

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
HOMEMAKER/PARENT AID

I. Service Description

- A. Homemaker/parent aid provides assistance and support for parents who are unable to appropriately fulfill parenting and/or homemaking functions.
- B. Paraprofessional staff assists the family through advocating, teaching, coaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping with the following areas in an effort to build self-sufficiency:
 - 1. Time management
 - 2. Care of children (Life Skills Training not the provision of Child Care)
 - 3. Child development
 - 4. Health care
 - 5. Community resources (referrals)
 - 6. Supervise visitation with child(ren)
 - a) Supervised Visits will be billed separately from other services within this standard and will consist of work within the scope of this service standard.
 - b) The Individual and Monthly Visitation Reports must be used to document the supervised visitation portion of the services provided.
 - c) The Monthly Progress Report will be used to document other services provided within this service standard.
 - d) Further instructions on how to facilitate, document, and bill for the visitation is outlined in the Visitation Facilitation Service Standard. Specifically, Section II (Service Delivery Referral Process), Section VI (Billable Units), and Section X (Required Training)
 - 7. Identify support systems
 - 8. Problem solving
 - 9. Family reunification/preservation
 - 10. Resource management/Budgeting
 - 11. Child safety
 - 12. Child nutrition
 - 13. Home management
 - 14. Parenting skills
 - 15. Housing
 - 16. Self esteem
 - 17. Crisis resolution
 - 18. Parent/child interaction
 - 19. Transportation
 - a) Homemaker transportation limited to client goal-directed, face-to-face as approved/specified as part of the case plan or

goals/objectives identified at the Child and Family Team Meeting.
(e.g. housing/apartment search, etc)

II. Service Delivery

- A. Services will be provided in the family's home, a community site, or in the office (if approved by DCS/Probation), and in the course of assisting with transportation, accompanying the parent(s) during errands necessary to work towards/accomplish goals eg: job search.
- B. Services must be compatible with the established DCS/Probation case plan and authorized by the DCS/Probation referral.
- C. Transportation can be provided in the course of assisting the client to fulfill the case plan or informal adjustment program, or as part of learning a particular task as specified in the service components, such as visitation, medical appointments, grocery shopping, house/apartment hunting, etc.
- D. Staff must respect confidentiality.
- E. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- F. Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral-valued culturally-competent manner.
- G. Service may require the provider to appear in court and provide testimony when requested in writing by DCS/Probation staff or court issued Subpoena.
- H. Provider may be required to participate in Child and Family Team Meetings (CFTM) when requested by DCS/Probation. To ensure provider participation, DCS/Probation will give the service provider at least two working days' notice in advance of CFT meeting.
- I. Services to provide monthly reports outlining progress toward treatment goals.
- J. Reports should utilize the DCS approved monthly report form and provided to the Family Case Manager or Probation officer by the 10th day of the month following the month the service was provided.
- K. Services to families will be available 24 hours per day, 7 days per week
- L. Services will focus on the strengths of families and build upon those strengths.
- M. Members of the client family, which may include foster parents, are to be defined in consultation with the family and approved by DCS/Probation.
- N. This may include persons not legally defined as part of the family and should be listed as part of the referral document or subsequent written documents from the referral source.
- O. One (1) full-time homemaker/parent aid can have a caseload of no more than 12 active families at any one time.

P. Within the first 30 days, an assessment must be completed, with the family and input of other team members, to determine the family's needs.

