

*Family Preservation Services
September 4, 2020 Provider Call
Agenda and Questions*

Family Preservation Service Standard:

<https://www.in.gov/dcs/files/Family%20Preservation%20Service%20Standard%20UPDATE.pdf>

- I. Safety Plan language and supporting families—how do we do good safety planning without being threatening or setting up conflict? Let's discuss...*
- Safety plans should be clear, honest and supportive, but not use threatening language.
 - Service standards include details and expectations regarding safety planning.
 - Safety plans should involve the family and DCS. Safety plans should evolve as the case progresses or more information comes available.
 - Providers struggling to get FCMs to understand their role in this process
 - Please document in your monthly report
 - Example would be – ‘if there is an episode of DV, remove yourself from the situation and call 911’ – what should the family do to ensure the child’s safety; NOT ‘if you don’t do that we will call DCS and you will lose your kids’
 - The plan itself should focus on what does the family need to do to keep the children safe
 - If by Day 7 you have not met with the family to develop a thorough safety plan, document what you have so far (initial impressions, goals, EBM ideas, ideas to engage), the efforts you have made, and update when you are able to engage with the family
 - If you haven’t seen the family in a week, this is a safety concern as well; you should contact the FCM, Supervisor, LOD, and/or Hotline until you reach someone – also note this in your report
 - Providers are permitted to close referrals or say ‘no’ – you just have to let us know
 - The benefit of Family Preservation is that you are paid a per diem to continue to engage them and keep trying
 - See Family Preservation service standard for detailed instructions and expectations regarding uploads within the first 7 days, monthly, and ongoing
 - Treatment Plan – update ongoing as the family develops, engages, and makes progress
- II. More discussion on Initial Assessments:*
- a. Need to assess the entire family*
- Include infants in the family as well. If the focus child is an infant make sure to assess the adults of the family.
 - All EBPs include the family, not just the child.

- b. *Need specific recommendations, including SPECIFIC planned EBPs*
 - Include the EBP that will work toward the goals set with the family
 - Make sure your model is on the California Clearinghouse – at least Promising Practice (Also supported/well-supported)
 - a. Anything otherwise cannot be included in evaluation.

III. Reports and overall documentation

We really do have high expectations for your documentation, and there are many things that are clear in the service standard that we're not always seeing spoken to in your reports, such as:

- a. *Weekly safety assessments or communication with DCS if they haven't occurred.*
- b. *Use of **APPROVED** evidence-based practices as a "foundation" of your work.*
- c. *Updated treatment plan goals and safety plans, with evidence that DCS and the family were involved.*

We really can't deliver these services in the same way we've delivered previous services—you must deliver them as they are prescribed in the service standards. This is critical for lots of reasons, and your documentation HAS to reflect this.

Mention EBP

- Model used
- What did you do
- How does it fit in treatment plan

Document weekly safety

Update Treatment and Safety Plans often

Can bill Medicaid for other services – MUST also deliver DCS model

IV. Update on referrals and data to date...

- 939 families across the state are enrolled in a Family Preservation program
- Region 10 has the highest number of referrals (109)
- Region 14 has the lowest number of referrals (33)

V. Invoicing. Questions? Concerns?

- No questions

VI. Concrete support tracking

- The form is on our website under the Family Preservation service.
- Submit the Concrete support tracking document at least quarterly, preferably monthly.

- Submit to childwelfareplan@dcs.in.gov

VII. *Very Early Outcome Data*

- As of 8/27:
 - 904 cases
 - 1847 children
 - Removals: 14: 1.55% of total Family Preservation cases
 - New allegations substantiated: 8: 0.88% of total Family Preservation cases

VIII. *ICADV has DV 101 scheduled for DCS providers on Nov 12 at 10am Eastern.*

- This is required for DCS providers who do DV-survivor and child service referrals who aren't a peer-reviewed victim advocacy agency through ICADV, but it may be helpful for other providers, including FPS providers, as well. ICADV is setting up a schedule for quarterly sessions in 2021 as well.*
- Registration Link for DCS Contractors;**
<https://icadvinc.salsalabs.org/dcswebinarseries?page=register>

Questions:

- If we have a case in which mom and dad are not together, and live in separate homes, do we still only submit one monthly report? I understand that only one monthly report has been requested, however, I feel as though this could be an issue with confidentiality given that the mother and father are not together. So I wanted to verify if it should be one or two monthly reports.*

- DCS would accept more than one monthly report; DCS is HIPPA exempt, but understand providers have their own HIPPA expectations
- One potential workaround is to review your release of information and modify to reflect that everyone involved in the case is partial to information – CHECK WITH YOUR LEGAL TEAM FOR CONFIRMATION

- Is there a specific name we need to upload the Protective Factor Survey as? Should it be included in the assessment (and uploaded as the assessment) or separate?*

#10 of the [FAQ - Attaching Kidtraks Case Documentation 1-8-2020.pdf](#) addresses file name for documentation attached to the case that does not support invoicing; i.e. please use any other file naming format that makes sense for each report so that (1) the FCM can easily identify each report by its file name and (2) reports attached to the case that provide invoice documentation won't be confused with other reports attached to the case during invoice processing.

