

## Parent Aide for Reducing Child Abuse and Neglect

### Service Description:

Parent Aide services include the placement of a trained parent aide in the home of a family authorized by the Department as part of the family/client's case service plan. The family must have an open Family Centered Services and/or Family Centered Out-of-Home Care (FCOOHC) case with the Department. At least one (1) parent and one (1) child must be present. Services shall be provided primarily in the home of the family/client. The contractor may assist the parent(s) in the development of parenting and home management skills through both teaching and modeling, with a goal of reaching an acceptable level of family functioning and maintenance of the physical environment. The parent aide service **shall not** be used to provide transportation services.

Parent Aide services is the hands on, teaching, modeling, observing, and supervising visits between children and their parent/caregiver(s). The Parent Aide must be trained in and follow one of the evidence based curriculums below. To provide Parent Aide services there must be one (1) parent and one (1) child present at time of service.

### Eligible Provider

The contractor and/or contractor's personnel providing services to a client must possess the following experience and skills:

- Five (5) hours of annual on-going, competency based training, in the following core areas, listed in the order of priority (can be obtained by conference participation, web-based training, and/or in-service training):
  - Child abuse/neglect indicators and mandated reporting requirements
  - Brain development
  - Early childhood development
  - Trauma (mental health, secondary)
  - Cultural sensitivity
  - Community resources
  - Emergency responses (fire, tornado, Cardiopulmonary Resuscitation (CPR), and standard first aid)
  - Communicable disease recognition
- A high school diploma or equivalency;
- The contractor must use an evidence-based training curriculum and must maintain a training certificate in one of the following:
  - Parents As Teachers,
  - Healthy Children and Families,
  - Parent/Child Interaction Therapy,
  - Incredible Years,
  - SafeCare,
  - Nurturing Parenting,
  - Triple P,
  - or other similar models, as approved by the Department;
- Have working knowledge of child development and the role of the family, and be able to provide services which promote healthful child development;
- Have general techniques of communicating with adolescent clients at all age levels;
- Have the ability to work with the clients in an empathetic and understanding manner in a variety of situations and in all types of community environments;
- Possess the ability to communicate with clients, their family members and other treatment staff, in a manner sensitive to the service population's cultural and socioeconomic characteristics, and to explain the progress of clients; and
- Possess the ability to interact in a professional and responsible manner. The contractor and/or contractor's personnel should have the ability to exercise good judgment in evaluating situations and making decisions.

**Service Requirements:**

The contractor and/or the contractor's personnel shall perform any of the following tasks as needed:

- Help the parent(s) become involved in activities to reduce isolation;
- Help the parent(s) increase their support network;
- Teach nutrition and preparation of meals;
- Teach budgeting;
- Assist with school and medical appointments;
- Help the parent(s) become aware of child development and how to provide nurturing as well as other tasks, including age development level techniques;
- Help the parent manage mental or developmental disorders while encouraging the use of natural supports; and/or
- Help the parent find and maintain employment

The contractor shall develop an individualized treatment plan with the client, which must be submitted to the case manager within fifteen (15) days of beginning services. The contractor shall work collaboratively with the client on treatment goals and services. Treatment goals and services accomplishments must be included in the monthly summary report provided to the case manager.

The contractor shall provide a strength-based approach and focus on skill acquisition and risk reduction. Interventions may focus on improving skills in communication, interpersonal relationships, problem solving, conflict resolution, and stress management. Interventions may also focus on building personal self-care and home management skills by addressing issues such as nutrition, meal preparation; household maintenance, including house cleaning and laundry; money management and budgeting; personal hygiene and grooming; and identification and use of social and recreational skills.

The contractor shall assist the parent(s) in the development of parenting skills through both teaching and modeling, with a goal of reaching an acceptable level of family functioning and maintenance of the physical environment. It is preferred that the contractor utilize evidence-based parenting education/training curriculums.

The contractor and/or contractor's personnel must be able to demonstrate that the parent has attained and/or made progress with skills through use of a competency based model, by observing the client's ability to perform the skills. The relationship between the parent(s) and the contractor and/or the contractor's personnel shall be based on the family treatment plan.

Training will be at the sole responsibility of the contractor, and no additional payment will be made by the Department related to the contractor's cost related to their attendance at training. The contractor shall submit a copy of their own training certificate and/or for each of their personnel who are to perform services, if requested by the Department. The contractor shall submit training records for themselves and/or each of their personnel who are to perform services to the Department, if requested.

In the event of supervised visitation, the parent aide must still continue to provide treatment services during the visit. **Supervised visitation is NOT just observation under the Parent Aide coding.**

**Reporting Requirements:**

For each client authorized, the contractor must submit a monthly summary report to the caseworker. This report must include the date and time of the visit, who was present at the visit, the skills worked on, the goal for the next visit, and any observed interaction.

Individualized Treatment Plan must be submitted to the case manager within fifteen (15) days of beginning services with the client. Treatment plan goals and service accomplishments must be included in the monthly summary report.

All reports as specified herein, must be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

For each client authorized for services, the contractor must submit timely, written reports in accordance with the contract, and as requested by the Department. All reports as specified herein, shall be submitted to the client's case manager at the Department's local office who authorized the service before reimbursement will be made for services rendered.

**Billing Information:**

The unit of service shall be sixty (60) minutes with at least fifty (50) minutes of face-to-face contact with the client. The maximum number of units allowed per month is twenty (20).

**CTS Procedure Code(s):**

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