

Family Preservation Services
August 21, 2020 Provider Call
Agenda and Questions

I. COVID-19/ongoing public health emergency

Communication from 8/10/2020: Virtual services are still allowed as long as the Child and Family Team is in agreement, and, we will provide at least a 30-day notice if and when we decide to no longer allow virtual services. This does not change, however, our plan to require the first contact that “turns on” the per diem to be done face-to-face once the state enters phase 5 (currently scheduled to begin on 8/27/20, but please watch for any updates from the Governor’s office). This will apply to that first contact that allows you to begin invoicing the per diem. Even after that time, after the initial contact has been made, Child and Family Teams must work together to decide how services will look for specific families weighing the child-safety risks with COVID-19 risks. In the absence of any change made by the CFT, the expectation will be the service standard will be followed related to the face-to-face in-home safety assessments happening weekly. Beyond that minimum (or, again, whatever the CFT arranges), providers are free to serve families through virtual/remote means provided they are following an EBP to fidelity as required by the Service Standard.

II. Protective Factors Survey

There’s a new collection of videos on the survey including how to administer, score, and interpret results! Found here:

https://friendsnrc.org/resources/?_sft_resources_type=videos&_sft_resources_topic=pfs-2

III. Update on referrals

As of 8/21/2020: 864 total accepted FP referrals

Please contact ChildWelfarePlan@dcs.in.gov if you are interested to know the total referrals in your region.

IV. Reporting services billed to 3rd parties

You are encouraged to bill third parties for appropriate services but we need to know about the service. Update us in monthly report. Include information such as: how many and frequency of sessions, level of client participation/cooperation, prognosis, high-level treatment goals, clinical concerns, etc. FCM and the court needs to know all services family is involved in, including those being billed to other parties like Medicaid. The Family Preservation referral does include report writing, so, there should not be a need for separate referral to add this information to your reports.

V. Invoicing. Questions? Concerns?

DCSPaymentResearchUnit@dcs.in.gov

Email when you get denials that seem to be incorrect

New indicator in KidTraks – there have been some glitches with it, email the Payment Research Team

Providers are not expected to pay for unique services they do not offer that may be required due to a court order, such as psych evals, residential substance use treatment, and detox services.

Ask FCM for an additional referral

Can we bill Medicaid for substance use assessment and IOT Treatment?

Yes - you can bill Medicaid if the client qualifies, but, you must have another intervention that you are providing in addition to the IOT. You can't bill the same intervention to 2 funding sources.

Suggestions from KT Invoicing

Per Diems should not be starting with a brief remote contact that was made primarily for scheduling reasons. The contact needs to be a meaningful one, and should reflect COVID screening and the beginning of your initial assessment.

Documentation of assessment needs to be attached to the case before invoicing

VI. FCM Training

Family Preservation Services roundtable held yesterday, which included 2 hours of questions and answers for all DCS field staff. This was recorded. There was some indication of a lack of understanding which was to be expected. There were some FCM's who were asking how our providers are being trained. There were 500 participants in this training and many questions that were submitted. Questions we were unable to answer during the training will be posted. We expect to see a level of improved understanding with the FCM's as a result of this training.

VII. Concrete support tracking

This form is on the DCS website. Please complete monthly or quarterly and submit to ChildWelfarePlan@dcs.in.gov.

VIII. Very Early Data

As of 8/17:
809 Families
1618 Children

11 (0.68%) children have a new substantiated allegation since the introduction of FPS
18 (1.11%) children have been removed after the introduction of FPS

IX. *Questions:*

Q: If we are providing evidence based services in the home with different staff, and in addition have clients come to the office for substance abuse counseling, is that therapist still bound to the 12 cases? That would not be much billing to support the office based therapist. Or would that clinic based therapist almost be considered a support staff?

A: DCS would defer to DMHA and SAMSHA guidelines and/or any caseload limits set by the evidence-based SUD treatment model being used (the model must be followed to fidelity) for any prescribed caseload limits for substance abuse counseling/therapy.

Q: Is DCS requesting the PFS survey or the results?

A: We would like the results of the survey. This must be within 30 days within receipt of the referral and every 3 months thereafter.

Q: Is there a timeline for the current cases (not new as of 7/1/2020) to get them flipped over to FP?

A: We focused on new IA/In-home CHINS when we launched. There was capacity for existing cases to be flipped. Now the FCM is encouraged to be thoughtful to ensure it makes sense to change services that have been established. It is a case by case decision.

Q: When do you want the information about concrete funds and how would you like us to send it in?

A: <https://www.in.gov/dcs/4102.htm> the form is at the bottom of this page. You can send it to the childwelfareplan@dcs.in.gov.

