**Family Preservation Services**

**September 18, 2020 Provider Call**

**Agenda and Questions**

1. Invoicing (Megan Springer, KidTraks Invoicing Supervisor, available to answer questions)
* Are PACT/Homebuilder invoices supposed to be online or paper invoices? This is Family Preservation. Please follow the document sent out in attachment. Document the services provided on the monthly report.
* Please document what’s happening with all services provided, not in the same detail as the EBP being used. Having information such as the dates of services and no-show appointments, high level goals, and family response would be helpful. Can be in the narrative, do not need line items for those Medicaid funded services.
* We have a referral for a mom just had THC + infant. Mom doesn’t want anyone in the home. How do we do in-home safety assessment? We’ve talked about virtual for everything else. Please work with Child and Family team to determine how best to approach this given the circumstances. Document this decision process well and continue documentation so that it is very clear where this decision came from.
* Regarding a denial: Child was removed but child was placed back in the home by the court. There were 3 days that the child was removed. There is documentation regarding the court’s decision. The service standard clarifies when the child is formally and indefinitely removed would end Family Preservation services. Invoicing team will follow up.
* Based on the standard time frames we’ve noticed when a referral is approved we have 48 hours to accept it but the approval date is the date it was sent to us, not when we accepted it. This will impact the protective factors survey timeline. We know that there may be a delay between the referrals start date is and when it is accepted. Please document the date that you accept the referral. This is the date we will utilize.
* Denial saying the rate is incorrect, there are 3 children on the referral, not sure why that would cause denial. The referral is going to pull in all the household children whether they are formally involved or not. The children who are ‘focus children’ and formally involved will be included on the per diem. We are going to communicate with the KidTraks team to determine if there is a way for this to be transparent. Currently, you will need to communicate with the FCM to determine the per diem amount.
* Is it correct that if we do not upload the safety assessment and monthly report through the case information page it’s denied? Yes, per safety standard you must upload these documents correctly. Please see the following links for step by step guidance for uploading these documents.
* <https://stateofindiana.zendesk.com/hc/en-us/article_attachments/360058727672/Provider_Desk_Guide_for_Attaching_Case_Documentation_5-29-20.pdf>
* <https://stateofindiana.zendesk.com/hc/en-us/article_attachments/360046830491/FAQ_-_Attaching_Kidtraks_Case_Documentation_1-8-2020.pdf>
* We have a case with a single mom and one child on the referral. Mom’s partner is incarcerated and the mom is caring for 4 additional children but focus child is only one child. How could we include these children in the case? This will need to be addressed through the FCM/local office.
* Please use specific language in narrative: Initial contact made with family on Month, Day, and Year. This assists the evaluators and auditors in processing claims. Also: Family Preservation Service referral received on Month, Day, and Year. If your initial contact was to schedule an appointment please make that clear.
1. Responses to questions received (below…we have a number of questions, so I want to make sure we get through them all)…
2. Update on referrals and data to date…

Total families 1053

Region with the most referrals: Region 10: 127 cases

Region with the fewest referrals: Region 14: 33 cases

1. Concrete support tracking
2. Anything else from you all?

Next call—10/2/2020 at 1 PM EDT

Questions:

1. We have a referral in place for one child due to medical neglect. There are multiple children in the home, and the FCM is requesting beds for all of the children (the parents do not have the funds for this). Where does our responsibility fall for children who are not listed on the referral?

A- The Child and Family team should be trying to think through this. The expectation that the provider is going to buy beds for children who are not involved is unrealistic. Will this result in removal from the home? What community resources that can be utilized for this need? Please utilize the service standard when discussing when to use concrete supports.

1. We have a family where both parents work, and have very stable finances. They just refuse to buy a bed and dresser for the child (the parents do not want the child living with them and have stated that they are fine with him being removed). We have tried to work with them, but the still refuse. Where does our responsibility fall for concrete funds when the parents have the means but refuse to make the purchases?

A- Again, utilize the child and family team and the service standard, to drive the decision to use concrete funds.

1. Before making purchases, can DCS please clarify the exact requirements for adequate bedroom setups? Example: can two children share a queen bed? How many drawers does each child need to meet DCS requirements? If these requirements ensure that a child will not be removed, I would appreciate specific examples of what is required.

A- We are not trying to get birth families up to foster care licensing codes. Please continue to work with Child and Family team to determine the best use of concrete supports.

1. What is the expectation of agencies when concrete costs are needed for large items that need to be moved/installed (bunk beds, refrigerators, stoves, etc.). Our staff is composed of social workers, not movers or installers. We have a handful of cases that have required these larger items, and we had to pay for them, however the families refuse to help carry, lift, move, or install the items. As long as we locate the items, and are covering the cost of the items, are the clients responsible for the moving/installation aspects?

A- The Child and Family team can assist with this difficulty. This can help form expectations around how to install and move these items. We should be engaging families regarding this as well.

1. We are currently working with a mother who is leaving a domestic violence relationship with no income, other than what her ex chooses to voluntarily send her every couple of weeks. She was recently told that she has to pay the court fees (for her court-appointed attorney and the guardian ad litem) and she has reported that she doesn’t know how she will pay these mandatory costs. Is this something that we can use our per diem towards, as we might for other concrete needs that a family may have?

A- Yes, you can use concrete funds for this, this does seem an appropriate use considering it’s relation to safety for the family.

1. We have been denied for the first visit being virtual for June services. The visit was meaningful, but the issue is we are waiting weeks to get an answer from the billing dept. about why we were denied and what they need to re-bill.

A- Please see answers from billing conversation

1. We received a denial about not having the correct number of kids. We billed for the number on the referral but was told by DCS billing there is another place the FCM has to mark. This was also for June and has still not been resolved.
2. Please see answers from billing conversation

8. If there are two kids on referral and we are billing the regular rate of $113.47 but they ask us to work with the other three kids in house (that are not on referral), are we allowed to do that?

A- Yes, you can do this. Please talk with the Child and Family team regarding these children’s involvement. These are family based services. Evidence based practice are family based.

9. We keep receiving referrals with a different begin date then the date we received them. Example, “Begin date of 8/10 but did not receive the referral until 9/14”. Can you explain this? Also, which date will we be held accountable to as once we accept the referral it does not show an accepted date on the referral form (only shows a begin and end date).

A- Document the date you receive the referral.

10. Is a 15 minute call enough to start the per diem if those 15 are not scheduling, but rather asking case and service related questions?

A- No, a 15 minute call cannot turn on the per diem. The Auditor of State will not allow us to begin per diem until the first session.

11. If we received a denial for the Initial Assessment not being uploaded into KidTraks, however the file was there but labeled as date\_Safety\_Assessment.  If I uploaded it again with the new file name, will it still be denied since now the date is out of range?

A- I would recommend naming it Initial Assessment since this is different than the Weekly Safety Assessments we expect to see.

12. Is there any way to delete items once uploaded to KidTraks?

1. Yes, there is a delete function to remove documents.

13. We have items being denied for shared referrals as needing to be billed on one line, but you cannot do that if you have to report times for each client's services.  How do we handle that?

1. If those invoices are still in submitted status you may still upload those initial assessments.