

**Family Preservation Services
November 13, 2020 Provider Call
Agenda and Questions**

- I. 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...”

- II. Referral updates (as of 11/12/20):

Region	Current Active Case Count
1	136
2	74
3	90
4	67
5	46
6	76
7	94
8	99
9	67
10	195
11	104
12	73
13	58
14	41
15	67
16	102
17	76
18	64
Grand Total	1529

- III.** Reminder: 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.**
- a. You will not be able to receive referrals on January 1 and after if you are not following service standards
 - b. Will agencies be notified that they will not receive referrals after December? Also have those agencies been identified?
 - i. We have not had any discussions around that. We just want to make sure that everyone is aware of what overall goal is (to be approved by HHS). We will continue to discuss this every call.
 - c. Must well-document that you understand and are completing services via monthly reports
 - d. Is DCS looking for evidence-based models in reports?
 - i. Yes – documentation needs to show you are using EBP at Promising Practice or higher as the foundational service for the family
 - ii. Utilize concrete supports and document through tracking sheet and monthly report
 - 1. Tracking sheet on Family Preservation page
 - 2. Taking families to obtain resources such as food stamps/food, etc is part of concrete supports
 - a. This is in addition to the model(s) you provide
 - b. Case management type services are expected to occur in ADDITION to EBM, not in replace of them
 - iii. Weekly Safety Checks – reflect in monthly reports
- IV.** Recap of example report (from George Jr. Republic) with breakdown of the key components. Any thoughts or questions?
- a. If your reports do not speak to core components of the expectations above – your invoices will be denied due to report quality/lack of services
 - b. If you have questions about specific denials/reports, please email childwelfareplan@dcs.in.gov
 - c. Sample is on the website and was sent with minutes last meeting
- V.** Model selection—Please strive to match families with the models that best meet their needs, and please also understand that some families will need more of your staff’s time than others. Give each family what they specifically need.
- a. Can use any model on California Clearinghouse that is at least a Promising Practice that you can fully execute
 - b. Choose carefully – select models that are most appropriate for families
 - c. Do not make decision based on trying to reduce the number of hours needed to be spent with a family. Some families have more intensive needs than others, and please give EACH family what they specifically need in terms of intensity.
 - d. You should be making these decisions, not FCMs or DCS

- e. Right services, intensity, timing for the family

VI. COVID and Family Pres

- a. These cases inherently have higher safety risks because they involve children who are still in the care of the people who have substantiated CA/N
 - i. Teams need to figure out how to mitigate safety concerns and balance COVID risks in the home
 - ii. Can do some virtual services, but need to be in the home
 - 1. Going into the home allows the FP provider to learn of details that cannot be observed virtually
 - iii. Follow precautions carefully
 - iv. What do we do when we are having trouble collaborating with the team to ensure someone is in the house at least weekly?
 - 1. Work together to make decisions for families and children
 - 2. FCMs are still going into the home as well – the team can work together to plan for someone from the team to be there once a week
 - a. Support staff for Family Pres can also be the person to visit the home for the weekly safety check
 - v. No plan to go back to turning per diem on via virtual contact
 - 1. This caused more problems and you need to see the family weekly anyway
 - 2. Use precautions, call before meeting with families to do COVID screening
 - 3. If there are significant COVID risks (positive person in the home), call local office and they can authorize use of virtual services
 - vi. When a family has tested positive for COVID, do we need proof of negative COVID testing in order to provide services in the home? Should we be waiting the 14 days to go into the home?
 - 1. Work with the specific medical professionals working with that family or the local health department for most accurate information
 - vii. Family is refusing to wear masks and several have been exposed and/or tested for COVID – what do we do?
 - 1. Significant concern – work with CFT to determine who can help engage the family
 - 2. Include Regional Services Coordinator

VII. Questions submitted:

- a. Could you clarify the expected turnaround time for payment from DCS?
 - a. Between 30-45 days from the receipt of invoice
 - b. Then it goes to Auditor of State for final approval for payment
- b. We have received denials for several claims for the month of September stating that we did not have contact with the family. We completed safety check with the family on 8/31 which would cover that first week of September as it was the

Monday of that week. What should we do when there are overlaps of two months in one week as the dates might not always align properly on the service reports?

