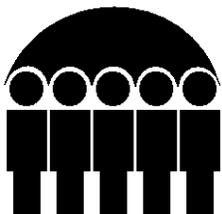


June 29, 2007

Employees' Manual  
Title 17  
Chapter D(1)

CHILD WELFARE  
**CASE MANAGEMENT  
PROCEDURES**



Iowa  
Department  
of  
Human Services

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## **Life of the Case Phase: Case Management**

This chapter describes the basic case management responsibilities of Department staff and, except as otherwise noted, pertains to all cases, regardless of whether the child remains in the home or is placed in out-of-home care.

The focus of the case management phase is service provision, including:

- ◆ Implementation of safety plans to address known risks of harm.
- ◆ Purchase of services and supports to reduce the risk of harm and improve caregiver functioning.
- ◆ Engagement of community partners in keeping children safe.
- ◆ Coordination of service providers to work collaboratively with the family to solve problems.
- ◆ Realization of the child's permanency goal.

Link to [Legal Basis](#)

Link to [Definitions](#)

### **Outcomes**

- Child safety
- Child and family well-being
- Permanency for the child
- Appropriate type, level, and intensity of services
- Family active participation

### **Decisions**

- Type, level, and intensity of services

### **Criteria**

- Allegation findings
- Safety factors
- Risk factors
- Child and parents' capacity and needs

### **Scope of Chapter**

This chapter describes state procedures for Department service workers who perform the case management process for child welfare services. The organization of the policy and procedures chapters is aligned. For some topics in the procedures, there are no associated laws, rules, or Department-required policies.

Unless otherwise specified, links to "Policy" in this chapter refer to Chapter 17-D, which summarizes the essence of the associated laws, rules, and Department-required practice for the case management procedures of a child welfare case.

Unless otherwise specified, links to "Practice Guidance" in this chapter refer to Chapter 17-D(2), which provides background information to support the procedures or policy and the programmatic rationale for the actions that are required.

### **Taking Applications**

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide](#)

Once the child and family needs are identified and the service plan is developed, several types of eligibility determination may be necessary.

- ◆ Applicants for any social service complete Part A of form [470-0615, Application for All Social Services](#), or have someone complete the form on their behalf. Part A of the application must be completed initially and every six months thereafter. Exception: If the service is court-ordered, a court order may take the place of the application at the six-month review between annual applications.
- ◆ Applicants for services funded by the Title IV-A Emergency Assistance program need to have Part B of form 470-0615 completed initially and annually thereafter. These services include:
  - Family-centered services
  - Shelter care (except for placements of less than 48 hours)
  - Protective child care
  - Adolescent monitoring and evaluation (provided through the juvenile court)

- ◆ Applicants referred for services that can be funded by Medicaid also need to complete a Medicaid application, unless they are already eligible for Medicaid. Services funded by Medicaid include:
  - Remedial services
  - Psychiatric medical institutions for children (PMICs)
  - Mental health or substance abuse services authorized by the Iowa Plan for Behavioral Health

NOTE: Although most out-of-home placements require a determination of eligibility for Title IV-E funding, a separate application is not required.

The following chart summarizes the requirements for completing application forms:

Application	Initial	6 months	12 months	18 months	24 months
Service: 470-0615 Part A	Yes	Yes or court review	Yes	Yes or court review	Yes
Title IV-A: 470-0615 Part B	Yes	No	Yes	No	Yes
Medicaid	Assist IM in obtaining initial application for clients receiving covered services. Assist in obtaining review information as requested by IM.				

### **Service Application**

1. The family shall complete and submit form [470-0615, Application for All Social Services](#), regardless of whether:
  - ◆ Child welfare services are court ordered;
  - ◆ Child welfare services require review and authorization; or
  - ◆ The child and family are or are not expected to be Medicaid-eligible.

Part A of form 470-0615 is completed for all social services. NOTE: Psychiatric medical institutions for children (PMICs) and remedial services are defined as Medicaid services rather than social services, so this application is not required if remedial services or PMIC is the only service.

The family should turn the *Application for All Social Services* in to any local office of the Department.

2. Ensure that the application is signed.
  - ◆ The child, a family member, or the child's authorized representative may file the application.
  - ◆ When the child or family is incompetent or incapacitated, someone acting responsibly for the child and family may file the application.
  - ◆ Department staff may sign an application made on behalf of a child who has been placed in the custody of the Department. If the parent or specified adult relative is willing to sign the application, this is preferable, but not required.
  - ◆ If the application is made on behalf of a child who has been placed in the custody of juvenile court services, the juvenile court officer may sign on behalf of the child.
  - ◆ If the court orders the service and the parent refuses to sign the service application, you may complete the application and note that the parent refused to sign.
3. Date-stamp the application on the date that a signed application form is received in a Department office.
  - ◆ The date the signed application is filed in a local office is the service application date.
  - ◆ If the application is turned into an office that does not serve the family's county of residence, send it to the county of legal residence for processing.
4. You may accept information on the application without verification. If you question the accuracy of any of the information, you may request supporting documentation, such as pay stubs, employer statements, Social Security checks, bank books or birth certificates. (Verification is required for Child Care Assistance.)
5. Enter service applications into Family and Children's Services (FACS) system on the APPL screen.
6. Follow the procedures under [Determining Eligibility](#) to make a decision on the application.
7. If the case is accepted for services, FACS will alert you to enter an application or update the court order information every six months. Obtain a new *Application for All Social Services*, form 470-0615, if services are to be continued. See [Reviewing and Reauthorizing Services](#).

