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Welcome to Little Hands Family Services!

Little Hands Family Services, LLC (LHFS) is a provider of Intensive In-Community and Behavioral Assistance services. We believe that Little Hands can make a big difference and it is our goal to provide the highest quality of IIC/BA services in South Jersey.

We have selected you because you have qualities and skills to help us continue our mission to serve families. Thank you for deciding to become a member of our team. We look forward to working with you.

Sincerely,

Stacy Haynes MA, LPC
Executive Director

Little Hands Family Services Leadership Team for IIC/BA Services
Stacy Haynes MA, LPC Mike McKee, MA
Executive Director Program Director
J. Oni Dakhari, PsyD Pooja Birudaraju, BA
Clinical Director Executive Assistant
Dear Colleague:

LHFS is dedicated to the evaluation and treatment of challenges in children, adolescents, young adults and families. We have helped hundreds of children since our founding in 2007. A strong foundation to the LHFS organization has been the commitment to carry out the vision of its creator and executive director, Stacy Haynes, MA LPC. We have all been an important part to carrying out the Mission of LHFS, which is to strengthen individuals, families and communities by providing quality evidence-based mental health and human services one child at a time.

LHFS provides an array of quality services including: intensive in-community and behavioral assistance; individual, group, and family outpatient therapy; continuing education training for mental health professionals; parent and provider seminars/groups; and structured adolescent groups. We currently provide services in North, Central and Southern New Jersey.

People do their best when working toward clear, agreed upon goals that represent their values... a mission, if you will. Organizations – groups of people working together for a common purpose need a mission just as individuals do. For LHFS, the Mission statement serves as a guide for our future growth.

Thank you for your commitment!

Stacy Haynes MA, LPC
Executive Director
IIC/ BA Services Program

Division of Child Behavioral Health Services:
LHFS provides Intensive In-Community (IIC) services, including Licensed Therapists, Behavioral Assistants, and Needs Assessments, through the Division of Child Behavioral Health Services (DCBHS). DCBHS was developed to provide comprehensive integrated services to children, adolescents, and young adults who are in need of community based behavioral health services and related supports. These services provide intensive behavioral health interventions to address difficulties experienced by the child and family and to help reduce the need for placement into residential, inpatient, or other more restrictive settings. All services must be included in a plan of care and are authorized by Value Options (VO), the Contracted System Administrator (CSA).

Purpose of IIC Mental Health Rehabilitative Services:
IIC mental health rehabilitative services are intensive community based, family centered, mental health services delivered as a defined set of interventions and within the context of an approved service plan written by a clinically licensed practitioner. These services target the children's behavioral and emotional needs and are provided in the child’s home and community.

Services Offered Through LHFS IIC Program:
- Intensive In-Community (Licensed Therapists)
  The IIC Therapist provides services in the child’s home and in the community. The IIC Therapist provides a variety of mental health services including individual and family therapy, evaluation and counseling. These services are time- limited and should focus on transferring skills to the family and transitioning the family to community based services and supports.

  In situations where a family is assigned to both BA and IIC Therapist services both the BA and IIC Therapist work as a team to improve life domain functioning. These workers link to provide more focused and intensive complimentary services. They communicate on a consistent basis about family progress. The IIC therapist will develop the overall treatment plan, in addition to the specific Behavioral Assistance Individual Service Plan (BAISP)

- Behavioral Assistance
  This service works on decreasing risk behaviors. The Behavioral Assistant (BA) provides services in the child’s home or community. The focus is on behavioral modification, coping skill enhancement, and modeling. Behavioral Assistance provides opportunities to observe children in specific environments and provides feedback to the IIC Therapist and the child’s family.

- Needs Assessments
  Needs assessments are evaluations completed by a clinically licensed and state certified clinician. This service involves meeting with the child and family in the home or in a community facility for purposes of assessment using a specific assessment tool to evaluate the child and family strengths, needs and goals. Recommendations for length and type of treatment are included, in addition to treatment goals.
Definition of Service Entities within the DCBHS System of Care:

Family Support Organization (FSO) has staff and volunteers that are both parents and caregivers with complex emotional and behavioral challenges. It provides face-to-face peer support for families by family support staff and trained family volunteers, education about programs, and volunteer opportunities. Linked to CMO of stand alone county resource.

Care Management Organization (CMO) staff work with children and families that have a need for intensive case management support. Staff work with families to create, and put into action, an individualized service plan (ISP) to meet the intensive emotional and behavioral needs of each child and family. Highest level in home services.

Youth Case Management (YCM) staff work with children and families that have a need for moderate case management support. Staff works with families to create, and put into action, a service plan to meet the moderate emotional and behavioral needs of each child and family.

CSA Care Coordination (CSA) staff work with children and families that have a need for basic support.

Mobile Response Stabilization System (MRSS) provides rapid response to children and families with urgent needs, within one (1) hour from the time of phone contact to the CSA.

Behavioral Assistance (BA) provides interventions for children to work on their behavioral health challenges. Licensed therapists supervises Behavioral Assistant providers and are supervised by a clinically licensed supervisor.

Intensive In-Community Services (IIC) provides therapist to provide therapeutic interventions to children with behavioral health needs and their families. The state supported goal is to keep children to stay at home, in school and out of trouble. Lowest level in home services.

Out-Of-Home Placement (OH) is community-based twenty-four (24) hour services that offer room, board, and clinical care for youth who need more intensive care, supervision and structure than their home can provide. The four levels of care: Treatment Homes, Group Homes, Residential Treatment Centers, and Psychiatric Community Residents.
Children and Family/ Caregiver Rights and Responsibilities within the Division of Child Behavioral Health Services (DCBHS)

Rights
It is the policy of DCBHS that children and their families/caregivers have the right to:

Be treated with respect, dignity, and recognition with regard to privacy and cultural sensitivity, including gender, sexual orientation, age, religion, national origin, disability, or health status.

