REQUEST AND CERTIFICATION FOR ABOVE LEVEL IV SERVICES

DATE OF REQUEST: ______________________

AGENCY NAME: ______________________ **AGENCY DVN:** ______________

REPRESENTATIVE OF AGENCY REQUESTING SERVICES: ______________________

CHILD'S NAME: ______________________ **DCN:** ______________ **DOB:** __________

ADMISSION DATE TO FACILITY: ______________________ **ADOPTION SUBSIDY:** ☐ Yes ☐ No

RCST COORDINATOR/COUNTY: ______________________

CD CHILDREN'S SERVICE WORKER: ______________________

INSTRUCTIONS

The purpose of this document is to request additional individualized services and programming beyond the Intensive Need, Level IV level of care for the above named child. Such services and programming shall include supervision, supports, and/or interventions which exceed the services required by the Residential Treatment contract at an Intensive Need, Level IV (RF4R) rate. Throughout the duration of this request and certification, all requirements of the Residential Treatment Contract (ER100RT1619) and the Licensing Rules for Residential Treatment Agencies for Children and Youth (13 CSR 35-71) shall be followed.

All requests for above Level IV services and programming shall be certified as clinically necessary and appropriate by qualified, professional staff, and verifiable through supporting documentation. Requests shall be made after a thorough review of the child's referral information and/or the contractor's current treatment plan, critical incident reports, session notes, and similar documentation. All services, as outlined below, shall be specifically identified and affirmed in the child's treatment plan and progress reports. The contactor shall be responsible for retaining supporting documentation to verify the services and programming that were actually provided to the child in a manner and level of detail described for each service type.

Duration and Reassessment for Above Level IV Services and Programming

All approved requests and certifications for above Level IV services and programming shall be valid for a period of time not to exceed six (6) months. No agreement will be extended. However, the contractor may submit additional requests and certifications, and the Department may approve such requests if the child qualifies for above Level IV services/programming, as determined by the Department.

Notice Regarding Rates

For all state fiscal year (SFY) 2021 requests and certifications for above Level IV services and programming, the contractor shall not charge a higher rate for above Level IV services and programming than the provider's rates that were in effect on January 1, 2020. By making this request, the provider certifies adherence to this requirement. Any services and programming that are invoiced and paid at a rate exceeding the provider's rates that were in effect on January 1, 2020 shall be a debt due to the state and may be recouped from the contractor.

ABOVE LEVEL IV REQUEST AND CERTIFICATION

1. Explain the conditions, behaviors, etc. necessitating above Intensive Need, Level IV services and programming and why these services and/or programming are clinically necessary for this child.

[Attach additional pages as may be necessary]

2. Explain why the child requires above Intensive Need, Level IV services and programming, and why the services cannot be provided at Level IV.

[Attach additional pages as may be necessary]

3. Summarize and attach the documentation included in this request to support responses to questions one (1) and two (2). Note: This request will not be approved without supporting documentation.

Document type:	Date of assessment, incident, etc.:

[Attach additional pages as may be necessary]

ITEMIZED LIST OF REQUESTED ABOVE LEVEL IV SERVICES

Increased Supervision (Staff : Child Ratio)

☐ 1:1 ______________________________
☐ 1:2 ______________________________
☐ 1:3 ______________________________
☐ Other: ______________________________ / ____________________

Hours per day: __________
Certified as necessary by: ______________________________
Date of certification: ____________________
Date this service will be re-evaluated by the agency's treatment team: ____________________
This certification is evidenced by:

Notice Regarding Documentation
Supporting documentation which shall be retained and provided upon request for this service shall include:
Hourly staffing report to include the child's name, date, time, and accompanying above Level IV staff who supervised the child for any period billed.

Increased Counseling Sessions

☐ Individual: ______________________________

☐ Group: ______________________________

☐ Family: ______________________________

☐ Other: ______________________________ / ______________

Certified as necessary by: ______________________________

Date of certification: ______________

Date this service will be re-evaluated by the agency's treatment team: ______________

This certification is evidenced by: ______________________________

Notice Regarding Documentation
Supporting documentation which shall be retained and provided upon request for this service shall include: Session notes, to include the following details- the date, time, and duration of the session, the provider, and the goal and/or topic of the session. ("Service notes" will be accepted if they include the following information.)

Specialized Psychological, Psychiatric, and Other Evaluations

Service Type: ______________________________

Certified as necessary by: ______________________________

Date of certification: ______________

Date this service will be re-evaluated by the agency's treatment team: ______________

This certification is evidenced by: ______________________________

Notice Regarding Documentation
Supporting documentation which shall be retained and provided upon request for this service shall include:
Documentation to identify the type of service, the date, time, and duration of the service, the provider, and any additional specialized documentation to verify the service.

Specialized Therapeutic Services

☐ Autism Spectrum

☐ Youth with Problem Sexual Behaviors

☐ Substance Use/Dependency Treatment

☐ Sex Trafficking

☐ Other specialized program: ______________________________

Service/program details:

Date of certification: ______________

Date this service will be re-evaluated by the agency's treatment team: ______________

This certification is evidenced by: ______________________________

Notice Regarding Documentation
Supporting documentation which shall be retained and provided upon request for this service and programming shall include:
All specialized therapeutic services shall be evidence-based. Documentation shall identify the type of specialized therapeutic services provided to the child. These services shall be verified through monthly progress reports and closely assessed for progress.

CERTIFICATION

I, ______________________________ , as the Authorized Agent of ______________________________
do hereby certify that the services and programming requested herein are supported by adequate documentation at a rate not greater than the rate in effect on January 1, 2020. I further acknowledge that all services and programming claimed as above Level IV are subject to the payment conditions outlined in Section 5, Payments to the Contractor, of the Residential Treatment Services Contract.

Children's Division Approval/Denial
Approved: ☐ Yes ☐ No

Notes:

RCST: ______________________________ Date: ____________

Children's Division Central Office: ______________________________ Date: ____________

Duration of approval: ______________________________