Q: We have a FPS client who was recently incarcerated. The children were placed with relatives temporarily. Client is out of jail now and back at home. The children have not returned home; however, we are providing case management for mom and remote therapeutic services for daughter who is temporarily living with another relative out of our service area (no safety concerns). Do we need to continue going into the home to do a safety checklist when there are no children? FCM said referral needs to stay as an FPS

A: Please provide us with the specific county/case name and I will have the Regional Service Coordinator reach out and look into this.

Q: FP case with one child listed, 3 in home. During assessment that during the investigation 2 of the kids were molested by 'this man' but only one of them is on the referral. FCM said supervisor advised 2 of the 3 kids shouldn't be on referral since only hard evidence is for the one child. How does that work?

A: We would need to know more case specifics. Are those children filed on IA or CHINS petition? If the other children aren't formally involved in the case they are unable to be included on the referral. This should be discussed with the DCS local office and the team.

Q: So if there are multiple kids in the home but only 1 listed on the referral then we do not have to see all of the kids on a weekly basis?

A: If there are kids in the home that are not included under the referral it is not expected that you are seeing those kids on a weekly basis. Make sure you report any safety concerns to the hotline.

Q: We are being denied for services that are not being billed to Medicaid.

A: They should only be denying fee for service claims not being billed to Medicaid if you are a Medicaid provider. Please reach out to: DCS Payment Research Unit DCSPaymentResearchUnit@dcs.in.gov if you get a denial that seems to be incorrect. There is a new indicator in KidTraks and have been some glitches with it.

Q: If we have a case where we feel a psych evaluation is needed but we don't do them do we request an FCM to make a separate referral or do we pay through FP.

A: You would ask for a second referral from the FCM.

Q: We have a Family Pres family; dad is out of the home due to DV; not expected to return to the home but will have contact with the kids...FCM put in a TX-SV for dad and children. Would dad still be considered part of the Family Pres case (i.e., receive weekly therapy, case management, etc) or since he has the TX-SV is he now considered not part of the Family Pres case?

A: The visitation is referral for dad is appropriate. I would discuss this with the Child and Family Team as there may be things that dad will need to be included in, but if our goal is to preserve the children in the home with the mom, dad's needs would most likely need to be made outside of the family preservation referral.

Q: I have a concern about providing open access to FCMs about private medical information. I agree that it is important for the team to be aware of medically necessary services but I think that it is important for families being served to know that their information not related to child safety or supervision will not be disclosed to FCMs. For instance, childhood trauma

A. We are formally involved in these cases. DCS is a HIPAA-exempt state agency, and we need to know what is happening with all services in which our families are involved. Your provider contract requires you to have a Release of Information on file for ALL DCS cases. For your Family Preservation Services contract, please see Section H, Legal Appearances, (3) Releases (likely on Page 4 of your specific contract) for the specific language requiring you to have current releases for all DCS clients.

Q: Do you want the treatment plan for SU if it is billed through Medicaid?

A: That is a good way to capture the essence of what you are doing without you sending progress notes. Yes, the treatment plan would be helpful or a high overview of what's happening with those services.

Q: When we are working on engagement we've had FCM's threaten an out-of-home CHINS when they don't participate. There's a concern this creates a hostile engagement process.

A: Services do not equal child safety. We touched base with the FCM's on this yesterday. If there is a family who are unwilling to participation our question should be, "Is the child safe or not?" We can determine the best way to address this which could include getting a court order,

re-evaluate our need for involvement, or further engage the family. We will continue to work with local offices on the best way to approach this.

Q: We have a FP referral, meaningful virtual contact Thursday last week, ff home contact Sunday...family is cooperative, but not willing to sign case opening paperwork or participate in full assessment because they state they are not responsible for child injury and don't want to admit guilt via participation, family if from Africa, have been in US 8 yrs but there is still some language and cultural barriers. My FP working is continuing to do home visit, building report. Family is willing to receive him and indicates if court orders services they will be glad to work with this therapist.

Case will go before judge in couple of weeks, but without Assessment FP cannot be initiated, how would we be compensated for time spent on case? How should this situation be handled?

A: Please discuss this scenario with your Regional Service Coordinator so they can assist.

Q: Is Juvenile probation going to use FP services at all?

A: At this point Probation cases are not included in the target population. We are analyzing that. There is one case that we are piloting. At this point only DCS IA/in-home CHINS cases are included in the FPS target population.

Q: DV victim and perpetrator are two separate services. Many times it's difficult to offer both. In CB we separated those two. We are seeing these situations with FP where DV is present and couple is staying together and we have to provide both DV services for victims and perpetrators. This is causing challenges.

A: We will rely on provider expertise to address these situation appropriately. If a need for a second provider another referral can be created.

Q: I know in past calls we had discussed the tracking piece of the concrete supports, did DCS decide on how you are wanting this reported and how often you want this reported?

A: We would like this to be sent to Child Welfare inbox (childwelfareplan@dcs.in.gov) monthly or quarterly. Please use the spreadsheet found at: <https://www.in.gov/dcs/4102.htm>.