Receive information about all partners in DCBHS and the processes for conducting business, including children and family/caregiver rights and responsibilities, policies and procedures, clinical guidelines, and titles and names of all supervisory staff.

Under New Jersey State law, children and their families/caregivers are entitled to request and receive information regarding their families, their care, and their clinical records.

Receive general information about all partners in the DCBHS, including licensure, specialty, address, phone number, hours of availability, and demographic information (if available).

Children and families/caregivers must have the opportunity to approve or deny release of identifiable information by any partner of the DCBHS except when such release is required by law.

Expect that all identifying information regarding current or previous services, contacts, and treatment be kept confidential, to the extent allowed by law. The family has the right to refuse to disclose information to the agency or provider to the extent allowed by law. Confidentiality policies and procedures must, and do, conform to all federal and state confidentiality laws and regulations.

Expect that no identifying information will be released by any partner of the DCBHS without having the valid written consent of that child and/or their legal guardian on file. This is a right that is protected by New Jersey law.

Be informed of service, benefits, and how to access care.

Choose and/or change provider(s). (The selection of providers may be limited to boundaries of participant’s insurance program (including Medicaid), and ability to pay.)

Children and their families/caregivers have the right to participate in the selection of providers. They have the right to ask for a provider that can provide needed services, meet special needs, speak their native language, are sensitive to cultural and other differences, and that they are comfortable with.

Receive care in a timely manner. Timely manner applies to best practices and timelines established within the DCBHS. These timelines are part of the information available to all children and their families/caregivers.

Children and families/caregivers have the right to immediate access to services and providers in case of emergency, urgent, and/or routine needs according to established timelines.

Children and families/caregivers have the right to refuse treatment, to the extent allowed by law.
Be full partners in every decision regarding the child.

Participate in a candid discussion with their system partner(s) regarding appropriate options necessary to achieve their family vision, regardless of cost or benefit coverage.

Regarding Complaints and Reconsiderations:
- Openly communicate complaints or request reconsiderations about any DCBHS partner/provider regarding service, care, benefit payment, administrative action, or quality of care issues without fear of retaliation or of losing their benefits.
- Timely resolution of complaints, and reconsiderations. Timely manner applies to best practices and timelines established within the DCBHS. These timelines are part of the information available to all children and their families/caregivers.
- Have complaints, grievances, and reconsiderations reviewed by a party not involved in a previous decision regarding the same issue. After the complaint, grievance, and reconsideration process at the local level, the child and family/caregivers have the right to advance their issue to the next level with the DCBHS, which will utilize their procedures to help the family resolve the issue. (For further information, the CSA may be called toll-free at 877-652-7624).

Have an authorized representative of their choice.

Make recommendations regarding child and family rights and responsibilities policies.

**Responsibilities**
It is the policy of the DCBHS that children and families/caregivers have the responsibility to:

Provide, to the extent possible, and deemed appropriate by the family, information that the system partners/providers need in order to arrange and provide care for that child and family/caregiver.

Children and families/caregivers have the responsibility to collaborate with all system partners to develop a mutually agreed upon plan.

Follow the plans and instructions for care they have developed with their teams.

For Medicaid billing, it is the responsibility of the provider, not the family, to submit all billing claims for processing within sixty (60) days of the service date, or within contractual guidelines. For Medicaid billing, providers cannot bill children/families/caregivers for balance amounts above the coinsurance amount, or for amounts not collected due to improper or untimely billing procedures on their part.
For other types of insurance, the claim submission process will be outlined in your policy – refer to the policy for details.

*******
[The preceding information on Children and Family/Caregiver Rights and Responsibilities within the Division of Child Behavioral Health Services (DCBHS) is taken from the ValueOptionsNJ website]

*******

How to Access Services:

Who is Eligible?
Children and youth between the ages of 5 and 17 living in the State of New Jersey and who have emotional or behavioral disturbances are eligible for services through the Division of Child Behavioral Health Services (DCBHS). Special consideration will be given to children under 5.

Young adults ages 18 to 21 are eligible if the youth is actively involved with Child Welfare, Child Behavioral Health or Juvenile Justice at the time of their 18th birthday.

If you have questions about eligibility, call the
Information and Referral
Access Line
Toll-free: 877-652-7624
TDD: 866-896-6975

Information and Referral
DCBHS offers an information and referral Access Line. Information about the DCBHS, types of services available, benefit information for DCBHS enrollees, and community resources are available. Families may also find assistance linking to providers and services. A customer service representative is available to assist callers from 8 am—10 pm Monday through Friday. Calls received outside of that time frame will be returned the next business day.

The access line is also used to link to Mobile Response and Stabilization Services (MRSS) for emergencies and potential crisis. This service is available twenty-four hours a day, seven days a week (24/7). Clinically trained staff assists callers in getting the services needed as quickly as possible.

Types of Information and Referral
- Behavioral Health Providers
- Community Resources
- Informational Websites
- State Agency Services
- Medicaid/NJ FamilyCare
- Family Support Organizations
- Care Management Organizations
- Resources for Referral
Mobile Crisis Information
Mobile Response and Stabilization Services (MRSS) are available 24 hours a day / seven days per week. This service helps keep your child and family safe in an emotional or behavioral crisis, and works to keep your child in their current living situation. The Mobile Response Team will work with your family in your home or community to assess and address the crisis. They will work with you and your child to stabilize the situation and can continue to work with you to develop and manage a plan to help keep your child safely at home.

