

RIFIS UPDATE
Current Service Codes and Definitions
February 12, 2015

C. RIFIS Service Codes

| SERVICE CODE | DEFINITION |
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| INTAKE | |
| Initial Behavioral Health Screen | Initial screening for family |
| Family Assessment | |
| FCCP Intake | Appointment with family to complete intake paperwork and process |
| Child/Youth/Family Orientation Engagement | Groundwork and trust and shared vision among family and natural supports |
| Strengths, Needs, and Cultural Discovery | An assessment that assists the family in identifying strengths, needs and current resources in order to formulate a plan that prioritizes/addresses their concerns and help them achieve their goals |
| Bio Psychosocial – Identified Child | Diagnostic/clinical assessment identifying strengths and needs of the target child in all FCCP cases |
| SERVICE DELIVERY/IMPLEMENTATION | |
| Risk Management Plan | Plan developed with family typically within two weeks of intake that clearly depicts the family's risk and who, what, when is addressing those risks |
| Crisis Stabilization Plan | Specific detailed plan of who will care for target child and siblings in the event the primary caretaker cannot. Plan may also be for intact family in event of crisis. Document plan in progress note |
| Team Meeting | Use this code when doing any activity to arrange, and facilitating, the team meeting. Follow up with progress note. |
| Family Service Plan (Develop Initial Plan of Care) | Use this code when facilitating and creating the wrap/service plan with the family (should be within the first 30 days) |
| Implementation | Research, locating resources and coordinating meetings |
| Review of Family Service Plan | Use this code when facilitating or creating the Reviewed Family Service Plan, this should be done every three months |
| Transition Meeting | Use this code when arranging, facilitating or creating the transition plan |
| MEDICAL | |
| Speech – Language/Hearing – Identified Child | Treatment that provides speech/language rehabilitation |
| Speech – Language/Hearing – Sibling | Treatment that provides speech/language rehabilitation for sibling of target child |
| Medical Visit – Identified Child | Visit with primary care physician for target child |
| Medical Visit – Parent | Visit with primary care physician for target parent |
| Medical Visit – Sibling | Visit with primary care physician for target sibling |
| Specialized Medical Visit – Identified Child | Visit to address a unique medical need (i.e. visit to Eye, Ear, Nose, Throat doctor, OBGYN, Chiropractor etc.) for target child |
| Specialized Medical Visit – Parent | Visit to address a unique medical need (i.e. visit to Eye, Ear, Nose, Throat doctor, OBGYN, Chiropractor , etc.) for a parent |
| Specialized Medical Visit – Sibling | Visit to address a unique medical need (i.e. visit to Eye, Ear, Nose, Throat doctor, OBGYN, Chiropractor etc.) for a sibling(s) |
| In Home Medical Service for Identified Child | Home visiting medical services for identified child (i.e. visiting nurse, specialized medically fragile infant, I, etc.) |
| In Home Medical Service for Parent | Home visiting medical services for a parent (i.e. visiting nurse, CAN, etc.) |
| In Home Medical Service for Sibling | Home visiting medical services for a sibling (i.e. visiting nurse, specialized medically fragile infant, CAN, etc.) |
| MEDICATION | |
| Medication Mgmt. – Identified Child | A visit with medical professional to monitor status of medication regimen |

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| Medication Mgmt. – Parent(s) | A visit with medical professional to monitor status of medication regimen and/or payment for medication |
| Medication Mgmt. – Sibling(s) | A visit with medical professional to monitor status of medication regimen |
| SUBSTANCE ABUSE | |
| Toxicology Screening – Identified Child | An evaluation of urine and/or blood to determine the presence of drugs and/or alcohol for target child |
| Toxicology Screening – Parent | An evaluation of urine and/or blood to determine the presence of drugs and/or alcohol for a parent |
| Toxicology Screening – Sibling | An evaluation of urine and/or blood to determine the presence of drugs and/or alcohol for a sibling |
| Substance Abuse Evaluation – Identified Child | Conducted by licensed provider for identified target child |
| Substance Abuse Evaluation – Parent | Conducted by licensed provider for a parent |
| Substance Abuse Evaluation – Sibling | Conducted by licensed provider for a sibling |
| Substance Abuse Treatment – Identified Child | Treatment for substance abuse for child/youth by a masters level clinician and/or licensed professional |
| Substance Abuse Treatment – Parent | Treatment for substance abuse for a parent by a masters level clinician and/or licensed professional |
| Substance Abuse Treatment – Sibling | Treatment for substance abuse for a sibling by a masters level clinician and/or licensed professional |
| SEXUAL ABUSE/OFFENDING | |
| Sexual Abuse Evaluation – Identified Child | Evaluation for sexually abused child delivered by a masters level clinician and/or licensed professional |
| Sexual Abuse Evaluation – Parent | Evaluation for sexually abused parent delivered by a masters level clinician and/or licensed professional |
| Sexual Abuse Evaluation – Sibling | Evaluation for sexually abused sibling delivered by a masters level clinician and/or licensed professional |
| Sexual Abuse Therapy – Identified Child | Treatment for sexually abused child/youth delivered by a masters level clinician and/or professional |
| Sexual Abuse Therapy – Parent | Treatment for sexually abused parent delivered by a masters level clinician and/or professional |
| Sexual Abuse Therapy – Sibling | Treatment for sexually abused sibling delivered by a masters level clinician and/or professional |
| Sexual Offender Evaluation – Parent | Evaluation delivered to parent by a masters level clinician and/or licensed professional |
| Sexual Offender Evaluation – Identified Child | Evaluation delivered to child/youth by a masters level clinician and/or licensed professional |
| Sexual Offender Evaluation – Sibling | Evaluation delivered to sibling by a masters level clinician and/or licensed professional |
| Sexual Offender Therapy – Identified Child | Sexual offender treatment delivered to the target child/youth by a licensed clinician in group or individual setting |
| Sexual Offender Therapy – Parent | Sexual offender treatment delivered to a parent by a licensed clinician in group or individual setting |
| Sexual Offender Therapy – Sibling | Sexual offender treatment delivered to a sibling child/youth by a licensed clinician in group or individual setting |
| Non Offending Evaluation – Parent | Evaluation delivered to a parent by a masters level clinician and/or licensed professional |
| BEHAVIORAL HEALTH | |
| Psychiatric Evaluation – Identified Child | An evaluation determining diagnosis and recommendation of medication and treatment can be scheduled or emergency for target child |
| Psychiatric Evaluation – Parent | An evaluation determining diagnosis and recommendation of medication and treatment can be scheduled or emergency for a parent |
| Psychiatric Evaluation – Sibling | An evaluation determining diagnosis and recommendation of medication and treatment can be scheduled or emergency for a sibling |
| Therapy – Individual Child | Individual counseling services delivered by masters level clinician and/or licensed professional to the target child/youth, can be in the home or community |
| Therapy – Family | Family counseling services delivered by masters level clinician and/or |

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| | licensed professional to the family, can be in the home or community |
| Therapy – Sibling | Individual counseling services delivered by masters level clinician and/or licensed professional to a sibling, can be in the home or community |
| Day Treatment – Identified Child | A structured day program providing psychiatric services for the target child/youth |
| Acute – Residential Treatment – Identified Child | |
| Pediatric Partial Day Treatment – Identified Child | Services provided to ages 0-5 focusing on emotional and social development for the target child |
| Psychiatric Hospitalization – Identified Child | Use this when documenting the target child/youth was hospitalized for psychiatric reasons. Please complete progress note with content. |
| Day Treatment – Parent | A structured day program providing psychiatric services for a parent |
| Psychiatric Hospitalization – Parent | Use this when documenting a parent was hospitalized for psychiatric reasons. Please complete progress note with content. |
| Home Based Services – Identified Child | Home based visits per week for therapeutic intervention for the target child/youth delivered by a masters level clinician (e.g. HBTS, EOS, MST, PASS) |
| Home Based Services – Parent(s) | Home based visits per week for therapeutic intervention for parent(s) delivered by a masters level clinician (e.g. RIACC, MTT) |
| Domestic Violence Services – Perpetrator | Services providing support and prevention education to someone who has issues with abuse |
| Domestic Violence Services – Victim | Services providing support and prevention education to someone living in a violent situation |
| Domestic Violence Advocate – Safe Families | Services provided by Safe Families that offer support and prevention education to someone living in a violent situation |
| PARENTING | |
| Parent Aide Supports – Identified Child | Services that focus on assisting parent(s) in providing a safe, secure learning environment that promotes emotional and physical well being/growth |
| Parent Education Classes | A curriculum based class to strengthen and support families in communities to prevent child abuse and neglect |
| Parent Skills Training – Evidence Based Practice | An individualized home-based service for developing parenting skills/responsibilities/tasks (i.e. HBTS, Parents & Teachers, Parenting Wisely, etc.) |
| SOCIAL SERVICES | |
| Advocacy | Use when advocating for family in formal setting |
| Automobile | Use when money is spent on the purchase or repair of vehicle. Specific example purchase, maintenance, repairs. |
| Clothing | Use when money is spent on any sort of personal garment or fashion accessories |
| Environmental Modification | Use when money is spent on changes to the actual house and/or its surroundings. Specific examples: home repairs, alarm system, safety alterations, painting the walls, landscaping, lice shampoo, bug abatement. |
| Shelter | Services provided to advocate for homeless families and assist them by providing temporary shelter and case management |
| Food Bank | Services are provided through RI's network of certified member agencies to provide quality food to people facing hunger |
| Food/Groceries | Use when money is spent on food and drinks. Specific examples: groceries, restaurant meals, snacks from vending machines, coffee, tea, soda bottled water |
| Furnishings/Appliances | Use when money is spent on household items that are non-consumable. Specific examples: washer/dryer, lamp, ovens, fridges, microwaves, space heaters, computer, curtains/shades, rugs, garbage cans, bed, bedframes, etc. |
| Furniture Bank | Services provided by funds to all RI Community Action Agencies to improve the quality of life for those individuals and families least able to meet their basic needs by providing good quality furniture and household items |
| Housing | Use when money is spent on a place for rest and shelter. Specific examples: rent deposits, mortgage payments, motels, hotels, storage units |

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| Immigration | Use when assisting the family with immigration issues |
| Incentive | Therapeutic rewards, or gifts, or special treats provided to the child/youth or family to reinforce behavioral change (this does not include evaluation incentives such as payments for completing interviews). Specific examples: gift card to youth to reward regular school attendance, reward for behavior chart, birthday cake, etc. |
| Legal Services - Other | Use when legal funds/services are needed to keep the family intact (e.g. back fines, birth certificate fees, expunging records, filing fees, summons against landlord, etc.) |
| Supplies | Use when money is spent on consumable non-food related items. Specific examples: school supplies such as paper, notebooks, calculators, home supplies such as batteries, flashlights, duct tape, roach motels, maintenance supplies such as paper goods, cleaning products, laundry detergent; personal products |
| Training (child/youth) | Training youth in basic life skills. Specific examples: money management trainings, "how to balance a checkbook" training, and other general life skills |
| Training (caregiver other family member) | Training caregivers in basic life skills. Specific examples: money management trainings, "how to balance a checkbook" training, and other general life skills |
| Utilities | Use when money is spent on heating, electricity, water, waste disposal sewage, and communications. Specific examples: gas, electric, water, cable, internet, phone (landline), cell phone |
| Utilities/Heat Assistance | Services provided by funds to State and Community Action programs to assist eligible residents of RI who are experiencing a temporary emergency utilities and heating crisis (LIHEAP) |
| Recreation (cost) – Identified Child | Service provided with cost to assist target child in engaging in social outlets (i.e. yoga, camp, swim, karate, etc.) |
| Recreation (cost)- Parent | Service provided with cost to assist target child in engaging in social outlets (i.e. yoga, camp, swim, karate, etc.) |
| Recreation (cost) - Sibling | Services provided with cost to assist sibling in engaging in social outlets (i.e. yoga, camp, swim, karate, etc.) |
| Recreation (no cost) – Identified Child | Service provided without cost to assist target child in engaging in social outlets (i.e. yoga, camp, swim, karate, etc.) |
| Recreation (no cost)- Parent | Service provided without cost to assist target child in engaging in social outlets (i.e. yoga, camp, swim, karate, etc.) |
| Recreation (no cost) - Sibling | Services provided without cost to assist sibling in engaging in social outlets (i.e. yoga, camp, swim, karate, etc.) |
| Respite – Identified Child | Service provided without cost. Only provided by staff with a Bachelors degree or below. Has goal of providing respite or a break for the family and includes provision of skilled child care and insuring the safety of the client. Respite is not activity centered. |
| Respite - Parent | Service provided without cost. Only provided by staff with a Bachelors degree or below. Has goal of providing respite or a break for the family and includes provision of skilled child care and insuring the safety of the client. Respite is not activity centered. |
| Wrap Celebration | Payment for family transition celebration. |
| Recreational Supplies | Items purchased for recreational us like art supplies, sporting goods, etc. |
| Transportation Assistance | Transportation assistance such as bus passes, taxi ride, RI State ID/DMV, car registration/taxes, etc. |
| Child Care | Payment for child care expenses or after school care. |
| Toys | Toy donations received by community |
| Education - Parent | Funds used towards classes used to further Parent's education, GED, etc. |
| FAMILY SUPPORTS | |
| Citizenship Classes – Parent | Required class work focusing on goals for obtaining citizenship |
| Faith Based | Used when assisting the family connect to faith based supports |
| Natural Support – Identified Child | Service provided without cost, use when assist target child with connecting to natural supports |
| Natural Support – Parent | Service provided without cost, use when assist parent(s) with connecting to natural supports |

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| Mentoring – Identified Child | When a mentor is assigned to a target child/youth |
| Mentoring – Parent | When a mentor is assigned to a parent |
| Support Groups – Identified Child | Services provided by an organization addressing needs of the child/youth |
| Support Groups – Parent(s) | Services provided by an organization addressing needs of the parent(s) |
| Translation/Interpretation Services – Identified Child | Services provided by an organization to assist non-English speaking target child/youth |
| Translation/Interpretation Services – Parent(s) | Services provided by an organization to assist non-English speaking parents/families |
| Volunteer Program – Identified Child | Unpaid services offered through an organization to target child/youth |
| Volunteer Program - Parent | Unpaid services offered through an organization to parent(s) |
| Time Banks | When a family/target child is engaging in the PFN TIMEBANKS program |
| TRANSPORTATION | |
| Transportation – Identified Child | When staff employed by an organization provides child/youth with transportation and/or for any purpose involving child/youth, i.e. FCCP worker/staff drops donations with family, etc. |
| Transportation – Parent(s) | When staff employed by an organization provides parent(s) with transportation and/or for any purpose involving parent/family, i.e. FCCP worker/staff drops donations with family, etc. |
| CASE MANAGEMENT | |
| Case Management – Identified Child | Task completed by non FCCP staff |
| Case Management – Parent(s) | Task completed by non FCCP staff |
| Case Management – Sibling(s) | Task completed by non FCCP staff |
| CRISIS INTERVENTION | |
| Crisis Intervention – Identified Child | An immediate response to an unexpected child/youth and /or family disturbance primarily for target child/youth |
| Crisis Intervention – Parent(s) | An immediate response to an unexpected child/youth and /or family disturbance primarily for parent(s) |
| Crisis Intervention – Sibling(s) | An immediate response to an unexpected child/youth and /or family disturbance primarily for sibling(s) |
| EARLY EDUCATION/SPECIAL EDUCATION | |
| Special Education Services – Identified Child | Identified child receiving special education services; FSCC engaged in school meetings, planning |
| Special Education Services – Sibling(s) | Sibling receiving special education services; FSCC engaged in meetings, planning |
| Regular Education Services – Identified Child | When participating or assisting on a regular education issues for target child/youth |
| Regular Education Services – Sibling(s) | When participating or assisting on a regular education issues for sibling(s) |
| Early Intervention – Identified Child | Use when documenting early intervention for the identified child |
| Early Intervention – Sibling(s) | Use when documenting early intervention for the sibling(s) |