



Iowa Department of Human Services

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GENERAL LETTER NO. 17-C(2)-8

ISSUED BY: Bureau of Child Welfare and Community Services,
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(2), **CASE PLANNING PRACTICE GUIDANCE**, Contents (page 2), revised; pages 38 and 39, revised; and pages 40 and 41, new.

Summary

Chapter 17-C(2) is revised to specify the time frame for completing case notes. Initial case notes shall be completed within the first 60 days from the date the child enters foster care or the date the Department opens a child service case, whichever occurs first. Thereafter, case notes may be completed periodically throughout the life of the case but, at a minimum, must be completed at each six month review and whenever the case plan is updated or revised.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 17, Chapter C(2):

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 10, 2009
38, 39	September 28, 2007

Additional Information

Refer questions about this general letter to your area social work administrator.

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Documenting Case Notes

Initial case notes shall be completed within the first 60 days from the date the child enters foster care or the date the Department opens a child service case, whichever occurs first. Thereafter, case notes may be completed periodically throughout the life of the case but no less frequently than:

- ◆ At each six-month case review and
- ◆ Whenever the *Case Plan* is updated or revised.

Case notes may include case contacts, observations, interventions or events. Case notes serve as a written record of the activities, occurrences, and progress made within a case over time. Case notes also provide documentation of the child, family, and caseworker's efforts to move the case toward the permanency goal and ultimately to safe case closure.

Case notes is an evolving document that spans the life of the case. Case notes should be in chronological order. They should be written in a manner that others reviewing the document or working with the case can easily understand what has occurred in the case to date. This includes providing enough detail for clarity such as:

- ◆ Documenting the date and type of contact (phone call, a face-to-face meeting, email, etc.),
- ◆ The purpose of the contact, and
- ◆ The information or issue discussed.

Include the complete name and role of individual's cited in the documentation. If tasks were identified and agreed upon, document who will do what and by when.

When quoting or attempting to convey a certain tone or attitude use quotation marks. The worker's professional opinions and analysis may be included in narrative but it should be specifically noted as such, from statements of fact (e.g., by saying: "it appears that..." or "it is my professional opinion that...").

Content of Case Notes

The content of the case notes should be relevant to the case progress and outcomes. Determine the relevancy of the information for inclusion by considering why the Department is involved with the case and if the information impacts case planning relative to the:

- ◆ Child's safety and risk,
- ◆ Child well-being,
- ◆ Parental capabilities,
- ◆ Family interactions,
- ◆ Home environment, or
- ◆ Permanency.

Case notes should reflect and support what is in the *Case Plan*, *Safety Assessments*, and the *Risk Reassessments*.

Document any key changes in the case such as a change in the child's *Safety Plan*, visitation, or placement. Include an explanation as to the reason for the change. Identify who was involved in making the decision and what, if any, actions will be taken as a result of the change.

Document and summarize key meetings and events such as:

- ◆ Family Team Decision-Making meetings,
- ◆ Transitional Planning meetings, and
- ◆ Case reviews.

Court hearings should be referenced and orders summarized. When applicable, documentation should include initial and ongoing efforts to locate parents and relatives. Cultural issues such as the identity of the child's native heritage and the tribal affiliation of parents and children should also be documented.

Discussion of the permanency goals, service interventions, medical, and educational information should be included in the case notes. Synthesize reports and make reference to any additional or related documents that offer further information and state where those documents can be found.

Routine phone calls to confirm meetings or other noncontroversial activities do not need to be documented, unless there have been issues regarding communication and responsiveness of either the caller or the Department. Documentation of routine clinical or supervisory consultation is not required but would be appropriate if key decisions are made during the consultation that affects the interventions, direction, or the approach to the case.

Completion of Initial and Ongoing Case Notes

Initial case notes must be completed within the first 60 days from the date the child enters foster care or the date the Department opens a child service case, whichever occurs first. Ongoing case notes may be completed at any time throughout the life of the case but, at a minimum, they must be completed at the time of the case review and whenever the case plan is updated or revised.

Evaluating the Case Plan

Link to [Procedure](#)

Use the review section of the case plan to document progress and barriers in the concerns, strategies, or results and in achieving the permanency goal, to change the permanency goal, or to close the case. The review appears in a narrative format.

Strategies will change as progress or barriers are identified. When strategies are not working, they should be changed before the six-month review. Any changes made to strategies should be documented in the review section.

Update the review:

- ◆ When there is a significant change in concerns, risk factors, or strategies.
- ◆ At a minimum of every six months.
- ◆ Before any judicial or administrative review.
- ◆ When the team has determined significant change has occurred.

When a result is achieved, it should be documented in the review section. It may also be documented in the summary section. The result may then be deleted from the result section at the next case review.

Alternative concerns, results, or strategies may be added when the service plan is reviewed. When the concerns, results, or strategies are reviewed and they no longer appear applicable to the family, they must be changed to reflect the current situation. When concerns, results, or strategies are changed, they should be deleted from the service plan, and reasons should be addressed in the review section.

Safety Planning at Reunification

The reunification decision always includes a judgment about the caregiver's willingness and cooperation. Reunification should occur at the earliest time that you can conclude that impending danger has been eliminated or impending danger can be sufficiently managed with a safety plan because of the progress that has been made related to the conditions for return.

Safety assessment associated with reunification always involves formal use of the same criteria applied during initial assessment (the same criteria that indicated the presence of present or impending danger).

Always institute a safety plan if the safety assessment decision is that the child is conditionally safe. A safety plan is always required when reunifying a child to confirm that threats to safety no longer exist or that caregiver protective capacities have been sufficiently enhanced to assure child safety.

Put a safety plan in place when a child is reunified occurs when you've concluded that:

- ◆ The home environment is stable enough to sustain the use of an in-home safety plan.
- ◆ Caregivers are willing to be involved and cooperate with the use of an in-home safety plan.
- ◆ Services are available and accessible at the level of effort required to assure safety in the home.
- ◆ All parties are committed to participating in the in-home safety plan.
- ◆ The in-home safety plan will provide the proper level of support to manage safety threats.
- ◆ There have been specific changes in family circumstances or protective capacities that would allow for the use of an in-home safety plan.