If you think your child can benefit from this service, please call our Toll-free Access Line at 1-877-652-7624 and one of our clinically trained staff will assist you immediately.

Call 911 when:
The life or health of your child or others is in danger.
A bad reaction to medication or an increase in symptoms occurs.
Immediate help is needed.

Determining benefit eligibility and payment
We will talk with you regarding your existing insurance plan and any benefits you may be entitled to under DCBHS. You may be eligible for benefits through Medicaid or NJ FamilyCare, or you may qualify for services and treatment solely through DCBHS. You may be asked to contribute to the cost of your child’s care. We can help you find out what coverage you have and what you are eligible to receive.

How can I find a provider?
There are many providers throughout the state that have been helping people for many years. Many are now involved with DCBHS. Call the Information and Referral Access Line toll-free 1-877-652-7624 for more information.

If you feel that your child may benefit from the services offered by DCBHS, call the access line for more information. Ask for a provider who understands your culture, speaks your language, and can help with special needs.

What kind of support can I get for myself and my family?

Are there any programs for my family?
Family Support Organizations (FSOs) have programs and support groups for families in their county. To find the FSO near you, call DCBHS toll-free at 1-877-652-7624.

Libraries, phone books, and the Internet are also good resources.

*******
[The preceding information on How to Access Services is taken from the ValueOptionsNJ website]
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IDENTIFICATION OF POSITIONS

Treatment Team refers to the following:
- Licensed Treating Clinician
- Behavioral Assistance
- Care Manager
- FSO Worker
- Assigned community agency staff members

Employee refers to the following:
- Licensed Treating Clinician
- Behavioral Assistance

EMPLOYEE STATUS

- You are joining the LHFS team of providers as an employee. As an employee you will be responsible for the professional provision of services to the clients you serve.
- You are responsible for maintaining your individual professional liability coverage, professional licensure, BA certification, and other required documentation relevant to your profession.
- Licensed Clinicians are considered Statutory Employees and do not have Federal and State income taxes withheld from their pay. If you receive more than $600.00 from LHFS in one calendar year you will receive a W-2 and can file your deductions on a Schedule C. A total of 8.575% will be deducted monthly to cover Social Security, Medicaid, Unemployment, Disability, and Workforce Development employee deductions as required by the State of New Jersey.
- Behavioral assistants are considered Regular Employees due to their need for supervision and will have taxes taken out of their pay.
- The following items will be needed for your employment file and documentation will be updated quarterly as needed:

  1. Valid Clinical License
  2. Valid Driver’s License
  3. Proof of Vehicle Insurance
  4. Transcript or Copy of Degree
  5. Two written reference letters
  6. Proof of Liability Insurance
  7. Criminal Background Check
  8. Resume
Risk Management

Everyone has a primary responsibility for the safety and health of the families we serve. One way to promote safety is to follow protocol and procedures for emergency situations, unusual incidents, HIPAA, and suspected abuse. The following provides guidelines for action in such situations. It does not present an absolute course of action, as actions to be followed need to be individualized depending on the circumstances of the situation.

EMERGENCY PROCEDURES PROTOCOL

Proactive Crisis Plan

• A Proactive Crisis Plan is defined as a plan of action to be implemented in the event that the client experiences a crisis. Cases authorized at the YCM and CMO levels require that the individual needs of the child and family be documented in the child’s Comprehensive Individual Service Plan (hereafter referred to as the "ISP"). The ISP is essential to establish the strengths and needs services and is developed in partnership with the child, family, and treatment team members. The ISP contains a Crisis Plan for the child and family. The Licensed Clinician is the Emergency contact during a crisis for the family. This Crisis Plan must include the following:
  1. Definition of a crisis for the child / family
  2. Contact numbers for treatment team
  3. A detailed plan outlining the appropriate steps for responding to a crisis experienced by the family and child
  4. Contact number for the Little Hands Family Services office

Active Emergency

• An Active Emergency is defined as a situation that is currently happening in which there is imminent danger to the client, yourself, the family, or other individuals. If you feel that you are in an Active Emergency situation take steps to protect the safety of your client, yourself, and others. Use your professional judgment to make clinical decisions to respond in the midst of the crisis. Abide by the Crisis Plan to the extent possible.

Restraint of Client

• Under NO CIRCUMSTANCES are you to restrain a client.

Unusual Incident Reporting Policy

• The purpose of the Unusual Incident Report is to report unusual incidents as defined by the state and to provide clinicians with the protocol to effectively identify and report unusual incidents of children as deemed necessary by DCBHS.
• Please note that you are responsible for writing out a descriptive narrative of the incident that occurred and forward the information to the Program Director within 24 hours of the incident.
• Clinician will be required to identify whether or not an incident will be reported as usual.
• Clinician will be provided with a list of unusual incident definitions as provided by the state
• If the clinician is not sure whether an incident is unusual or not, they should confer with a member of the LHFS leadership team, who must be contacted immediately via the office emergency phone numbers when an unusual incident occurs or is suspected.

• Clinician will write out a descriptive narrative of the incident that occurred and forward to the LHFS Clinical Director within 24 hours.
• Clinical Director will complete the DCBHS Unusual Incident form and attach the narrative provided by the clinician (see sample).
• Clinical Director or Program Director will fax the completed Unusual Incident Form along with the clinician narrative to the proper Care Manager.
• Copies of unusual incident reports will be placed in the child’s confidential file and also in an unusual incident folder maintained by the LHFS office.

HI PAA and Mandated Reporting
• As a provider of mental health services you are legally and ethically bound to abide by federal HIPAA regulations. You are professionally responsible for familiarizing yourself with HIPAA regulations, especially as it applies to privacy and security of your paperwork, communications about your clients, and retention of your client records.

