|  |  |
| --- | --- |
| Case Name | Case No. |
|  |  |
| **SECTION A--AUTHORIZATION TO PROVIDE SERVICE** | Page    of    |
| Name of Contracted Service Provider | Contract No. |
|       |       |
| Address - Street or P.O. Box No. | City | State | ZIP |
|       |       |       |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAMES OF CASE-RELATED INDIVIDUALS TO RECEIVE SERVICES | SERVICE | BEGIN DATE | TERM DATE | END DATE | UNIT TYPE | NUMBER OF UNITS | AUTH TYPE |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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**SECTION B--CLIENT IDENTIFICATION**

|  |  |
| --- | --- |
| Client Name (Primary Client for Delivery of Service) | Telephone No. |
|       |       |
| Residence Address - Street | City | State | ZIP |
|       |       |       |       |
| Stage Name | Stage of Service | Oldest Victim |
|       |       |       |

|  |
| --- |
| **NOTE: If there is a name in the Oldest Victim field, the relationships listed are to the Oldest Victim. If there is no name in the Oldest Victim field, the relationship is to the Stage Name.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAMES OF CASE-RELATED INDIVIDUALS TO RECEIVE SERVICES | PERSON I.D. | MEDICAID NO. | SSN | DATE OF BIRTH | RELATIONSHIP |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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**Comments:**

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|       |
|  |
|  |  |       |  | BJN      | Telephone No.      |
| Signature-DFPS Employee Making Authorization |  | Date |  |
| Printed Name      | DFPS Site Address (Street, City, ZIP)      |
|  |  |
| Approver’s Name | Approver’s Title | Approval Date |
|       |       |       |

**FOR POST ADOPTION SERVICES ONLY - This is to certify that the client is in need of services directed at support for adoptive family function and prevention of permanent or long-term removal of child from the adoptive family setting based on the following circumstances:**

|  |
| --- |
|       |
|       |
|       |

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| --- | --- | --- |
|  |  |       |
| Signature-Contracted Staff Certifying Eligibility |  | Date |

**NOTE: In order for a service provider to be paid, the service authorization must be completed in IMPACT.**

Refer to the 8000 section for info about “unit type” and “number of units.”

CPSH 8000 Purchased Child Protective Services is the place to go to see what services we are authorized to purchase for clients, caregivers, etc.  For example, 8200 Direct Services for Active Cases provides info about the following services:

* 8220 Purchased Family-Based Safety Services (FBSS)
* 8231 Homemaker Services
* 8232 Parent and Caregiver Training
* 8233 Concrete Services
* 8234 Hospital Sitting Services
* 8235 Child Day Care Services
* 8240 Evaluation, Treatment, and Substance Abuse Services
* 8250 Court-Related Services — Preparing for Judicial Determination
* 8260 Adoption Services (Pre-Consummated Adoptions)
* 8270 Youth Camping Services — Day and 24-Hour
* 8280 Preparation for Adult Living (PAL) Services
* And so forth

In almost every one of these sections there is a subsection entitled 8224 Using IMPACT for Completing Service Authorizations or 8231.14 Using IMPACT.  In these subsections, there is a chart that includes what is an approved unit type (i.e. type of service requested ) and “number of units” (i.e. number of units for each service requested, such as “hour”).

For example, here is the chart for **8232.14** **Using IMPACT**

CPS November 2006

To authorize training, workers must enter the following details into the IMPACT case management system:

**Basic Parent or Caregiver Training**

|  |  |
| --- | --- |
| **IMPACT Field**  | **IMPACT Entry**  |
| Stage  | INV, FPR, SUB, FSU, FRE, ADO  |
| Category  | Parent/Caregiver Training  |
| Service  | Parent/Caretaker Training  |
| Unit of Service  | Hour  |
| Service Code  | 87C  |