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| --- | --- | --- | --- | --- | --- |
|  | **Preauthorization for In-Home Service**  Evidence Based/Evidence-Informed Practice | | | | |
| **Section I: To be completed by the Adoptive Parent(s) (please print)** | | | | | |
| LEGAL NAME OF CHILD (LAST, FIRST, MIDDLE) | | | | | DATE OF BIRTH |
| PARENT(S) NAME | | | PREFFERED TELEPHONE NUMBER | | EMAIL ADDRESS |
| ADDRESS CITY STATE ZIP CODE | | | | | |
| SERVICE REQUEST INFORMATION: TYPE OFSERVICE REQUESTED  **In-Home Service:**  Triple P (2 – 16 years)  Functional Family Therapy (FFT) (11 – 18 years)  Incredible Years (IY) (2 – 8 years)  Promoting First Relationships (PFR) (0 – 3 years)  Parent Child Interaction Therapy (2 – 8 years)  Family Preservation Services (FPS)  **TO BE PROVIDED BY:** | | | | | |
| PROVIDER’S NAME | | | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | |
| TELEPHONE NUMBER | | EMAIL ADDRESS TO SEND COMPLETED SERVICE REFERRAL | | | |
| Will family insurance cover the above requested service?  Yes  No | | | | | |
| ADOPTIVE PARENT’S SIGNATURE DATE | | | | ADOPTIVE PARENT’S SIGNATURE DATE | |
| **Section II: To be completed by the Adoption Support Program Consultant** | | | | | |
| Child is on:  Adoption Support Program  Service Referral Completed | | | | | |
| COMMENTS | | | | | |
| ADOPTION SUPPORT CONSULTANT SIGNATURE DATE | | | | | DATE OF SERVICE REFERRAL |

**Route all copies of completed form to the Adoption Support Program (ASP).  
ASP will return a copy to adoptive family and the provider.**

**Adoption Support In-Home Service Billing Protocol**

**In-Home Services**

The Adoption Support Program has the ability to provide In-Home Services while funding is available. Accessing an in-home service through Adoption Support is a different process than accessing the service through foster care. The adoptive parent(s) is able to determine the appropriate service and contracted provider that best meets the needs of their family. For assistance in identifying a provider, please communicate with your assigned adoption support program consultant. The assigned consultant will access the one stop provider resource to assist in sending your family contact information for current DCYF contracted providers located in your area/county.

The current In-Home services being offered to families receiving adoption support include:

* Triple P (Positive Parenting Program): Teaching children new skills and behaviors, supporting positive behavior in children, improving parent-child relationships and bonding, dealing with difficult or challenging child behaviors, getting on the same page with a partner about parenting challenges.
* Incredible Years (IY): Following more rules at home, decreased behaviors at school and at home, understanding feelings, problem solving and coping skills.
* Parent Child Interaction Therapy (PCIT): Challenging behaviors, challenging parent-child relationships, attention-seeking behavior, following directions and making good choices.
* Family Functional Therapy (FFT): Escalating arguments, positive communication, youth’s behaviors or delinquency.
* Promoting First Relationships (PFR): Building a lasting, healthy, positive attachment with your infant or toddler; understanding your child’s difficult behaviors, and looking at the feelings and needs behind these behaviors; understanding how to support your infant or toddler’s social and emotional health.
* Family Preservation Services (FPS): Intensive intervention teaching new skills to improve communication, problem solving, managing behaviors.

Upon identifying the appropriate service and provider, the form will need to be completed by the family and provider. The form will then need to be sent to the assigned adoption support program consultant for approval. Upon approval, the adoption support program consultant will create and send the service referral to the family and provider. (For in-home services requested in Regions 1 & 2, the Family Impact Network/FIN will also need to be included in the email at: [referrals@familyimpactnetwork.org](mailto:referrals@familyimpactnetwork.org) with the subject line including: Adoption Support)

**Billing**

Providers in Regions 3, 4, 5 & 6 will submit all adoption support In-Home service billings by **EMAIL** to: [ASProfessionalsvcs@dcyf.wa.gov](mailto:ASProfessionalsvcs@dcyf.wa.gov)

Providers in Regions 1 & 2 will submit all adoption support In-Home service billings by **EMAIL** to: [billing@familyimpactnetwork.org](mailto:billing@familyimpactnetwork.org) (Please ensure the subject line includes: Adoption Support)

If the child’s private insurance has been billed, please indicate on the billing form the amount the company reimbursed and attach a copy of the Explanation of Benefit document. The Adoption Support Program will pay the difference up to the maximum allowable adoption support rates. All bills will be paid by DCYF by the 30th day after receipt. Bills received more than 90 days out may not receive payment.