• NOTE: No LHFS staff member shall divulge any information regarding any individual to anyone including a spouse or other family member as to the involvement of an individual in services, or to what extent the services are being provided.

LHFS owes a duty of confidentiality toward those children and families we serve according to both federal and state laws. LHFS can direct any staff to the applicable laws and regulations. This duty means that LHFS cannot reveal information to anyone who has not been authorized in writing on the LHFS or state approved Release of Information Form. Release of information is specific to a person or organization and must specify the information the individual and family want released. Release of information is usually time limited. Written authorization is required for sharing of information with other organizations.

NOTE: Verbal release of information or release which is intended to allow a verbal communication must be discussed with a supervisor or manager at LHFS prior to release of any information.

There are exceptions to these standards:

1. Authorized personnel for the DCBHS may request information about individual and or their services.
2. Information may be released in an emergency situation to the extent that it is necessary to provide emergency care. This information should be limited to the information necessary to attain such care.
3. All information must be shared with your clinical supervisor. There is no such thing as confidentiality between the family and/or child and other staff who are involved in providing supervision and guidance to staff.
4. All staff are legally obligated to report any suspicion of abuse or neglect active or passive and take appropriate actions in response.
WHAT IS HIPAA?
What is HI PAA, anyway?
HIPAA is a federal law.
The law's full title is Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to help employees take their health benefits with them upon a move from one employer to another. The law also included a provision with the goal of improving:
• efficiency of the health care system, by encouraging the use of electronic information systems
• privacy and security protections for individually identifiable health information

What is "Protected Health Information?"
HIPAA's Privacy regulations require protection of individually identifiable health information. The regulations define "protected health information" (PHI) as information that relates to the:
• past, present or future physical or mental health or condition of an individual
• provision of health care to an individual
• past, present or future payment for the provision of health care to an individual

Protection applies to information collected from the individual, received or created by a health care provider, health plan, health care clearinghouse or employer, and is maintained or transmitted in any form or medium.

What information must be protected?
A wide range of information is considered personal, and therefore protected, health information:
• the fact that someone received treatment
• claims information
• clinical information
• demographic information in the context of health care

There is no distinction between clinical and other types of information. All are protected under the law.

Why all this concern about privacy?
In the age of electronic databases, privacy is an increasing concern for many people. The protections provided in the Privacy Rule have three goals:
• to give individuals greater control of their personal health information
• to limit what others can do with protected health information
• to safeguard individually identifiable health information

Knowing that personal health information is protected should increase trust between individuals and those who provide and pay for their care.

Individual control of health information
HIPAA gives individuals rights that increase their ability to control access to their protected health information. All individuals have a right to:

- obtain a Notice of Privacy Practices
- inspect or copy information that health plans and providers use for making decisions about them
- know who has seen their health information for non-routine purposes
- request confidential communication of their protected health information
- give explicit permission for use of their information for purposes other than treatment, payment and health care operations

**The Notice of Privacy Practices**

A Notice of Privacy Practices must be provided to tell individuals what information is collected about them and how that information is used. This Notice must be:

- provided to new families upon enrollment
- made available to families for review every three years following initial enrollment, and annually in some states

**The Designated Record Set**

Individuals have the right to inspect or copy the information used to make decisions about them. This information, called the **Designated Record Set**, includes:

- enrollment
- payment
- claims adjudication
- case or medical management records
- any other records used for making decisions about the individual

Records held by business associates of DCBHS entities are considered part of the Designated Record Set. The individual has the right to inspect the entire Designated Record Set or any PHI within the Designated Record Set.

**Making Amendments**

Families may believe that there are errors in the information in their Designated Record Set. If so, the family has the right to request a correction or that additional information is included in the record. If a change is made based upon such a request, everyone who might need to know about it will be notified. This may include insurance companies or providers that treat the child.

**Routine Use of Information**

Although system partners have individual information about the children in the DCBHS, they are not free to use it for any purposes they choose. That information may only be used to conduct the routine activities of payment and health care operations, such as:

- coordinating care between providers or between a provider and a health plan
- submitting or paying claims
- reviewing utilization patterns
- improving clinical services

**Non-routine disclosure of information**

If the protected health information of a child is shared for any other reason than conducting routine activities the agency sharing the information must:

- obtain an individual Release of Information Authorization (unless required by law or regulation)
• record the disclosure
• be prepared to provide an accounting of such disclosures, if asked

Examples of non-routine disclosure include:
• collecting data for marketing, fundraising or research purposes
• releasing information to employers for employment-related decisions
• reporting suspected child or elder abuse or neglect
• reporting the use of clozapine to a national registry
• responding to a subpoena or other legal request
• If a disclosure is required by law or regulation, a release is not needed, but the disclosure must still be recorded.

The Release of Information Authorization
Except when information is used for routine purposes, a Release of Information Authorization must be obtained from the family.

This release must include:
• a description of the information that will be used or shared
• with whom the information will be shared
• for what purpose
• when or why the release will expire
• a statement that the release may be revoked at any time and that care will not be denied upon refusal to provide a Release of Information Authorization

Abuse and Mandated Reporting
• As a provider of mental health services you are legally and ethically bound to abide by child abuse reporting laws. In New Jersey, every citizen, teacher, doctor, neighbor, and others who come into contact with a child and observes behavior or conditions that might indicate abuse or neglect is required by law to report their suspicions. State authorities will the take actions as deemed appropriate. You are professionally responsible for familiarizing yourself with child abuse reporting guidelines.
• Please note that Licensed Clinicians are encouraged to consult with the Program Director or Clinical Director should you experience the need to report suspected abuse. You MUST document the abuse report in your clinical notes. Behavioral Assistance providers are required to first share their concerns regarding the abuse with the Clinical Director PRIOR to reporting any suspicions of abuse.

