

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CHILDREN'S SYSTEM OF CARE
FIRST 5 LA PARENT-CHILD INTERACTION THERAPY (PCIT)
FREQUENTLY ASKED QUESTIONS (FAQ)**

Updated 7-7-14

PURPOSE

The LA County Department of Mental Health and the UC Davis Parent-Child Interaction Therapy (PCIT) Training Center have been awarded a training grant for service capacity development by First 5 LA to increase the number of PCIT clinicians and trainers throughout LA County and serve the First 5 LA target population for children ages 0-5 and their caregivers/families.

GENERAL

- 1. What age group is the target population for First 5 LA PCIT?**
This Evidenced Based Practice for PCIT is typically for children 2-7 years of age. The target population for the First 5 LA PCIT grant is for children 2-5 years of age and their caregivers/families.
- 2. Can children who are older than 5 years of age participate in First 5 LA PCIT?**
If children are enrolled by the age of 5 years, they will continue to be eligible for services even if they turn 6 years prior to completing a course of treatment with the First 5 LA PCIT training grant.
- 3. Can a client, who is already receiving PCIT under PEI funds, but matches the age criteria, be shifted to First 5 LA funds?**
No, First 5 funds can only be claimed for new clients 2 to 5 years of age and their caregiver/families. Existing clients may not be moved from PEI PCIT to First 5.
- 4. Can a client who is already receiving First 5 LA PCIT services be enrolled in PEI services AFTER First 5 services are no longer funded?**
Yes, enrolling previous First 5 clients in PEI services is allowable only after First 5 funding has ended.
- 5. How are services for First 5 LA PCIT claimed after the training year?**
After First 5 funding for training ends, clients eligible for PCIT can be claimed to an appropriate funding source in your agency contract. Available funding sources vary depending on the agency's contract.

6. Who can deliver First 5 LA PCIT services?

(a) Agencies that have been identified by UC Davis as having prior training experience with the UC Davis Training Center and have participated in the Advanced PCIT Training. (b) New PCIT providers that have been chosen through the Statement of Eligibility and Interest (SEI) Solicitation process and have participated in the Basic Training can provide services. (c) Clinicians who are participating in the Basic Training can provide services to complete the 2 full cases to competency as determined by the UC Davis Training Center. Please see DMH training protocol for no provisional authorization to claim after participation in training year.

7. Can First 5 LA funds be used to hire staff?

No, First 5 funds may not be used to hire staff or pay for partial salaries. These funds are for trainings, direct services, and community outreach services for the duration of the training curriculum.

8. Do First 5 LA funds pay for the capital needs improvements required by PCIT?

Yes, capital needs improvement for new PCIT providers will be determined at site visits conducted by UC Davis and LA County DMH.

9. What are the capital needs requirements to begin implementing First 5 LA PCIT?

The agency must have two rooms side by side. The proposed PCIT room must have two existing walls that will support the build out of a two-way mirror. Other required equipment will include telehealth equipment, audio and visual equipment, furniture, and age-appropriate toys. Providers will submit the *Capital Needs Expenses* proposal form along with any estimates to DMH First 5 LA PCIT Administration for approval prior to purchasing any capital needs items. Final approval of these requests will be given by DMH.

10. Where can I find more information about First 5 LA PCIT training?

There is a DMH PCIT webpage which is accessible for documents and information specific to First 5 LA PCIT. There are also links to the collaborative partners for more information on UC Davis or First 5 LA. The steps are listed below:

- 1) Go to <http://dmh.lacounty.gov/wps/portal/dmh/home/>
- 2) Click on “Our Services”, which is located at the top of the page.
- 3) Click on “Children”, which is on the list of links on the left side of the page.
- 4) Click on [First 5 LA Parent-Child Interaction Therapy](#) or simply click on this link for direct access.

TRAINING

1. When will DMH schedule First 5 LA PCIT trainings?

Trainings will be conducted by UC Davis PCIT Training Center. There will be multiple cohorts with two specific curriculums. The first type of training is to expand the current

number of PCIT trained clinicians with the Advanced PCIT Training curriculum. This Advanced Training curriculum will also include a Train the Trainer component that will enhance agencies' capacity to sustain the practice. The second type of training will be the Basic PCIT Training curriculum that will be offered to new PCIT clinicians. The Basic Training will increase LA County's workforce capacity relative to this practice. Trainings for both the Advanced and Basic PCIT will be announced throughout the year.

2. Are training stipends available through the First 5 LA funds?

Yes, there will be limited stipends available for time spent on First 5 LA PCIT trainings conducted via telehealth, 10 hour webinar, in person at the clinic, and buddy time.

Training stipends are only available during the agency's training year and final approval is at the discretion of the Department based on the types of trainings offered.

