offender commences treatment
- When the offender completes treatment
- When the offender is discharged for treatment
- When there are credible threats to the health or safety of the victim or partner

MINIMAL

AND KEPT SEPARATELY FROM CLIENT FILE

NOTES REGARDING SURVIVORS AND PARTNERS SHALL NOT CONTAIN IDENTIFYING INFORMATION.

Client Records

If you don’t have a copy of it, it never happened, and you may have to repay the state money. Keep it in the file.

For offender treatment, make sure the file has a signed and dated release of information allowing you to contact the Survivor and victim advocate office.

Document:

IN THE OFFENDER'S FILE:

- Contact and date with victim advocate / advocate's office
- Contact with survivor, or attempts, and date

IN THE SURVIVOR'S FILE:

- Risk Assessment / Safety Plan, or not
- Resources made available to the Survivor

Reports to DHS

Evals, Plans, and Updates

- The Contractor shall provide a copy of the Person's treatment plan and PDE to the DCFS Regional DV Specialist within 15 calendar days of completion.
- Maintain a copy of the treatment review in the Person's file and shall provide a copy of the treatment review and any updated treatment plan to the DCFS Regional DV Specialist within 15 calendar days of the end of each review period.

DV01

- For each Survivor or offender seen
- Submit to the region within 30 calendar days from start of treatment, and within 30 calendar days of discharge from treatment
- Keep a copy in the person's file

picturesofcats4you.com

Survivor Services

Survivor Treatment

- Evidence Based
- Person-Centered
- Designed to restore the highest possible level of function and wellbeing

Survivor Treatment

Addresses (at a minimum):

- Grief
- Loss
- Trauma
- Criminogenic factors
- Comorbid conditions

Treatment Modality

- Group sessions are minimum of 60 minutes long
- No more than 8 survivors per therapist
- Individual intervention sessions are a minimum of 50 minutes long

Survivor Evaluation

- Contractor conducts an evaluation, or addendum to most recent evaluation completed within the past 12 months.
- Develop a treatment plan reflecting survivor's needs identified in the evaluation.
- Treatment services can not be provided or billed until a treatment plan has been submitted to DHS contract analyst
- Treatment plan development is billed as part of the evaluation

Survivor Treatment Plan Review

- At least every 90 days
- More often if there is a change in condition or status
- Individual face-to-face contact is required to complete Review (telehealth counts as face-to-face)
- If providing individual treatment an additional contact is not required for Treatment Plan Review completion

Treatment Plan Review Components

- Specific service rendered
- Written update of progress toward goals
- Appropriateness of services provided
- Need for continued treatment
- Signature and license of person providing the service

For those with open DHS case, Treatment Plan Reviews and updated treatment plans must be sent to the DHS contract analyst within seven days of the end of each review period.

Survivor Discharge Summary

- Post discharge plans
- Coordination of related community services
- Recommendations for future treatment needs
- For those with open DHS case, sent to contract analyst within seven business days of discharge

DV Offender Evaluation

Is to Comply With the Medicaid Manual for Psychiatric Diagnostic Evaluations, Code 90791

Initial Intake Appointment

is required within two weeks from date of contact from the referring agency: court, DHS, or offender.

Offender Evaluation Instruments

The Contractor shall use evidence-informed evaluation instruments to determine the most accurate prediction of risk . . . as well as assist with . . . treatment planning that complies with best practices.

At a minimum:

- The Domestic Violence Risk and Needs Evaluation
- The Columbia-Suicide Severity Rating Scale

Offender Evaluation Collateral Input

- Police Reports
- Court Orders
- Arrest Records
- Documents related to prior violence
- Documents related to prior or current treatment
- Victim Statement

Information From Victims

Victim Safety Comes First

Information obtained from a victim, that is not already publicly available, may not be used without the victim's informed written consent which may be revoked at any time. When consent is withdrawn service providers will not share previously unreleased information.

Getting Started

Priority of Treatment

- Identify risk level and needs of the offender in terms of the likelihood, imminence, frequency, and severity of violence.

Levels of Intervention

- Ensure offenders are placed in a level of intervention as determined by the intake evaluation including the DVRNE.
- Contractor may choose to place the offender in a higher risk category, but never lower.

Moving Forward

- **Offender Intervention Contract** – 90758 contains 9 items required to be in this
- **Offender Waiver of Confidentiality**

- **Treatment Plan Review**
  - At least every 90 calendar days
  - When a destabilizing change takes place
  - Clinically relevant issues are discovered
  - Offender Aftercare Plan prior to discharge

Individualized Treatment Plans

- Include goals that specifically address all clinical issues identified. Goals shall be based on DV Offender criminogenic needs, competencies, and risk factors.