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[The following information on abuse and neglect is taken from the NJ State DCF website: www.nj.gov/dcf/abuse/links/. Please refer directly to the website for additional information abuse and abuse reporting procedures.]
How and When to Report Child Abuse/ Neglect

In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the State Central Registry (SCR). If the child is in immediate danger, call 911 as well as 1-877 NJ ABUSE. A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously.

What information will I be asked to provide to the hotline screener?
SCR screeners are trained caseworkers who know how to respond to reports of child abuse/neglect. Whenever possible, a caller should provide all of the following information:

- **Who:** The child and parent/caregiver’s name, age and address and the name of the alleged perpetrator and that person’s relationship to the child.
- **What:** Type and frequency of alleged abuse/neglect, current or previous injuries to the child and what caused you to become concerned.
- **When:** When the alleged abuse/neglect occurred and when you learned of it.
- **Where:** Where the incident occurred, where the child is now and whether the alleged perpetrator has access to the child.
- **How:** How urgent the need is for intervention and whether there is a likelihood of imminent danger for the child.

Do callers have immunity from civil or criminal liability?
Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action. Calls can be placed to the hotline anonymously.

Is it against the laws of New Jersey to fail to report suspected abuse/ neglect?
Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person and subject to a fine of up to $1000 or up to six months imprisonment, or both.

What happens after I make the call?
When a report indicates that a child may be at risk, an investigator from the Division of Youth and Family Services will promptly investigate the allegations of child abuse and neglect within 24 hours of receipt of the report.

Defining Child Abuse and Neglect

**Abuse**
Abuse is the physical, sexual or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child.

**Neglect**
Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.
All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR). This is a toll-free, 24-hour, seven-days-a-week hotline.

Child Abuse Hotline (State Central Registry)
1-877 NJ ABUSE
(1-877-652-2873)
TTY 1-800-835-5510
RECEIVING CASE REFERRALS

IIC/BA Case Assignment

When a referral is received in the office, the Program Director - or other authorized LHFS personnel - will contact clinicians and/or behavioral assistants to assign the case. In order that cases may be assigned in a timely manner, you must provide LHFS with your current contact information and notify the office in a timely manner (preferably within 5 business days) should your contact information change. For the purpose of case assignment, your contact information provided to LHFS should include your current:

• Primary ‘professional use’ telephone number.
  1. Your outgoing message – including the content and any musical interludes you may have – must be of a professional nature. Please keep in mind that you are representing yourself professionally as well as the agencies with whom you work.
  2. Alternate phone number if available
  3. E-mail address
     • This CANNOT be a server based or work e-mail. This is for HIPAA privacy and security reasons. Web based emails (yahoo, aol, etc.)

• Clinicians and behavioral assistance staff have 2 hours to return the Program Director’s call/e-mail before the Program Director will attempt to assign the case to another staff. Please return all calls even if you are not available to take a case.

• Contact information for the family and staff involved in the case will be provided in an e-mail to staff. The email contains the following needed data:
  1. Level of service for the case (i.e., Value Options, CMO, YCM)
  2. Name of client
  3. ABS number
  4. Date of Birth (DOB)
  5. Caregiver name
  6. Client address
  7. Contact phone numbers
  8. Authorized dates of service
  9. Authorized number of service hours per week
  10. Care Manager name and contact
  11. Assigned BA

Needs Assessment Case Assignment

• You must be certified through the state to provide Needs Assessment services. LHFS routinely offers training sessions to assist those interested in becoming certified to provide Needs Assessments.

• Clinicians providing Needs Assessment services through LHFS are expected to accept case assignments for in-home services as well. LHFS does not hire clinicians who are only able to provide Needs Assessment services. Clinicians are to maintain a caseload of four hours or 2 cases to be eligible for Needs Assessments.

• Assessments are authorized for three hours per assessment. This time includes face to face intake interview with the family, write up for paperwork, and calling collateral contacts. The finished assessment needs to be faxed to Value Options before the end of the authorization and a copy submitted electronically to LHFS. The Needs Assessment documentation is submitted with your paperwork on the assigned monthly due dates.
• If a clinician is unable to reach a family to set an appointment for the Needs Assessment within three days, please contact the LHFS office so a letter can be sent.

**Initial Contact with Family**
• Employees must contact families within 24 hours of receiving confirmation they have been assigned the case. Employees must make a minimum of 5 attempts to contact a family over the course of 3 days calling between the hours of 9AM and 7PM. Employees are responsible for reporting back to the Program Director the date and time of the initial visit. Employees should call the Case Manager after the initial visit with the family to discuss treatment goals.

**Non-Contact with Family**
• You must document your attempts to contact families. If you do not receive contact from a family within 3 days **you must take action.**

  For YCM, CMO, and CGS cases:
  1. Contact the Care Manager
  2. Contact the Program Director at LHFS and follow discussed plan of action

  For IIC cases:
  1. Employees must report back to the Program Director within 3 days of receiving a case if they have not received a return phone call from the family.
  2. LHFS will attempt a call to the family before sending out a letter to the family and to Value Options indicating that the family is not available for services at this time.
PROVIDING SERVICES TO FAMILIES

Non-reimbursable services include:
1. Travel time
2. Mentoring
3. Respite care
4. Educational training
5. Vocational services
6. Writing progress notes, reauthorization requests, treatment plans – All Paperwork
7. Attendance at required BA supervision and BA Training Certification classes
8. Quarterly agency meetings
9. Non-therapeutic recreational activities
10. ISP meetings
11. Phone Calls

Service Provision Guidelines and Expectations
• When you accept a case assignment you are agreeing to provide services for the number of authorized hours for that particular case. It is not at your discretion to provide fewer service hours due to your individual scheduling constraints.
• If a family reports that they are not able to meet for the authorized number of hours then you are to notify LHFS's Program Director to collaborate a plan of service. If a family cancels a visit or the Employee cancels a visit, this should be documented in your notes.
• No more than 2 hours of client contact can be provided at one visit, as per state and Medicaid guidelines. You will NOT be reimbursed for services provided beyond the 2 hours. The number of hours for which you are authorized must be provided within the service week. A service week is defined from Sunday through Saturday.
• YCM and CMO cases will indicate how many hours of service are to be completed for each visit. Each week should have a contact note indicated if services were provided or a note indicating why services were not provided i.e. Therapist cancelled, child sick etc.