3. Will there be a claiming workgroup on how to utilize First 5 LA funds?

Yes, there will be claiming workgroups to assist providers. The Learning Communities Network will also provide program updates to be held on a regular basis.

4. Are providers required to submit a form to DMH staff registry of certified PCIT clinicians?

The FCP/Child EBP Unit in the Children's Systems of Care Bureau will be sending out the Staff Registry Excel worksheets to each agency's training coordinator for submission. Clinicians who are not on the Staff Registry will not be able to claim for PCIT services. This registry shall be updated at least twice a year by the agency.

5. How long is the training curriculum and what is the format?

The training curriculum consists of 100 hours which includes a 10 hour webinar, coaching by the developer, and experiential learning. Training will also consist of *in vivo* coaching of live clients by telehealth. Trainings will also include telehealth observations of the clinicians during coaching of the clients.

CLAIMING

1. Where do we find the First 5 LA allocations in the Financial Summary?

The additional allocations will be noted on the Financial Summary and Subprogram Schedules lines 132 N (Non Medi-Cal/Non-Healthy Families) and 132 M (Medi-Cal/Health Families) for "First 5." It will include dollar amounts for community outreach services (COS), indigent, Medi-Cal match, and staff stipends for time spent on approved PCIT trainings.

2. When are we expected to start claiming services to the First 5 plan?

Providers can begin claiming to the "First 5" plan upon execution of their amendment, addition of the First 5 plan and appropriate service function codes. Funds are available as a drop down in the IS.

3. When must First 5 funds be used by?

Funds are to be used within the contract fiscal year.

4. Are First 5 funds renewable?

No, First 5 funds are one-time only provided during the training year for purposes of training and service capacity development.

5. How do providers with First 5 LA funds invoice for capital needs expenditures?

Reimbursement process for Capital Needs expenditures for the Parent-Child Interaction Therapy (PCIT) program:

Providers will be reimbursed for audio/video equipment, two-way mirror, furniture, toys, and telehealth equipment that was pre-approved by DMH PCIT program administration.

a. Invoices will include the following information and will be approved and signed by the agency's CEO, or designee, prior to submission for reimbursement:

- Product ID
- Description
- Date on invoice and/or receipts
- Quantity
- Unit cost
- Total reimbursement amount
- **Back-up documentation** – Approved DMH capital needs proposal request form, invoices from vendors, and original retail receipts.

b. Providers will submit invoices to:

County of Los Angeles Department of Mental Health
Provider Reimbursement Section (PRS)
550 S. Vermont Avenue, 8th Floor
Los Angeles, CA. 90020

Upon review and approval of the PCIT capital needs invoice, DMH will make good faith efforts to reimburse manual claims based on the existing PRS Provider payment Schedule.

6. How do providers with First 5 funds invoice for training time?

Reimbursement process for staff training time for the Parent-Child Interaction Therapy (PCIT) program:

a. Providers will be reimbursed for staff time spent in the following training activities:

i. Types of training (may vary by provider):

- Basic PCIT training

- UC Davis PCIT web course (s)
 - Advanced PCIT training workshop (s)
 - Onsite DMH First 5 LA PCIT sponsored training (s)
- ii. Providers will be compensated for each licensed, registered, or waived clinical staff person who participates in approved PCIT training(s) at the rate of \$36.33 per hour **NOT TO EXCEED** allocated training stipend amount per Legal Entity within contract FY.
- iii. Provider's compensation will be contingent on the actual number of hours of each daily session, or correspond with the total number of hours each staff person spent at each training session. If such staff person does not attend the training session in its entirety due to tardiness or leaving prior to the completion of the training session the provider will not be compensated.
- b. Providers will not be reimbursed for staff travel time, meal times, parking fees, meal costs, and other miscellaneous expenses staff may incur while undergoing PCIT training(s).
- c. Invoices will include the following information and will be approved and signed by the agency's CEO, or designee, prior to submission for reimbursement:
- Name of employee that attended training
 - Licensure type
 - Date of training
 - Actual numbers of training hours
 - Total reimbursable cost
 - Back-up documentation – copies of certificates and/or sign- in sheets
- d. Providers will submit invoices to:

County of Los Angeles Department of Mental Health
Provider Reimbursement Section (PRS)
550 S. Vermont Avenue, 8th Floor
Los Angeles, CA. 90020

Upon review and approval of the PCIT training invoice, DMH will make good faith efforts to reimburse manual claims based on the existing PRS Provider payment Schedule.

7. How do providers invoice for Community Outreach Services?

Reimbursement for Community Outreach Services (COS) for the First 5 program:

COS Form:

http://lacdmh.lacounty.gov/hipaa/cp_ISForms_Clinical.htm

COS Manual:

http://file.lacounty.gov/dmh/cms1_159836.pdf

- a. Providers will be compensated for DMH-approved COS only in the amount billed **NOT TO EXCEED** the allocation included in the First 5 Maximum Contract Allowance for the contract FY.
- b. Providers will not be reimbursed for staff travel time, meal times, parking fees, meal costs, and other miscellaneous expenses staff may incur while providing community outreach services (COS).