- a. Reports should document required weekly safety checks – if that week's check occurred on a calendar date of the previous month, this should be clearly noted in the report
- c. When we cannot reach a family for their scheduled visit (we called several times, went to the home, informed the FCM) we are receiving denials for this issue even though we continued to make attempts. We should be able to continue to collect the per diem if there was appropriate attempts on our end per the service standard, correct? How should we document this in the service report? Should we share all of the attempts (dates/times) at the top of the service report where all contacts are listed or should we document it in the overall report where we write our summaries?
 - a. If you have documented attempts, you should be paid for that. If you are not able to see the family in a week, this is a safety concern – document the phone call you had with the FCM, Supervisor, LOD, or Hotline if you cannot complete the safety check during a week
 - b. If you talk with the FCM that week confirming the family is not responding to you, you do not need to call the Hotline (unless there are other specific safety concerns)
 - c. Call the Hotline if you cannot reach the family or anyone at the local office
- d. Are safety checks required to be in KidTraks?
 - a. No – they do not need to be uploaded in KidTraks
- e. We have families where the case name in kidtraks is different than the name on the report we are submitting. The parent is in jail and the FCM has instructed us to complete the safety checks with the caregiver that the child is residing. The FCM requested that we provide support and resources to the caregiver as they are the one providing for the children but they are not the case name. We have the caregiver opened in our system rather than the case name. What name should the reports be saved under (Caregiver or case name)?
 - a. Use naming convention that aligns with parent name that the case is under; if your agency's system does not allow for that, be very clear on the top line of the report what the case name and ID is
- f. What should we do if the case name is not correct in Kidtraks and our reports that we upload show their now correct name? Example: The mother is receiving therapy services from our agency and it is billed to her insurance so in our chart we have to have her correct name as her insurance, so all of her notes are under that name which is different than the case name. What should we do?
 - a. Continue to align reports with the name on the case

VIII. Anything else?

- a. If there are children in the home in addition to those on the referral, can we assist with them too?
 - i. Yes, if there are children in the family who are not on the referral, they can/should still be involved with services when possible

- ii. Can include adults in the home as well, for example, if an uncle moves in he may not be on the referral but should be included in services
- b. We have a referral with several kids, but invoicing was denied for all but one child.
 - i. Sometimes children are listed on a referral that are not formally involved in the case, so they are not actually referred
 - ii. Check to ensure that children are listed on the IA or CHINS petition so you know they are formally involved in the case
 - iii. Wouldn't some of the responsibility also fall on the FCM and/or the supervisor to ensure the children are listed appropriately on the referrals?
 - 1. We are also providing feedback to the Local Offices about how important it is to only list the correct children on the referral. This is a new process for them, as well. Previously, the number of children on the referral was not linked to a per diem, so the process for creating Fam Pres referrals is different than the rest.
 - 2. Contact local office management and/or report concerns to the Hotline
- c. For case specific questions/issues, please reach out to your Regional Services Coordinator, child and family team, local office management for clarification.
- d. Do we need to upload the safety checklist each week or is it sufficient to state clearly in the monthly report that we did or did not complete them?

A: No. The service standards state:
“Providers, in order to ensure safety of the child(ren), must visit the child(ren) and identified caregivers in the home at a minimum of one time per week or more frequently if requested by DCS.

 - 1. The entire home must be assessed for safety during these visits.
 - 2. Documentation of this must occur and be reflected in the required monthly reports.
 - 3. Any safety concerns found must be immediately reported to DCS in accordance with subsection I.I above.”

IX. December 4, 1 pm – 2 pm EST

Thank you!