1. The provider should include the following domains in the assessment:

a) Life Domain

- (1) Education level
- (2) Employment history and current status
- (3) Financial status
- (4) Housing history and current arrangement
- (5) Criminal history

b) Health Domain

- (1) Current physical and mental diagnoses
- (2) Current symptoms
- (3) Current prescribed medications
- (4) Substance Use Screening Tool
 - (a) UNCOPE or CAGE
 - (b) SAFERR

c) Trauma Domain

- (1) Parental history of childhood trauma
- (2) Child history of trauma
- (3) How trauma has impacted life functioning
- (4) Prior child welfare involvement

d) Family Domain

- (1) Family safety and well-being
- (2) Domestic violence risk indicators
- (3) Parental capabilities
- (4) Family structure and customs
- (5) Functional strengths
- (6) Family functioning and stability

e) Community Domain

- (1) Utilization and access to resources
- (2) Access to transportation
- (3) Essential connections

2. The assessment shall guide the recommendations for treatment and/or services.

3. Recommendations regarding the family's needs including service needs, risks, and goals should be included in the treatment/service plan.

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

1. A re-assessment of the family's risks, needs, and goals shall be completed at a minimum of every 90 days, while updating the treatment/service plan as appropriate.

a) The agency shall provide DCS with a copy of the updated treatment/service plan every 90 days.

b) The treatment/service plan shall be reviewed with the client at a minimum of every 30 days.

III. Target Population

A. Services must be restricted to the following eligibility categories:

1. Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2. Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3. Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4. All adopted children and adoptive families.

IV. Crisis Service

A. Crisis services may be necessary to prevent the removal of the child(ren). The family centered practice of the home based services is the best avenue to provide crisis services.

B. These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as:

1. Immediate threat of injury or harm to a child when *no interventions* have occurred to protect the child.
2. Goal is to resolve the immediate crisis, prevent removal of the child, and to transition and/or link the family to needed services.

C. Criteria for service:

1. The crisis intervention provider must be available for contact 24/7.
2. The provider must have a crisis intervention telephone number.
3. The FCM will notify the Provider of a crisis situation and require a 1 hour response on the part of the provider.
4. One (1) hour response time required. (No more than 1 hour from phone call to provider to a face to face contact with the family by the provider.)
5. Referrals would be for families who are not currently receiving home based services (Home Based Casework, Home Based Therapy, Homemaker, or Homebuilders). Crisis Intervention services provided to existing clients in Home Based Services are already included as part of the service standards.
6. Crisis Intervention includes, but is not limited to, crisis assessment,

planning and counseling specific to the crisis. Most interventions are expected to be in the home. When crisis intervention occurs via telephone it is best practice for the provider to follow up with the client/family face to face.

7. Crisis payment is for the “incident only”. The “incident” for payment purposes for the provider will start at the time of a face to face contact with the client and end when that face to face contact ends.
8. A Crisis Report shall be electronically sent to the FCM within 24 hours. This report should document the start time and end time of the intervention. It shall report the assessment of the situation and recommendations for services, if any.
9. The referral for this service will be after the incident and will include ongoing services if deemed necessary.

V. Goals and Outcomes Measures

- A. Goal #1: Maintain timely intervention with family regularly, and timely communication with DCS/ Probation worker.
 1. Objective: Homemaker/Parent Aid or back-up is available for consultation to the family 24-7 by phone or in person.
 - a) Outcome Measure 1: 95% of all families that are referred will have face-to-face contact with the client within 5 days of receipt of the referral. Provider will inform the current Family Case Manager/Probation Officer if the client does not respond to requests to meet.
 - b) Outcome Measure 2: 95% of families will have a written treatment plan prepared regarding expectations of the family and Homemaker/Parent Aid and sent to the current Family Case Manager/Probation Officer following receipt of the referral within 30 days of contact with the client.
 - c) Outcome Measure 3: 100% of all families will have monthly written summary reports prepared and sent to the current Family Case Manager/Probation Officer by the 10th of the month following the month of service.
- B. Goal #2: Improved family functioning including development of positive means of managing crisis.
 1. Objective: Service delivery is grounded in best practice strategies and building skills on a strength perspective to increase family functioning.
 - a) Outcome Measure 1: 67% of the families that have a child in substitute care prior to the initiation of service will be reunited by the closure of the service provision period.
 - b) Outcome Measure 2: 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a

status of “substantiated” abuse or neglect through the service provision period.