For example:

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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</tbody>
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• You are expected to contact the family if you are late or absent from an appointment.
• You are expected to have phone communication with the Care manager and other agencies providing services for the family.
• You are expected to maintain professional boundaries with the child and family.
• You are expected to maintain confidentiality, especially as per HIPAA guidelines.
• You are expected to establish regularly scheduled appointments with the family.
• Licensed Clinicians are expected to coordinate development of treatment goals with the BA assigned to the case.
• Do not transport children, if off site activities are appropriate find a way to meet the child and family at the site.
• Do not take responsibility for medication in any way.
PAPERWORK SUBMISSION

Paperwork Submission and Pay Schedule Dates
- A sample paperwork submission schedule is provided in the FORMS section of this manual.
- You will receive a current schedule of paperwork submission dates and pay schedule dates quarterly. The schedule indicates dates that paperwork is due and the corresponding days that payment for services will be made. BAs and IICs have different schedules.
- Please note that Monthly Summaries - due for all YCM and CMO cases - are indicated with an (*) on the schedule.

Completed Paperwork: IIC/BA
- Paperwork cannot be processed for billing until it is received complete in the office.
- Paperwork will be considered complete when all required signatures and other required documentation is in place.
- Paperwork must be typed, unless otherwise indicated
- To review paperwork that is to be completed by Licensed Clinicians and BAs, please review the following Documentation Checklist
- Paperwork submitted must be originals with original signatures. Photocopies are not accepted.

Documentation Checklist
To Be Completed Every Session
- Progress note
- Encounter form signed by family (may be handwritten)

To Be Completed During First Session
- Intake (unless you are notified we have the Needs Assessment on file)
- Privacy Policy Sign Agreement
- Release of information
- Informed Consent Form
- BA ISP Plan

To Be Completed by the Second Session
- Treatment plan

To Be Completed (as necessary) TWO WEEKS prior to the end of the Authorization Period
- Request for additional services if higher level of care is requested

To Be Completed Monthly
- Monthly Progress Summary (may be handwritten)

To Be Completed by the Last Session
- Discharge Summary with resources listed that family was linked to

Paperwork / Documentation to be turned in First Due Date in the Month
- Progress note
- Encounter forms
- Invoice
- Monthly Summary (for YCM and CMO cases for previous month)
• Any additional form as needed (Treatment plans, Release form, Intake, Discharge)

Paperwork / Documentation to be Turned in Second Due Date in the Month
• Progress note
• Encounter forms
• Invoice
• Any additional form as needed (Treatment plans, Release form, Intake, Discharge)

Completed Paperwork: Needs Assessments
• Encounter Forms for Needs Assessments should only document face-to-face time spent with the family. Note: You will be compensated for the full 3 hours when completing your invoice.
• Needs Assessments should be sent electronically to the LHFS main email in order for LHFS to have this information available if the family is authorized for services with LHFS after the assessment. When submitting Needs Assessments electronically you should enter “Needs Assessment” for the subject of your e-mail so that it can be routed properly within the office.
• Needs Assessments should be faxed in their entirety as one document to Value Options. Autofax, In Community Template and Release Form must be faxed prior to the end of the authorization.
• Submit your Needs Assessment originals with your paperwork bimonthly according to the paperwork submission schedule.

Late Paperwork / Incomplete Paperwork
• Paperwork will be considered late or incomplete if it is not completed accurately and received in the office by 5PM on the posted due date. Paperwork can be mailed or dropped off in person to the office during regular business hours Monday - Friday from 9am - 5pm.
• Paperwork that is incomplete will be returned to the clinician and your reimbursement check will be held.
  Regarding paperwork that is late (never submitted):
  1-2 days late - your check will be held for 7 days
  3+ days late - your check will be held for 15 days

Staff have three days to turn in paperwork each submission schedule before it is considered late. It is the responsibility of the staff to review their paperwork for errors before turning it to LHFS.

Mailed paperwork must be postmarked by the 1st or the 16th in order to be considered on time.

Invoice for Services
• You should place more than one client on each LHFS Invoice. Invoices can be hand written.
• Enter the client’s name, date, service code, number of hours your provided services, rate, and the total rate for each encounter date.
• Enter in the correct service code for the service you provided
  1. Needs Assessment: H0018TJU1 3 hours
  2. Licensed Therapy: H0036TJU1 Maximum of 2 hours
• Enter the total reimbursement for the page
• If submitting more than one invoice page, enter the Total Invoice amount on the bottom of the first invoice page and staple the invoices together.
• Services not recorded on your invoice will not be reimbursed.
Encounter Form

- Encounter forms may be handwritten or typed. LHFS will no longer send out encounter forms filled out for cases. It is the responsibility of the staff to complete their encounter forms.
  1. On side 1: You are responsible for completing sections 1 – 4, 6-11, as well as
     14 a-f (for BAs)
     17 a-e (for Licensed Clinicians)
     18 a-d (for BAs and Licensed Clinicians)
  2. On side 2: You must complete the encounter date AND start and end time of each encounter PRIOR to having the family sign the form. Failure to fill out this information prior to having the family sign the form constitutes Medicaid fraud, for which you may be liable.
     - The family must sign the encounter form at the time of the visit. Having the family sign for future visits is prohibited.
     - Each encounter must be filled out completely including address, parent/guardian information, date and signatures.
     - The family must sign and date the form at the bottom of the page in order for you to be reimbursed.
     - Children 14 and older may sign that they have received services.

