Family Preservation Provider call 5/15/2020

Please note updated Service Standard Language in the "Target Population" section of the standards: We've added, "…removed from their caregivers during the life of the current IA or CHINS case." This is to make it clear that if a child was removed in a previously-open case which has since closed, and now has a new open IA or CHINS case, the previous removal does not disqualify them from Family Preservation Services.

Questions:

1. Will referrals automatically cancel if provider does not accept it within a set timeframe? If so, what is the timeframe?

   Just like other Community Based referrals these must be accepted/rejected within 48 hours. If not the referral will auto-reject. We would like providers to be watching for them to come in and respond quickly.

2. If Wraparound is included as one of the EBTs we provide under the Family Preservation service standard, would this make it impossible for us to bill Medicaid for the monthly Wraparound Facilitation meeting?

   If wraparound is your foundational Evidence Based practice (EBP) you are not able to bill Medicaid for that. If doing something outside of your EBP you can bill Medicaid. You cannot bill two sources for the same model.

3. What is central office's expectation about detailing the type of service provided (Homemaker, HBCW, Therapy, etc.) in the monthly report since all the services are under the same service standard?
   a. Example – Should this be noted in the method section? Or just in the narrative?

      We are not differentiating between case work, parenting assessments, parent education or other community based services in these monthly reports. We want your reports to speak to your EBP's. Note in your report what EB models you are applying and how the family is responding and what is your plan going forward with that family. We had a conversation with our DCS chief counsels regarding this. We want to make sure that the intervention used is what was agreed upon with DCS staff and if there is a drastic change to the model make sure DCS is aware so that the courts can remain informed.

4. What is central office's expectation about documenting concrete services?

   Document this information in your monthly report regarding what concrete services have been provided. We do want to track concrete assistance spend. We would

appreciate providers keeping a spreadsheet that we can use this information to assist with tracking.

5. In the Service Standard for FP, it notes this needs to be completed within 30 days of receiving the referral and then every 3 months thereafter. After reading through the user manual for the PFS-2 Traditional and Retrospective, the traditional states it is to be completed at the start and ending of services and the retrospective once after at least 12 service hours provided. Despite these recommendations, do you suggest that we continue to use the pre/post-test every 3 months? Or how is it envisioned to be used? Also, are you okay with us providing this survey in the form of us asking the questions and documenting the answers? Or are you wanting each adult identified in the referral to be given a paper/electronic copy and to complete on their own? Lastly, are we needing to score the instrument or can we simply just document their ratings and then make recommendations, referrals, etc. based on the responses?

   Protective Factors survey: The website talks about how this survey is recommended to be given at intake and then at discharge. Frequency was discussed with the Friends Network who recommended at intake, half way through planned involvement time, and again at the end. Ex. When providing services through an IA do the survey every three months since IA's are typically 6 month cases. Survey every caregiving adult. You can do survey with them or have the client complete on their own. There are no requirements around how the survey is used in this respect. Do whatever makes the most sense for that family. Yes, score the survey through the website linked in the Service Standards. Challenges of the instrument, if the family rates themselves very highly at first then progress will not be shown with concurrent surveys. You can do a retro-active survey to capture more accurate view of progress.

6. Currently when we receive IA & In Home CHINS referrals, it is often not explicitly indicated on the referral that it is that type of a case. Are we correct to assume that with FPS, new IA & In Home CHINS referrals will clearly indicate what type of referral it is? Probably not going to specify on the referral whether in-home or IA.

   You will know whether the referral is for an IA or in-home CHINS due to the Family Preservation referral being created. You can ask referring worker which case type it is. You should also get this information the referral dialog boxes that the FCM completes. We are concerned about that being part of our thought process. IA's should not be given less consideration than in-home CHINS cases. You will receive the same reimbursement for both. We don't want lower guards because it's an IA. We want you to make your own decisions about the intensity of service about what the family needs and give them what is needed.

7. We know that we will be working with the entire family but will the referral come for just the child/children? We were meeting and the question came up as to who we do the intake assessment on?

We are working on how the referral will look. It should have the family's information, who is in the home, and the children included. The assessment should be on the family, you are not just assessing the child. You will be assessing the family as a whole and should spend a good majority of time with the caregivers. Caregivers should be involved in treatment/safety plans.

8. Is the intake assessment completed covered by the per diem rate or is that able to be billed to Medicaid?

   If you are assessing for medical necessity this should be billed to Medicaid. When assessing for diagnosed conditions can bill that service to Medicaid. Our Service Standards says to look at the family's needs which are not necessarily tied to a diagnosis this should not be billed to Medicaid.

9. Given the shortage of staff due to staff continuing to be off due to childcare or other various reasons, will DCS allow caseloads to be slightly above 12 families per staff person?

   We are aware of the ongoing challenges of the Covid-19 pandemic and how this impacts staffing. We have issued waivers for existing service providers. This is considered on a case by case basis. Please reach out to Austin Hollabaugh or David Reed to determine approval of increased case load allowance. Also, consider the EBP regarding caseload size. We expect you to follow the EBP's to fidelity.

10. I would like further guidance on how the FCM's are going to be educated on all of the providers and their continuum of services. I am a little concerned about the providers needing to be responsible for sharing their continuum, but providers in most of the regions are not allowed to "market" or communicate their services; and it seem as though there are a number of providers in each region for this standard.