- c) Outcome Measure 3: 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.
 - d) Outcome Measure 4: Scores will be improved on the state approved, standardized needs and strengths assessment instruments used by referring DCS or Probation.
 - e) Outcome Measure 5: If DCS elects to implement a standardized tool for evaluating family functioning, a related outcome measure will be added.
- C. Goal #3: Maintain satisfactory services to the children and family
- 1. Objective: DCS/Probation and clients will report satisfaction with services
 - a) Outcome Measure 1: DCS/Probation satisfaction with services will be rated 4 and above on the Service Satisfaction Report.
 - b) Outcome Measure 2: 90% of clients will rate the services “satisfactory” or above on a satisfaction survey developed by the service provider.
 - (1) Unless one is distributed by DCS/ Probation to providers for their use with clients, providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VI. Minimum Qualifications

- A. Homemaker/Parent Aid
- 1. High school diploma or GED
 - 2. Must be at least 21 years of age.
 - 3. Must possess a valid driver’s license and the
 - a) Have the ability to use private car to transport self and others
 - b) Must comply with state policy concerning minimum car insurance coverage
 - 4. Qualities:
 - a) Ability to work as a team member
 - b) Ability to work independently
 - c) Patience
 - d) Non-judgmental
 - e) Emotional Maturity
 - f) Knowledge of Child Development
 - g) Knowledge of Community Resources
 - h) Belief that Change is Possible

- i) Strong Organizational Skills
- j) Exercise Sound Judgement
- k) Belief in Family Preservation Philosophy
- l) Knowledge of Child Abuse and Neglect
- m) Thorough and Empathetic Communication Skills

B. Supervisor

1. Direct workers under this standard must meet one of the following minimum qualifications:
 - a) Bachelor's degree in Psychology or Sociology, Social Work
 - b) Master's degree in Psychology, Sociology, Social Work; OR
 - c) Bachelor's or Master's degree in a directly related human services field. The individual must also:
 - (1) Complete a minimum of 39 semester/58 quarter hours in the following coursework:
 - (a) Human Growth and Development
 - (b) Social and Cultural Foundations
 - (c) Lifestyle and Career Development
 - (d) Sexuality
 - (e) Gender and Sexual Orientation
 - (f) Ethnicity, Race, Status, and Culture
 - (g) Psychology
 - (h) Sociology
 - (i) Social Work
 - (j) Criminology
 - (k) Ethics and Philosophy
 - (l) Physical and Behavioral Health
 - (m) Family Relationships
 - (n) Advocacy and Mediation
 - (o) Case Management

- (p) Resources and Systems
 - (q) Social Policy
 - (r) Community Planning and Relations
 - (s) Crisis Intervention
 - (t) Substance Use
 - (u) Counseling and Guidance
 - (v) Educational Studies
- (2) The individual must complete the Human Service Related Degree Course Worksheet.
 - (a) For auditing purposes, the worksheet should be completed and placed in the individual's personnel file.
 - (b) Transcripts must be attached to the worksheet.
 - (3) Coursework must be completed at a satisfactory level, no less than a C- for any quarter or semester grade in applicable coursework.
- d) Other non-Human Service related Bachelor's degrees will be accepted:
- (1) Minimum of two years-experience
 - (a) Providing a service to families that need assistance in the protection and care of their children and/or providing skills training, development, and habilitation.
 - (i) Experience gained by an employee in which the employee was not qualified to complete the work at the current or previous employer does not count toward the required two (2) year experience in combination with a Bachelor's degree.
2. The individual must possess a valid driver's license and the ability to use a private car to transport self and others, and must comply with the state policy concerning minimum car insurance coverage.

3. In addition to the above:
 - a) Knowledge of child abuse and neglect, and child and adult development
 - b) Knowledge of community resources and ability to work as a team member
 - c) Belief in helping clients change their circumstances, not just adapt to them
 - d) Belief in adoption as a viable means to build families
 - e) Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles, and humor.

VII. Billable Units

- A. Face-To-Face Time with Client
 1. Members of the client family are to be defined in consultation with the family and approved by the DCS.
 - a) This may include persons not legally defined as part of the family
 2. Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
 3. Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.
 4. Includes in-vehicle (or in-transport) time with client provided it is identified as goal-directed, face-to-face, and approved/specified as part of the client's intervention plan (e.g. housing/apartment search, etc.).
 5. Includes crisis intervention and other goal-directed interventions via telephone with the identified client family.
 6. Includes time spent completing any DCS approved standardized tool to assess family functioning.
 7. Not included are routine report writing and scheduling of appointments, collateral contacts, travel time and no shows.
 - a) These activities are built into the cost of the face-to-face rate and shall not be billed separately.
- B. Billable Increments
- C. Up to 20 hours – additional hours must be approved by referring DCS
- D. The hourly rate includes face to face contact with the identified client /family members and professional travel time involved preparing the assessment report.

- a) Includes collateral contacts, case conferencing, follow up with the family, SNAP Team presentation at Statewide Council, and travel.

E. Supervised Visits

1. Time spent facilitating a supervised visit will be billed separately from other services provided in this service standard.
2. Services provided during facilitated supervised visits must fall within the scope of this service standard.
3. The Supervised Visitation rate will be the same as the (Service Standard) face-to-face rate, but will include only time spent directly supervising the visit, or in-vehicle (or in-transport) time with client for the purpose of facilitating a Supervised Visit.

F. Hourly Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

1. 0 to 7 minutes – Do not bill (0.00 hour)
2. 8 to 22 minutes – 1 fifteen minute unit (0.25 hour)
3. 23 to 37 minutes - 2 fifteen minute units (0.50 hour)
4. 38 to 52 minutes – 3 fifteen minute units (0.75 hour)
5. 53 to 60 minutes – 4 fifteen minute units (1.00 hour)
6. **Note on Intermittent supervised visitation:** when DCS requests the provider to check in intermittently - at least once per hour - , the provider can bill in increments of 30 minutes for each check-in, provided that the total amount of time billed should not exceed the total length of the visit.

G. Interpretation, Translation, and Sign Language Services

8. The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider.
9. If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider.

10. The referral from DCS must include the request for Interpretation services and the agencies' invoice for this service must be provided when billing DCS for the service. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
11. The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate.
12. Certification of the Interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.

H. Court

1. The provider of this service may be requested to testify in court.
2. A Court Appearance is defined as appearing for a court hearing after receiving a written or email request or subpoena from DCS to appear in court, and can be billed per appearance.
3. If the provider appeared in court two different days, they could bill for 2 court appearances.
 - a) Maximum of 1 court appearance per day.
4. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

I. Reports

1. If the services provided are not funded by DCS, the 'Reports' hourly rate will be paid.
2. A referral for 'Reports' must be issued by DCS in order to bill.

J. Crisis Intervention

1. Crisis Intervention includes, but is not limited to, crisis assessment, planning and counseling specific to the crisis.
2. Most interventions are expected to be in the home. Crisis payment is for the "incident only".
3. The "incident for payment purposes for the provider will start at the time of a face to face contact with the client and end when that face to face contact ends. An hourly rate will be paid.

VIII. When DCS is not paying for Services:

- A. A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family.
- B. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences.