- 3. Is there a user-guide that includes Family Pres and what the different reports/surveys need to be titled as? The DCS user guide we have come out prior to Family Pres. so it isn't included.*

The most recent version of the Provider Desk Guide for Attaching Case Documentation 5-29-20.pdf includes Family Preservation in the list of abbreviations to use in the report file name (i.e. Fampres Perdiem) on page 11. #10 of the FAQ - Attaching Kidtraks Case Documentation 1-8-2020.pdf addresses file name for documentation attached to the case that does not support invoicing; i.e. please use any other file naming format that makes sense for each report so that (1) the FCM can easily identify each report by its file name and (2) reports attached to the case that provide invoice documentation won't be confused with other reports attached to the case during invoice processing.

- 4. We received a Family pres referral on 7/7. It was cancelled (reason unknown) and a new one was sent on 7/14. About a week later, it was cancelled again and a Home-based Case Management referral was issued. Throughout the entire month, our case manager met with this client... does she need to do 3 separate monthly reports since there were 3 referrals, all with different RF #'s? Can she at least combine the 2 Family Pres ones?*

One single Family Preservation report for the month is recommended.

- 5. We received a referral last week for Fam Pres that we accepted. The family has 2 different homes and a no contact order is in place, so we requested a second referral, as our case manager has to work with them separately. The next day, our referral was cancelled. I contacted the intake worker and she said it was a glitch and to continue working with the family. Our case manager met with mom last Friday. She met with dad on Monday. We have still not received new referrals – the intake worker has tried 3 different times to send them to us, but the system keeps glitching and cancelling them. The last ones she sent worked; however, they were dated for 9/2/20 and we need them backdated. My question is – will we still get reimbursed if we don't have a referral by the time the 7-day period is up? How can we address this in the invoice so we aren't automatically denied? If we can't upload them to KidTrak (because we don't have an active referral), should we email to FCM/intake or just wait until the referral comes through?*

Invoicing should proceed for payment as long as (1) you have a referral for all dates of service billed, (2) the initial assessment is attached to the case when the invoice for the first month of service is processed, (3) the first date of service billed coincides with the first meaningful face-to-face (which can be virtual during the pandemic), (4) the monthly report is attached to the case and includes documentation of services throughout the month billed, and (5) the case was open and the children remained in-home during the dates of service billed.

- 6. We had a Family Preservation client where the child was removed just a couple weeks into the case. He was removed the evening of 8/4. We are trying to clarify when billing stops. Would we still bill for 8/4?*

Yes, you may bill up to and including the date of the removal when you invoice.

7. *If the document is updated and uploaded to include additional information that auditor has denied for, are we able to resubmit the claim?*

Yes, please rebill with any explanations or additions that you have made that speak to the denial reason.

8. *If we are accepting a transfer from one organization providing family preservation to our organization providing family preservation; do we start the process over with a new assessment, etc. or continue services uses previous agency assessment, etc. ?*

Utilizing any, and all information available is the best path, but I would recommend that you complete your own assessment, and within the time frames.

9. *When the FCM verbally says case is closing, our expectation is that we continue to see the child weekly until we get a cancelation. Is that correct?*

Yes

10. *FCM told mom she could have three weeks off of Family Preservation because she is having a baby. Provider is concerned about safety*

- a. Please ask for email from FCM to confirm this
- b. If you have concerns, definitely escalate this to the FCM Supervisor for a discussion with the team
 - i. If the team agrees, document this VERY WELL in your report
 - ii. You are permitted to continue per diem during this time

11. *When the FCM verbally says the case is closing, our expectation is that we continue to do the weekly safety checks in-person with the child(ren) until we get the formal cancellation through KidTraks. Is that the proper procedure you wish us to follow?*

The service is still active until the referral has been cancelled or the case has been closed. You will need to continue providing service until either of these have happened. – Addendum, do not rely on a KT notice, as the court could close the case and the referral may not be ended timely. As a part of the CFT, this should be discussed when there is court.

12. *When providing multiple services for a Family Preservation Case, for example in a domestic violence situation, we are providing therapy for mother, casework for mother for stable housing and parent education, Is it permissible to do one of the services, like parent education, via video as long as other services and the weekly safety check are done in-person?*

As long as you are meeting service standard expectations (seeing the family at least one time a week for safety checks) you can follow your model for guidance on how you provide service.