**Family Preservation Services**

**December 4, 2020 Provider Call**

**Agenda and Questions**

1. Again, reminder on invoicing and evaluation language. Please help make sure you are reimbursed without any issues, and that the evaluation of FPS is successful!

Use these 3 phrases in your reports (please included in every report):

* “Referral received on mm/dd/yyyy…”
* “Initial phone/text contact on mm/dd/yyyy”
* “Initial face-to-face service contact on mm/dd/yyyy…”

1. Fiscal/Invoicing-recent communication, which just clarified already-existing expectations.

Q: I have a question about billing. Our invoice was denied because the FCM listed the mother but not the child on the family preservation services referral. We have asked her to re-submit the referral but because the child ended up being removed from the home, the FCM is now saying that she gets an error message and does not know how resubmit the referral so that we can be paid for our services. Do you have any feedback for what to do in this situation?

A: Please reach out to the DCS Referral Inbox for referral issues

Q: We are seeing some potential denials because service are not provided in the home

A: We are aware not all services are in the home. Please be sure to include weekly safety checks in the home

Q: We had an invoice denied for person ID being listed on the invoice. We entered the BUID.

A: Enter the referral ID and select the person icon to select the family. If you believe there is a system error, email [dcspaymentresearchunit@dcs.in.gov](mailto:dcspaymentresearchunit@dcs.in.gov).

Q: Does the Weekly Safety Check have to explicitly state ‘safety check’?

A: No. Just be clear that you are ensuring safety in the home.

Best practice would be to label it ‘safety check’ if possible so it is easy to find.

Q: How should it be documented in the monthly report if services have been temporarily approved to go virtual due to COVID exposure or testing positive? Should we as the provider be asking for documentation that the family has been tested and per the health department must quarantine?

A: You should have this in your monthly documentation. It would not hurt to upload this with your invoice as well. Make sure to note this in your report. If it is ongoing we will need approval for missed safety checks uploaded.

Q: Received denial where weekly safety check clearly identified in monthly report. Continue to get denials. Is there a specific place in the monthly summary?

A: The auditors look at the service grid in the monthly report. Need to verify you were in the home for the safety checks.

Q: Should we be denied for a week of billing if we had attempted contacts and communication with DCS about a safety check not being able to be completed and all of that is documented?

A: Please send an example of this denial to the [DCSPaymentResearchUnit@dcs.in.gov](mailto:DCSPaymentResearchUnit@dcs.in.gov) so we can take a look at this.

Q: When a client is not compliant would we put the attempts or no-shows in the service grid?

A: It is recommended to document all of those attempts in the service grid.

Q: I know in our Monthlies we list the actual address of the home and we were denied, so we should instead say “home” and not list address?

A: This would not be a denial as long as it is clear what your attempts were. Would like an example sent to [DCSPaymentResearchUnit@dcs.in.gov](mailto:DCSPaymentResearchUnit@dcs.in.gov)

Q: Could denials have more specific information as to why reports are being denied? We often get general information.

A: We have several denial codes for Family Preservation to be as specific as possible. If you look at your voucher comments you can find the more specific information.

Q: Heard Megan say more flexibility in parameters within the week? Is this the calendar week or 7 days? If we’ve been denied for this can we go back and address this?

A: The calendar week, please look at monthly report to ensure you were in the home within that week.

Q: My question/concern with all of billing specificity issues that we’re still discussing in December, so that providers can adjust our report formats/verbiage to fit what you’re looking for – the evaluation of Fam Pres services starts 1/1/21 – I would hate to see providers denied contracts starting in January as we’re still trying to meet report requirements for denials.

A: We have changed very little. The document we sent out was for clarification. To be able to continue referrals after January we need you to demonstrate you are following the service standards as written. No one will lose their contract as of 1/1/21, providers who are not doing safety checks, using EBP, etc will not get new referrals.

Q: I just hear that you said you’re looking for “Initial Assessment”. I have been using “7-day assessment”. Is that sufficient or does that need to be changed?

A: for consistency, please label it Initial Assessment.

Q: What if we have an FP case, DCS cancelled it on accident trying to add another member to the case. So we opened the new one. Do we have to do all new Initial Evaluations within the 7 days since it's the same family?

A: It may not be a bad practice to upload the assessment again, but I don't think that it would be needed. The uploads should be under the case in KT, so you should be good. If there is a person being added to the referral, you may need to amend the assessment to include that child or caregivers’ information and need too.

Q: For clarification, we can find more detailed denial information under the voucher of the case?

A: You should be able to see more detailed notes regarding denials on the Voucher Summary of your invoice under comments.

Q: In the example monthly report – the weekly safety check was not in the grid – is this right?