8. What happens to unspent First 5 LA funds?

Unspent funds from current Fiscal Year will not be reallocated into the following Fiscal Year.

9. Are First 5 LA funds available to indigent clients?

Yes, limited funding is available for indigent clients during the training year.

OUTCOMES

1. Are outcome measures required by the First 5 LA PCIT training grant?

Yes, the Eyberg Child Behavior Inventory (ECBI) and/or Sutter-Eyberg Student Behavior Inventory (SESBI) are practice specific measures. Participation in the First 5 LA PCIT training grant will also require two additional measures as stipulated by the developers. The following two additional measures:

- a. Trauma Symptom Checklist for Young Children (TSCYC). This measure is used to evaluate acute and chronic post/traumatic symptomatology in young children ages 3 to 12 years. This measure is to be used for clients receiving First 5 LA PCIT **only** when there is a trauma history indicated.
- b. Parenting Stress Index: Short Form (PSI-4-SF). This measure is used to identify parent-child problem areas in parents of children ages 1 month-12 years. This measure is to be used for **all** clients receiving First 5 LA PCIT.

- 2. Who will pay for these outcome measures?**
During the training period, all measures mentioned above will be paid for by the First 5 funds. Providers are expected to complete these measures during their training for clients who received First 5 PCIT services.
- 3. When are measures administered?**
To maintain fidelity to the model, measures must be administered at intake, at specific intervals during treatment and again at treatment completion. It is recommended that clients who are opened under First 5 PCIT complete the post treatment measures under First 5 PCIT.
- 4. What languages are the measurements available in?**
The required outcome measurements are available in English and Spanish. Providers may contact DMH First 5 LA PCIT Administration to inquire the availability of other languages other than English and Spanish.
- 5. Will outcome data transfer to UC Davis be on a secure line (i.e. HIPPA and PHI protected/compliant) to ensure privacy?**
Yes, providers will send program performance data on the PCIT LOG to UC Davis directly through UC Davis' protocol for data collection.
- 6. Will First 5 LA PCIT providers need to collect PEI funded PCIT outcome measures?**
First 5 LA PCIT grant funded providers will collect and submit outcome measures while they are in training to First 5 LA PCIT OMA. First 5 LA PCIT training grant requires different measures as stipulated by the developers (see question number 1). Providers who have exhausted their First 5 LA PCIT funds during their training year should complete the First 5 LA PCIT measures through termination of the clinical case to ensure data match between pre and post data collection times.
- 7. Will the Department collect any other client information for the First 5 LA PCIT training grant?**
Data from the client's open episode shall be entered into the IS, IBHIS, or other applicable contract agency equivalent data system. First 5 LA data must be entered into a separate First 5 LA PCIT Outcome Measure Application data base. The First 5 LA PCIT Administration team will provide periodic updates and trainings regarding the use of the First 5 LA PCIT OMA at the Learning Communities Network.
- 8. Where can I find more information about First 5 LA PCIT outcome measures?**
For documents including worksheets, quick guides, scoring sheets, or the First 5 LA PCIT manual go to the DMH outcome measures WIKI for more information. <http://dmhoma.pbworks.com/w/page/11088935/FrontPage> and click on "First 5 LA PCIT", which is located at the sidebar on the right side of the page.

CLINICAL

1. How can our agency use Community Outreach Services (COS) to gain PCIT referrals?

Activities such as linkages and presentations are billable to COS and which enable the mental health agencies to reach the community-at-large and provide a proactive way for the providers to address the needs of those who do not or will not utilize traditional mental health services.

Examples of billable time include “Mental Health Promotion” which is presentations about PCIT services being offered at your agency. They may be done at preschools/Head Starts, childcare resource & referral centers, faith-based organizations, agency partners or other CBO’s, community & resource fairs, libraries, doctor & dentist offices, or holding an open house for the public.

Another option for capturing billable time is “Community Client Services” which is setting linkages for potential PCIT clients. This is the time spent connecting with a parent/caregiver or anyone else pertinent in the child’s life to establish care based on their needs. This is only billable when a child does not have an open case.

2. What assessments and forms should be used for First 5 LA PCIT?

All standard documentation for DMH must be completed, i.e. assessments forms, CCCP, progress notes, discharges etc. Trained clinicians who are experienced in using Infancy, Childhood, and Relationship Enrichment (ICARE) assessments should use them for their Birth to 5 clients. Clinicians who are not trained but, who have regular supervision with a trained Supervisor may use ICARE assessments. All other clinicians may use the Child/Adolescent Assessments.