TREATMENT PRIORITIES:

- Treat comorbidities first, or
- Treat concurrently?

IPV Treatment with Co-occurring Conditions

Bifurcated Treatment

When substance abuse or mental health disorders prevent the person from benefitting from IPV treatment

Concurrent Treatment

is recommended when the offender's comorbid issues will not prevent them from benefitting from IPV treatment and is thought to reduce the risk of further IPV.

Discharge from Treatment

- Have written guidelines and provide them to clients at intake
- Contract includes 15 reasons discharge would be appropriate
- Always inform survivor, victim advocate, court, referring agency

Discharge Summary

- Completion status of successful or unsuccessful
- Date and reason for discharge
- Goals and summary of progress
- Whether core competencies were demonstrated
- Recommendations for future services or intervention needs

Conjoint Therapy

Currently R501-21-7

- (d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co- perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate.
- (e) The perpetrator must complete a minimum of 12 domestic violence treatment sessions **prior** to the provider implementing conjoint therapy.

Coming Soon

- Conjoint services should not constitute the full set of offender services and shall not occur within the first four group or individual sessions. A minimum of one individual session, which could include other members of a multidisciplinary treatment team (e.g., probation, mental health provider, etc.) shall occur before conjoint services are recommended and initiated.

Conjoint Therapy

- Includes Safety Planning for both parties
- Safety Planning for Survivors Is Done Without the Offender Being Present
- Survivors Invited (not required) To Participate in IPV Danger Assessment
- Survivor May Withdraw At Any Time
- May Not Be Done Via Telehealth

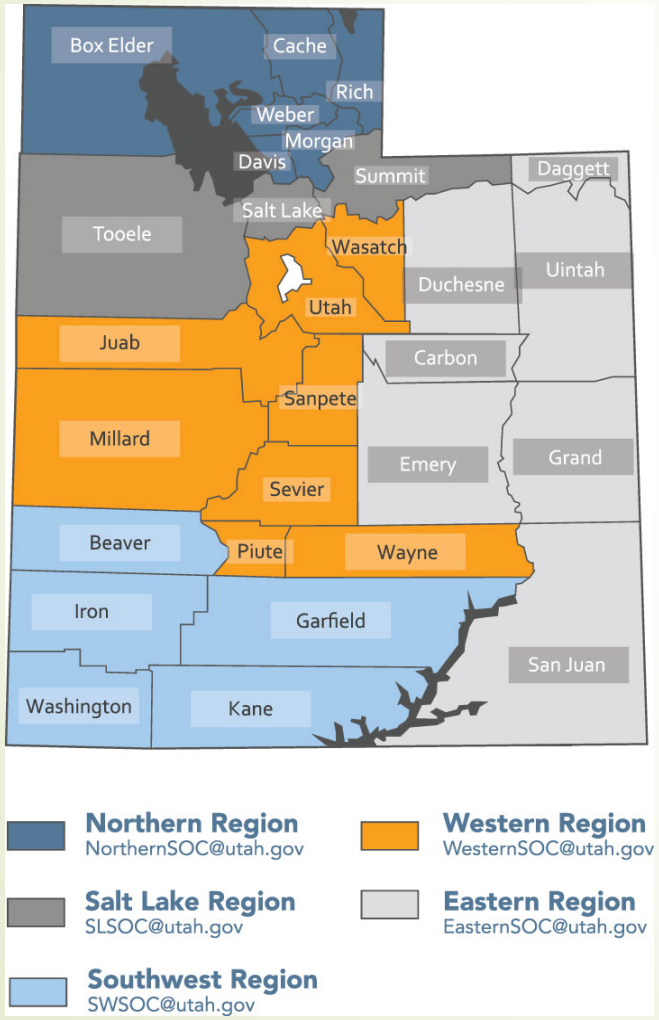
Telehealth

What is it? (and what isn't it?)

Telemedicine is two-way, real-time interactive communication between the client and the provider at the distant site. This electronic communication uses interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

- It is not texting.
- It is not phone calling.
- It is not the use of recorded messages.

Catchment Areas



- May be used when clinically appropriate
- For individual treatment only: not for groups, not for conjoint treatment
- Telemedicine encounters must comply with HIPAA privacy and security measures and the Health Information Technology for Economic and Clinical Health Act,

Compensation

The provider receives no additional reimbursement for the use of telemedicine.

Section II G: Participation

"The Contractor shall maintain active participation at Utah Association for Domestic Violence Treatment (UADVT). The Contractor shall be required to participate in and attend a minimum of 50% of the UADVT meetings. Information on monthly meetings can be found at http://ww.uadvt.org."

Rate Table
Scope of Work
Service Contract Template

https://hs.utah.gov/purchasing/90758

My Best Advice To You: