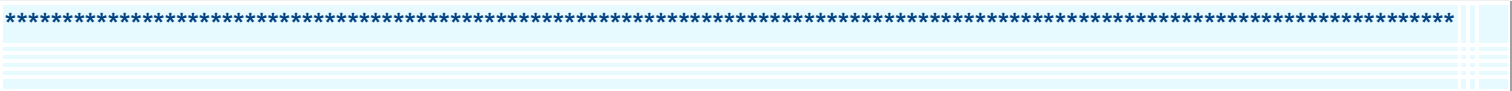


Department of Social and Health Services  
Community Services Division  
**Social Services Manual**

Revision: # 151  
Category: **Early Childhood Intervention Prevention Services (formerly Medicaid Treatment Child Care)**  
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**Summary**

Beginning on 9/1/2018 ECLIPSE Referrals will need to be sent to a NEW email address, [ECLIPSEreferrals@dshs.wa.gov](mailto:ECLIPSEreferrals@dshs.wa.gov).



## Early Childhood Intervention Prevention Services (formerly Medicaid Treatment Child Care)

### **Purpose:**

A budget proviso was included in the 2006 Supplemental budget that allows the Department of Social and Health Services (DSHS), Economic Services Administration to refer children and families receiving Washington Apple Health to the Early Childhood Intervention Prevention Services (ECLIPSE) (formerly Medicaid Treatment Child Care (MTCC)) program beginning July 1, 2006. The program is administered by the Department of Children, Youth and Families.

### **Guidelines**

Early Childhood Intervention Prevention Services (ECLIPSE) (formerly MTCC) is an early intervention/prevention program authorized by the Department of Children, Youth and Families (DCYF). ECLIPSE Serves children ages zero to five years old who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to toxic stress. ECLIPSE services include medically necessary; age appropriate, psychosocial services for young children who are exposed to substantial environmental, familial, and biological risk factors that can impact their social development, behavior, and overall mental health.

ECLIPSE services are provided in two community-based programs in Washington through a contract with DCYF, Childhaven in King County and Catholic Charities Serving Central Washington in Yakima County, and implemented through contracted community-based providers to deliver quality early development child care to children from birth to age 5 years old. ECLIPSE programs provide medically necessary; age appropriate, psycho-social services to young children who are exposed to substantial environmental, familial, and biological risk factors that can impact their social development, behavior, and overall mental health.

ECLIPSE services include behavioral screening, clinical assessment, treatment planning, monthly home visits, and center-based infant, toddler, and preschool individual treatment and socialization opportunities.

The day program is offered Monday through Friday and operates year round. Individual treatment and socialization is offered in an age appropriate early learning environment that promotes self-help skills, pro-social skills, models self-regulation techniques, and practices and reinforces positive peer to peer and child to adult caregiver interactions.

ECLIPSE providers conduct a process to admit, assess and diagnosis each child authorized by DCYF. After the child has an assigned diagnosis, a Multi-Disciplinary Team meets to generate the child's Individual Treatment Plan (ITP). An ITP is developed to address the needs identified in this process. The services provided under the ITP include, but are not limited to:

- Therapeutic play;
- Individual counseling for behavior modifications;
- Family counseling;
- Group interventions with both child and parent;
- Monthly home visits; and
- Facilitated groups for caregivers.

Economic Services Administration, Child Welfare (DCYF), Children's Administration and Public Health Nurses can make referrals to ECLIPSE for identified children that are at risk of abuse or neglect.

## Eligibility

Any identified child on Washington Apple Health at risk of abuse or neglect can be referred to ECLIPSE.

The following characteristics may be used to identify families that are at risk of abuse or neglect. One or more of these characteristics in and of themselves do not constitute abuse and/or neglect, although the more factors that are apparent strengthen the potential that the family may be at risk.

- Perceived and/or actual sources of financial and emotional support (socially and financially isolated), especially with any or all of the following:
  - Age of children (0-5)
  - Several children close in age
  - Young parent(s): teens and early twenties (and therefore, young children)
- Mental health/Substance abuse
  - Drug or alcohol abuse by the parent(s) and not in treatment
  - Mental illness diagnosed and not controlled
  - Depression
- Domestic violence with violent partner still in family
- Chronically Impoverished (i.e. consistently during one or more years)
- Severe emotional problems of a child or a mentally ill child
- Poor education and work experience
- History of abuse/neglect for the child
- Parental history of abuse/neglect as a child

~~Once DCYF authorizes the referral, the ECLIPSE provider must conduct a comprehensive assessment and diagnosis, and complete the Statement of Medical Necessity form and submit to DCYF who completes the secondary review process to determine medical necessity.~~

~~If the form meets medical necessity DCYF will inform the ECLIPSE provider and authorize payment for ECLIPSE services for 6 months. If the child does not meet medical necessity criteria they will be transitioned out of the program within 30 days after being denied. If denied the WFSW and/or biological parent can ask DCYF for a "Request for Review".~~

## Worker Responsibility

The Community Services Office (CSO) Social Worker must:

- Identify and assess families that are at risk of abuse or neglect.
- Work with the ECLIPSE provider to determine if a referral is appropriate and space is available.
- If appropriate, complete the Referral/Authorization Form 13-001 and send to [DSHS-ESA-CSD HQ-MTCC-Referrals](mailto:DSHS-ESA-CSD-HQ-MTCC-Referrals) [ECLIPSEreferral@dshs.was.gov](mailto:ECLIPSEreferral@dshs.was.gov). The referral will be reviewed and sent to the DCYF ECLIPSE Administrator for authorization.
- Act as the case manager while the child remains in the program.
- Document in eJAS and update IRP as appropriate when the parent is involved in program activities.
- If available, attend the ECLIPSE Provider Multi-Disciplinary case staffing(s) for referred families.

DCYF must:

- Process the referral/authorization.
- Forward the completed authorization form to the ECLIPSE provider.
- Review the Statement of Medical Necessity to determine medical necessity.
  - If the Statement of Medical Necessity is denied the social worker or biological parent can Request for Review.
- Authorize payment for services not to go over 6 months if Statement of Medical Necessity approved.
- Track referrals and authorizations.

ECLIPSE provider must:

- Conduct a comprehensive assessment and diagnosis, and complete Statement of Medical Necessity form within 30 calendar days from the first day in which the child attends the program.
- Send completed Statement of Medical Necessity forms to DCYF.
- Complete the ITP within 50 calendar days of the first day the child attends the facility.
- Review and update the treatment plan at intervals no greater than every 6 months. 90 days.
- Send quarterly monthly progress reports if requested by referent.

**NOTE:** There are on-going reauthorizations required at regular 6 month intervals. This will require the social worker to track and re-authorize services at the appropriate time. The referent and the ECLIPSE provider are jointly responsible for timely reauthorizations