A: Yes, references to the weekly safety check were throughout the report. It could have been included in the grid, but does not have to be.

DCS will advocate for invoices denied by the Auditor’s Office when the documentation is actually there.

The easier you make it for invoicing and auditors to see necessary documents such as the weekly safety checks, services, concrete expenses, etc., the easier it will be to approve invoicing.

Q: We are also getting a lot of FP cases now where families are actively COVID positive or symptomatic. Can we initiate billing for these FP cases with zoom sessions?

A: The letter sent in September regarding phase 5 stated there will no longer be approval for virtual services to lead to per diem to start but if serious Covid concern can still turn on per diem with virtual, make sure to document this approval from the CFT. You must document conversations, approval, and virtual contact clearly.

Q: Our documents that are separate to the monthly report reviewed? For example the actual safety assessment and cancellation reports.

A: No, only monthly reports. The field absolutely would review those documents.

Q: What kind of documentation do we need to obtain from the family/health department to turn on the per diem with a virtual session?

A: Any communication from the CFT/FCM that allows this due to the situation. Emails are fine to be attached.

1. Referral updates (as of 12/3/20):

|  |  |
| --- | --- |
| **Region** | **Current Active Family Pres Cases** |
| 1 | 151 |
| 2 | 74 |
| 3 | 96 |
| 4 | 80 |
| 5 | 50 |
| 6 | 91 |
| 7 | 101 |
| 8 | 98 |
| 9 | 71 |
| 10 | 206 |
| 11 | 115 |
| 12 | 76 |
| 13 | 60 |
| 14 | 44 |
| 15 | 68 |
| 16 | 100 |
| 17 | 84 |
| 18 | 72 |
| **Grand Total** | **1637** |

1. Reminder (again): Family Pres evaluation-- *we* ***HAVE*** *to follow the service standards for lots of reasons, but, especially for our evaluation which is critically important. If you are not demonstrating adherence to the service standards in your documentation, we will not be able to continue sending you referrals for Family Preservation Services.* ***The evaluation formally begins on 1/1/2021.***

* If we have concerns about your agency’s ability to provide services to fidelity, you are likely already aware.

1. *COVID and Family Pres*
   1. *In order to be considered for Family Pres referrals, you have to be able and willing to complete at least some services in the home*
   2. *Follow precautions that are outlined by health organizations*
   3. *Our work is essential and must continue to the best of our ability*
   4. *If there is a positive case in the home – the expectation is that the provider coordinates with the team to determine best course of action*
2. Questions submitted:

We were staffing some cases today and the question was asked, if a family engages in treatment prior to involvement (child was referred by school etc) and a Family Preservation referral is sent to us, would DCS want us to complete a new assessment on child? Even if recommendations will not change?

A: Yes, we want to have a new assessment within 7 days of turning on the per diem. We need the focus to be aligned with Family Preservation. You can borrow from previous evaluations or assessments but this should be a new and unique initial assessment.

1. Anything else?

Q: How do we handle safety concerns?

A: Keep calling until you reach someone – FCM, supervisor, LOD, up to the Hotline as needed. Make sure you talk with a person! Fastest contact after hours is the Hotline – don’t hesitate to call as needed for emergencies. DO NOT leave a voicemail or send an email and stop attempting contact

Q: Will providers know prior to January 1 if they will no longer receive referrals?

A: Current referrals will not be turned off. If you have concerns about your agency specifically, please let David know.

Q: How are we to troubleshot DCS FCM’s still trying to make the FP Team run cases like community-based and not understanding we have a program to follow that we contracted for with the State? For example, some FCM’s still want to dictate exactly what services are needed and trying to throw services all at once at the family instead of understanding the Family Service Plans developed in the Initial Assessment.

A: We need to be having conversations regarding what this new service is. We’ve discussed another DCS staff round table that would include providers as well.

Q: How soon should providers close cases if the case appears to be stable?

A: You shouldn’t. These services stay in place until either the case closes successfully or the kids have been removed.

Q: If a person needs concrete assistance and the electric bill is not their name – how does this work? (We were able to use community and natural supports, but curious for the future).

A: If the light bill is not in the family’s name but has been shut off and we need the lights on or the kids would be removed you will still pay it. This should be a team decision. Questions overall stability though – if the bill is not in their name, is this permanent housing? Ensure this is a stable environment

Q: If DCS has asked the provider to close because DCS is going to close but has not received the order from the court that formally states the case is closed, can we close at the request of DCS or do we have to continue until the Judge signs off on the closure.

A: If DCS tells you to stop services because they are getting ready to close the case document this instruction before you stop providing services to that family. Make sure to communicate with your Regional Service Coordinator who can address this with field staff as well.

1. Next meeting 12/18 @ 1:00 EDT

Thank you!