1. **DCS will only pay for reports when DCS is not paying for these services.**
 2. If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS.
- C. Court testimony will be paid per appearance if requested on a referral form issued by DCS.
3. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IX. Case Record Documentation

- A. Case record documentation for service eligibility must include:
1. A completed, and dated DCS/ Probation referral form authorizing services
 2. Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for these documents from referral source.
 3. Safety issues and Safety Plan Documentation
 4. Documentation of Termination/Transition/Discharge Plans
 5. Treatment/Service Plan
 - a) Must incorporate DCS Case Plan Goals and Child Safety goals.
 - b) Must use Specific, Measurable, Attainable, Relevant, and Time Sensitive goal language.
 - c) Must include initial and ongoing assessments of needs including service needs, risks, and goals.
 Must be provided within the first 30 days and should be reassessed and submitted at least every 90 days for the life of the referral.
 6. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
 - a) Provider recommendations to modify the service/ treatment plan
 - b) Discuss overall progress related to treatment plan goals including specific examples to illustrate progress
 7. Progress/Case Notes Must Document: Date, Start Time, End Time, Participants, Individual providing service, and location
 8. When applicable Progress/Case notes should also include:
 - a) Service/Treatment plan goal addressed (if applicable-
 - b) Description of Intervention/Activity used towards treatment plan goal
 - c) Progress related to treatment plan goal including demonstration of learned skills
 - d) Barriers: lack of progress related to goals
 - e) Clinical impressions regarding diagnosis and or symptoms (if applicable)

- f) Collaboration with other professionals
 - g) Consultations/Supervision staffing
 - h) Crisis interventions/emergencies
 - i) Attempts of contact with clients, FCMs, foster parents, other professionals, etc.
 - j) Communication with client, significant others, other professionals, school, foster parents, etc.
 - k) Summary of Child and Family Team Meetings, case conferences, staffing
9. Supervision Notes must include:
- a) Date and time of supervision and individuals present
 - b) Summary of Supervision discussion including presenting issues and guidance given.

X. Service Access

- A. All services must be accessed and pre-approved through a referral form from the referring DCS staff.
- B. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required.
- C. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS.
- D. Providers must initiate a re-authorization for services to continue beyond the approved period.

XI. Adherence to DCS Practice Model

- A. Services must be provided according to the Indiana Practice Model, providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect.
- B. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

XIII. Interpretation, Translation, and Sign Language Services

- A. All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non-English language speakers or who are hearing-impaired.
- B. Interpretation is done by an Interpreter who is fluent in English and the non-English language and is the spoken exchange from one language to another.
- C. Certification of the interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.
- D. Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., An interpreter may be able to explain what a document says to the non-English speaking client).
- E. Sign Language should be done in the language familiar to the family.
- F. These services must be provided by a non-family member of the client, be conducted with respect for the socio-cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner.
- G. The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session.
- H. No side comments or conversations between the Interpreters and the clients should occur.

XIII. Trauma Informed Care

- A. Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA (<http://www.samhsa.gov/nctic/>):
 - 1. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
 - 2. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"
 - 3. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic

understanding of how trauma affects the life of an individual seeking services.

4. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization

B. Trauma Specific Interventions: (modified from the SAMHSA definition)

1. The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
2. The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
3. The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

XIV. Training

- A. Service provider employees are required to complete general training competencies at various levels.
- B. Levels are labeled in Modules (I-IV), and requirements for each employee are based on the employee's level of work with DCS clients.
- C. Training requirements, documents, and resources are outlined at:
<http://www.in.gov/dcs/3493.htm>
 1. Review the **Resource Guide for Training Requirements** to understand Training Modules, expectations, and Agency responsibility.
 2. Review **Training Competencies, Curricula, and Resources** to learn more about the training topics.
 3. Review the **Training Requirement Checklist** and **Shadowing Checklist** for expectations within each module.

XV. Cultural and Religious Competence

- A. Provider must respect the culture of the children and families with which it provides services.
- B. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.
- C. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.

1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
 2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
 3. The guidebook can be found at:
<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>
- D. Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.
- E. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

XVI. Child Safety

- A. Services must be provided in accordance with the Principles of Child Welfare Services.
- B. All services (even individual services) are provided through the lens of child safety.
 1. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family.
 2. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statute, IC 31-33-5-1.
- C. All service plans should include goals that address issues of child safety and the family's protective factors. The monthly reports must outline progress towards goals identified in the service plans.