Other forms such as DPICS, the Skill Acquisition Profile, PCIT Child Treatment Goals, Parenting Factors, Environmental Factors and Outcome Measures as stipulated by the developers should be used in addition to the DMH required assessment forms.

3. Our agency has an open case with a client and both parents want to participate in treatment sessions. Would this count as two separate cases since the PCIT dyad is between a parent and a child?

By DMH standard it would be considered one open case as long as the child meets medical necessity. If it is recommended by the UC Davis trainer, two clinicians may work with a child as two separate dyads and it would be counted as two separate PCIT cases. The usual DMH documentation would be required: two separate SMART goals for the Client Care Coordination Plan (CCCP) that is specific to the needs of the client and each parent, progress notes should be in chronological order, and all outcome measures be kept in the chart. The First 5LA OMA would only be entered into the system for the primary parent/caregiver with whom treatment began and terminated with.

4. Should the total hours per trainee on the Weekly Training Sign In Log match the time we claim for on the Training Reimbursement claim form?

Yes, the total hours that each clinician can stipend is 100 hours of training, including 10 hours for the web course. Each clinician should claim 2 hours for the training stipend weekly (as the buddy) and it should always match the Reimbursement Claim Form.

Exceptions: more hours may be claimed to the training stipend for the post web course skill building days which are up to 8 hours. Client cancellations will also impact how many hours are claimed as the buddy time.

5. Is the “buddy” time claimed in IS/IBHIS?

No. The buddy system was developed as a way for trainees to have support from one another during the training process and for trainees to have additional opportunities to learn and practice the PCIT skills. The primary clinician assigned to a case is the one that is billing to IS/IBHIS for face to face client sessions, providing supplemental services to a client, and documenting. The buddy is not documenting and not billing for time even though they are present and assisting the primary clinician. The buddy may only use this as training time and claim reimbursement from the stipend.

6. When can we start opening PCIT clients under PEI for children ages 6 and 7?

While in training, agencies should only use First 5 LA PCIT funds for 2-5 year olds. A client older than 5 years old should be referred to another agency that is NOT in training and that have PEI funds or capacity to service children 6 years and above. If agencies run out of First 5 LA PCIT funding while in training, they should switch to another funding source to complete out the case AND complete the First 5 LA OMA because they started out with them in First 5 LA OMA. This will ensure a more complete data match for the clients in treatment.

7. Would a child be eligible for First 5 LA PCIT if they are currently getting WRAPAROUND or Full Service Partnership (FSP) services?

This will be determined on a case by case basis for Wraparound or FSP cases with children ages 2-5 that may be benefit from PCIT. DMH will determine eligibility and will give the provider agency further instructions on service delivery.

First 5 LA PCIT OMA

1. Can we enter two sets of measures reported by each parent/caregiver?

A clinician may have a set of outcome measures from each parent/caregiver for the purposes of the training as stipulated by the developer. However, the parent who is primarily in treatment with the child should be the one that is entered into the First 5 LA PCIT OMA system.

2. Can the TSCYC be entered later during treatment if a child is 2 years old at the time of the intake date?

No, the TSCYC will be disabled by the First 5 LA PCIT OMA system if a child is 2 years old upon the start of PCIT treatment.

- 3. TSCYC scores are not accepted when entered into the system, what should I do?**
Be sure that the entries are in the correct order i.e. Raw Scores are all listed on the left side and the T scores are listed on the right. They are not listed in the same order as the First 5 LA PCIT OMA system.
- 4. Can I enter the PSI before the CDI met - mid of treatment date?**
Yes, you are able to enter the PSI any time between the beginning and end of treatment.
- 5. If I am an advanced provider from the previous Fiscal Year, do I need to enter the F5LA PCIT clients at this point?**
Yes, please enter F5LA PCIT OMA on all F5 LA PCIT clients in order to capture the data even if the funding source was switched during the course of treatment.
- 6. My client is 1 year old on the date of the intake assessment, but started PCIT treatment after they turned 2. How can I enter them in the OMA if a child needs to be 2 to be eligible for PCIT?**
The Intake Date on the worksheet should match the date of the first PCIT session as the client turns 2 years old.
- 7. I have entered pre-treatment outcome measures, but I am not able to enter the CDI met date and am not able to move forward to mid treatment. What should I do?**
Check that all the measures have been inputted. A Reason for "Unable to Collect" must be indicated even if a clinician does not administer an outcome measure for pre, mid, and post. There should not be any blanks on the worksheets for all the outcome measures. For example, no trauma was reported so the clinician did not administer the TSCYC. The number 16 is the reason for "Unable to Collect" (No known trauma -TSCYC not required) should be indicated and must be inputted into the system for pre, mid, and post treatment.