Progress Note

- Must be typed and signed with original signatures.
- Progress notes must be clinical in nature and document services that were provided. A progress notes must be written for each encounter submitted for reimbursement.
- Content of progress notes should be substantial enough to describe important clinical information of the session (NOTE: A good guideline is that “If it isn’t written down then it didn’t happen” making you at-risk and possibly liable for certain circumstances.)
- A progress note must be written for each week of authorization regardless if a visit occurs. The note should indicate the reason the visit did not occur, example child sick, therapist cancelled and the date of the next scheduled appointment.
- What not to put in a progress note:
  1. Intimate or personal details
  2. “gossipy” (non-factual) information
  3. venting of your own frustrations
  4. incriminating information to you or LHFS
  5. political, religious, or personal views of your own
  6. your thoughts and non-clinical opinions of the client
  7. slang (unless quoting the client)
  8. I or your name, use “BA” or “Therapist” to identify yourself
You may wish to use a SOAP note or DAP note format to document your session. The following is a sample completed DAP note.

Therapist met with Billy individually. Focus of the session was on reducing angry outbursts by using method of counting to 10 before verbally/physically responding. Therapist and Billy used role play activities to practice counting. A) Billy responded appropriately to Therapist’s lessons. Billy stated that he got into two fights this week with his sister. Billy failed to acknowledge his role in starting the fights. B) Therapist will continue next session to focus on helping Billy to decrease his physical and verbal responses using role play activities. Next session schedule for 9-5-09 at 10AM. (Sign your name).

For and additional sample please refer to the FORMS section of this manual.

Intake Paperwork
- The intake form is to be completed by the Licensed Clinician on the case or if a BA is working on a case where the Licensed Clinician is not from LHFS. An intake form must be completed at the first session with all families unless you are notified that we have a Needs Assessment on file.
- A LHFS release form should be completed by each family to allow staff to communicate with referring agencies.
- The Licensed Clinician will review the Privacy Policy form and have the family sign that they have received a copy of the Privacy Policy.

BA ISP Form
- The BA ISP form is to be completed by the Licensed Clinician on the case for all cases in which there is a BA assigned with the Clinician. BA ISP plans must be completed before a BA begins services.
- Licensed Clinicians are responsible for completing the BA ISP form in collaboration with the BA. Clinicians and BAs are not allowed to bill for services at the same time, so collaboration may take place by phone, in person (not with family) or by email.
- Licensed Clinicians are responsible for forwarding the BA ISP form to the BA.
- Licensed Clinicians are responsible for reviewing the BA ISP plan with the family and have the family sign the plan. Children 14 and older must sign their BA ISP plan and children 13 and younger are encouraged to sign.
- BAs and BA supervisor will sign copies of the BA ISP forms during monthly supervision session.
- BA ISP Plans must be updated every 90 days or when services are reauthorized.
- Blank and Sample BA ISP forms are available on the LHFS on the website and at the DCBHS website http://www.nj.gov/dcf/behavioral/providers/

Individual Treatment Plan
- Licensed Clinicians are responsible for completing treatment plans. Treatment plans must be typed and submitted with paperwork as indicated.
- Treatment plans should reflect the service plan goals indicated on the ISP for YCM and CMO cases.
- Treatment plans should be updated every 90 days. Mark review at the top of the treatment plans for all updated plans and update Section C.
- Treatment plans should be strength based and focus on obtainable and measurable goals for the child.
• Children 14 and older must sign their treatment plans. Children under 14 are encouraged to sign their plans.
• Treatment plans must be completed within 14 days of the initial visit with the family.

**Individual Service Plan (hereafter ISP)**

• ISP Meetings are Mandatory. Staff can not bill for ISP meetings. Care managers will work with the staff to allow meeting time with the client before or after the ISP meeting that is billable.
• The needs and services for families are documented in the child’s Comprehensive Individual Service Plan. Treatment plans should incorporate the same goals as indicated on the ISP plan.
• The ISP is developed in partnership with the Child/Family Team. This team includes the child, family or caregiver, and those individuals and partners who offer assistance and support to the child.
• The ISP contains a Crisis Plan for the child and family. The staff is responsible for being on-call for the child and family in event of a crisis.
• If an staff can not physically attend a meeting, their may be some situations where telephone conferencing is an option.
• ISP meetings will be held within thirty days of the initial referral. Following meetings will be held every sixty days, although in some cases they are held more often to respond to the particular needs of a child or family.
• Staff must report any significant issues or crises to the assigned Care Manager/Care Manager Supervisor immediately.

**Monthly Summary**

Monthly summaries are required documents that are faxed to the referring agencies by the 5th of each month. Monthly summaries should include detailed information on the progress towards treatment goals, interventions and strategies used with the family. BAs and Licensed clinicians are responsible for completing Monthly summary reports on each child from a YCM or CMO agency.

• Monthly Summary forms can be handwritten or typed.
• Monthly summaries are to be completed for each child that is a YCM or CMO referral.
• Monthly summaries are to be submitted with the first paperwork submission date in the month and should contain information for the previous month. Example – Submitted June 2, Note covers all of May.
• Monthly Summary forms vary for different agencies. Please use correct forms as indicated on the Forms website.