    Please start at LOD level when reaching out regarding your services. Once we have the survey information we also hope to be able to provide regions/counties of Family Preservation provider capacity and what models are being used. We are hoping to break the models down for local offices so they are aware what is being offered to address certain types of needs (substance abuse, parenting assistance). Cases are not going to be assigned on a 'round robin'. These cases should be distributed to the best fit for the case. Collaboration between providers in the same area is encouraged.

11. If after 6/1/20 FCM's still send normal referrals (PA/HBT/HBCW), how should our referral team respond to FCM's? Will that option even be possible?

    It shouldn't be an option, if it is an in-home CHINS or IA when the FCM refers they should be referring to Family Preservation. If you see this happen please bring this to our attention.

12. Can DCS inform providers of how many providers in each region have a contract for Family Preservation Services in order to prepare for volume of referrals?
    Yes, we have done this for several providers already, just let us know and we can give you that information.

13. May I ask what happens when per diem starts on day one but a family never calls back nor opens the door and the agency has to close? What happens to the money?

    The per diem cannot be billed until first face to face contact. If someone is not engaging you will need to go back to FCM with this difficulty. As discussed in first call we can allow first contact to be virtual due to Covid-19 then the team decides how best to approach services.

14. What does DCS require on the claim for billing? Do you have forms you want us to use?
    It is the normal invoice.

    The UOM for Family Preservation is per day. It will be the same invoicing system/process outside of start/stop durations since per day.

15. What will you be looking for in audits?

    This is a different kind of review where we will looking to make sure of things like; do you have a referral? Were services billed correctly? Did you do the protective factors survey correctly? Are you following EB models?

16. What services can be billed to Medicaid?

    This is in the Service Standard, the language was given from OMPP. Cannot bill two sources for same service. Look at the service standard for particular language around Medicaid billed services.

17. Are there any naming conventions that should be used when uploading documents to the case in KidTraks?

    The guide on the vendor portal will be updated. This will be something similar to 'Family Preservation' with date for the month. We want invoicing to be submitted one time per month after the report is uploaded into KT.

18. Can we use two evidence based models at the same time, assuming the models allows for this. Example: MI for therapy and STEP for parenting?

Yes, you need at least one foundational EBP but can use multiple models. You will determine what works best for the family. You can be creative in trying to achieve our goal of trying to prevent removal.

19. Will all IA and In Home Chins automatically come as Family Preservation referrals or will FCM's have a choice?

    Yes all in-home CHINS and IA’s will be referred for Family Preservation services. There will be alerts in system but we cannot say it will never happen that the wrong referrals will be made.

20. If we are billing Medicaid for therapy, but therapy is not part of our Family Preservation EBP, do we need to list this on the monthly report?

    Yes, please put this on the report. The report should show what treatment is being provided, what all is in place. We need to know what goals family has towards treatment plans and what is being done to work towards this.

21. Will DCS be releasing a list of other providers of the Fam Pres model, so we can collaborate?

    We can give this to you by region or county. Please reach out for that information.

22. Is there a certain way safety checklist should be titled when uploaded?

    You can probably title: Safety checklist week of April 15th. This would be helpful for FCM to identify. Try to differentiate from naming mechanisms that are being used for billing so there are no future billing difficulties.

23. How do we trigger the billing, what type of claim is used to accomplish this?

    Your submitted invoice that you enter monthly will trigger billing. Again, please make sure your report is uploaded before submitting a claim.

24. Will there be a way for FCMs to attach documents through KT for providers to view additional information? I realize there are boxes FCMs can type into on the referrals, but any way to increase initial details or simplify a way to share the info would be helpful.

    FCM’s are able to upload whatever they chose. We will be having that conversation with field staff. This could potentially be remedied with our upcoming computer system but currently we are not able to make this change.

25. What is the status on billing codes?

These codes will be on your contract. The billing code and interpreter services code. Addendum: Service code is 10052, component code 12407

26. Will Choices be able to make a referral FPS?

    No, these referrals will come from DCS.

27. Will there be examples of what the claim would look like?

    We will look into being able to provide example of this for the next call.
28. We don't need to list out DOS of service for therapy in the monthly report if it is not part of the FP model? We just need to include it in the narrative of the report?

    Correct, you do not need to have specific dates of Medicaid reimbursable sessions. It would be helpful to indicate these services are happening but you are not required to provide specific dates.

29. I'm assuming then the safety checklist needs to uploaded to KidTraks?

    Yes, we would like that to be in KidTraks. The safety checklist is not tied to reimbursement but will benefit the FCM. If you encounter safety concerns contact FCM or DCS hotline and report that. Keep in mind that information in KidTraks is available to any DCS staff that would need it in case FCM is not available.

30. Just making sure I have it clear- do treatment plans need to be uploaded into KidTraks? The PFSII and the initial assessment?

    This is not required but we would like the FCM or other DCS employees to be able to access as needed.

31. Is the Safety Checklist found only in the Service Standards? If not, can you send if it's elsewhere?

    You are encouraged to use whatever format you want to use. We can share suggestions. Some providers have sent formats for review, you can chose what you would like to do.

32. What if someone doesn't answer the phone when we report safety concerns to the FCM on weekends or after hours?

    Please reach out to the FCM first, then FCM Supervisor, LOD, and if all that fails call the DCS Hotline. When there is a safety concern you must speak to someone that day. We need to be attentive to these cases. Ideally you should talk to someone who knows the case but failing that, call the hotline.

33. Am I correct that there is not a specific safety checklist to use?

    Yes.

The next Family Preservation provider call is in 2 weeks, just before Family Preservation launch. Thank you all!