**Discharge Summary**

• Discharge Summary forms can be handwritten or typed.
• Licensed Clinicians are responsible for completing the discharge at the close of a case.
• Discharge summaries should include resources the family was linked to at the time of discharge.
• Summaries should be submitted with your monthly paperwork.
• Discharge summaries are needed for every case, even if services were not provided.

Request for an Extension of Services

• The Licensed clinician is responsible for completing a Request for an Extension of Services form at least two weeks prior to the end of the current authorization.
• Licensed clinicians should notify LHFS when a request has been submitted.
• Extension of services will only be granted for requests that are indicated a higher level of care, example an IIC case is requesting CMO services. Current level of care will not be reauthorized.
BA Minimum Requirements for Service Provision

BAs are required to:
1. have a minimum of a Bachelors degree in the human services field
2. receive regular supervision from a licensed clinician, and
3. be Training Certified within six months of their hire date and to be re-certified annually
4. three years of work experience with children post Bachelors degree

BA Supervision
- BA supervision is mandatory. BA providers actively seeing clients are required to receive monthly supervision from a licensed clinician. This supervision is for the purpose of monitoring clinical aspects of your case and facilitating development of provider skills.
- A BA supervision schedule is established quarterly by the Clinical Director and communicated to all BAs. If a BA is unable to attend a scheduled supervision session, it is the responsibility of the BA to immediately contact the Clinical Director and communicate this conflict. The BA must cooperate with the Executive Director and Clinical Director in making arrangements to reschedule the supervision in a timely manner.
- Compensation checks for services provided by the BA are distributed at supervision sessions.
- Failure to attend a scheduled supervision will result in the BA's compensation check being withheld. Frequent or chronic absence from BA supervision may result in the BA no longer being able to provide services for LHFS.

BA Paperwork Requirements
- BA is responsible for completing an Intake and Privacy Policy form with the family when the Licensed Clinician is from another agency
- BA is responsible to review the BA ISP from the Licensed Clinician prior to meeting with the family.
- BA is responsible for having the family sign a Release Form during the initial visit to allow communication verbal and written with the referring agency.
- BAs are responsible for completing a Monthly Summary Form for each case they are assigned.
- BAs should have a Progress Note completed, an Encounter Form signed and Documentation on their Invoice for each visit with the family.
- BAs should document discharge information in their final progress note. Discharge information will include resources the family was linked to, progress of the child at discharge and goals accomplished.

BA Certification
- All BAs working in the state of New Jersey are being required by the Division of Child and Behavior Health Services (DCBHS) to receive BA Certification Training. This training is mandatory in order to continue providing BA services in New Jersey after January 2010. Your clinical supervisor will assist you and monitor your progress to help you complete the process in a timely manner.
- The DCBHS has also required that all BAs be Training Certified within six months of their hire date, and that they be re-certified annually.
- There are three components (Live Training, Core Competency, Online Review) to the Training Certification process. These three components must be met within the first six months of the BAs hire date.
  a. Live Training
There is a mandatory BA Training Orientation as well as six additional training courses that must be attended. The courses are provided free of charge, but your attendance is documented and you must attend the course in its entirety to receive credit. In total, the courses that you must attend are:

1. BA Orientation (Day 1)
2. Positive Behavior Support
3. Cultural Competence
4. Developmental Tasks of Childhood and Adolescence
5. DSM IV Overview
6. NJ Wraparound
7. Safety Issues Working in the Community

Saturday Trainings are offered once a month in Piscataway, NJ. Monthly trainings are offered in different locations throughout New Jersey.

Once a BA attends all required trainings, the supervisor verifies BA attendance electronically in the BA’s online Training Certification file.

Core Competency

BAs must set up their individual online Training Certification file. BAs must meet core competencies in order to progress through the Training Certification process. Core Competencies are tracked in the BA’s online Training Certification file.

The BAs supervisor must observe the BA exhibiting each individual core competency and verify that the BA has met each core competency electronically in the BA’s Training Certification File.

Online, multiple-choice review

A BA must have their training attendance and core competencies verified by their supervisor prior to taking the online review.

If a BA’s score on the online review is 70% or higher, they will be considered “BA Training Certified.” If a BA’s score is between 60% and 69%, they will be advised to review their training materials and retake the review. If after a second attempt, the BA’s score remains between 60% and 69% OR if after a first attempt a BA’s score is below 60%, the BA and their supervisor will be advised to contact Antoinette Gurden at gurdenal@umdnj.edu to discuss the BA’s scores on individual content areas. The BA and supervisor will be asked to develop a plan to ensure that the BA receives further training on content areas they missed on the online review. The plan may include the BA attending specific live trainings again AND/OR the BA reviewing training content with their supervisor. Once the plan has been carried out, the BA and their supervisor will be advised to contact Antoinette Gurden in order to attempt the online review again.
Contact Information

Office Hours

Monday – Friday 9am - 5pm

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LHFS Provider # 0162396
FORMS

Guidelines for Clinicians
Notice of Privacy Practices
Notice of Privacy Practices Sign off
Intake Form
Informed Consent
LHFS Release Agreement Form
DCBHS Release Form
Treatment Plan
BA ISP
Sample BA ISP Plan
Invoice
LHFS Monthly Summary
CGS Monthly Summary
Sample Request for Additional Services
Encounter Form IIC
Progress Note IIC
Encounter Form BA
Progress Note BA
IIC Paperwork submission schedule (Jan - Jul)
IIC Paperwork submission schedule (Aug - Dec)
BA Paperwork submission schedule (Jun - Sept)