### **IV-A Application**

1. Complete Part B of form [470-0615, Application for All Social Services](#), annually for services funded by the Title IV-A Emergency Assistance program. These services include:
  - ◆ Family-centered services, including:
    - Safety plan services and
    - Family safety, risk, and permanency services (FSRP)
  - ◆ Shelter care (except for placements of less than 48 hours)
  - ◆ Protective child care
2. Ensure that the Part A of the application form is signed.
  - ◆ A parent shall file the IV-A application.
  - ◆ Where both parents are absent or unwilling to apply on behalf of the child, another adult member of the family (father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece) with whom the child resides or has resided within the past six months may act on behalf of the child to file the application.
  - ◆ The Department worker may sign a IV-A application made on behalf of a child for whom the Department has legal custody.
3. Date-stamp the application on the date that a signed application form is received in a Department office.
  - ◆ The date the signed application is filed in a local office is the service application date.
  - ◆ If the application is turned into an office that does not serve the family's county of residence, send it to the county of legal residence for processing.
4. Review the IV-A application (Part B of form 470-0615, *Application for All Social Services*) for accuracy. See [Eligibility for IV-A Funding](#) below.

NOTE: Part B of form 470-0615 must have the signature of a social work case manager or assigned Department staff person certifying approval or denial of IV A eligibility. If the IV-A application is approved, keep it at the DHS local office.

5. Keep applications for children and families who do not meet all eligibility criteria for Title IV-A emergency assistance in a file for denied and rejected applications at the service area office. Each service area shall establish procedures to ensure that this occurs.
6. FACS will alert you to complete Part B every 12 months. Obtain a new *Application for All Social Services*, form 470-0615, if services are to be continued. See [Reviewing and Reauthorizing Services](#).

### **Medicaid Application**

1. Unless the child is already receiving Medicaid, ensure that a Medicaid application is filed when:
  - ◆ A child is referred for remedial services, waiver services, or psychiatric medical institute for children (PMIC) services; or
  - ◆ A child enters foster care.

The application form to use depends on the family's circumstances:

- ◆ When children are living with their parents or relatives:
  - Use form [470-2927](#) or [470-2927\(S\)](#), *Health Services Application*, when the family wants to apply for Medicaid only.
  - Use form [470-0462](#), *Health and Financial Support Application*, or its Spanish version, 470-0466, when the family wants to apply for the Family Investment Program, Food Assistance, or Child Care Assistance in addition to Medicaid.
- ◆ When a child is placed in foster care, adoptive placement, or a PMIC:
  - Use form 470-2927 or 470-2927(S), *Health Services Application*, for initial application.
  - Use form [470-2914](#), *Foster Care and Subsidized Adoption Medicaid Review*, for reviews.

2. Have the parent or guardian submit the application form to:
  - ◆ The Income Maintenance Unit in the local office where the family lives, for a child living with parents or relatives; or
  - ◆ The designated income maintenance worker in the IV-E Eligibility Unit, for a child in foster care or adoptive placement; or
  - ◆ The income maintenance worker in the local office serving the county where the facility is located, for a PMIC placement.
  
3. If the parent or guardian is unwilling to apply for a child in foster care placement, and the case is under the jurisdiction of the juvenile court, request a court order directing the parent or guardian to apply on the child's behalf. If the parent or guardian does not complete the application, the juvenile court officer or social worker must complete the form on the child's behalf.

### **Determining Eligibility**

Link to [Policy](#)

Link to [Practice Guidance](#)

Use the instructions in this section for determining eligibility for family-centered services and for Title IV-A emergency assistance funding.

Similar procedures apply to placement services. For more information on determining foster care eligibility, see 17-E(1), [Eligibility for Foster Care](#). For determining eligibility for Title IV-E foster care and adoption assistance funding, see also 17-E(1), [IV-E Eligibility Determination and Review](#).

The Income Maintenance Unit determines eligibility for Medicaid.

### **Eligibility for Family-Centered Services**

Link to [Family-Centered Services Eligibility](#)

Determine the eligibility of a case for ongoing family-centered services without regard to family income, as follows:

1. Make sure the child is under the age of 18 and is living in Iowa. "Living in Iowa" includes:
  - ◆ Children and families living in Iowa for a temporary period, other than for the purpose of a vacation.
  - ◆ Minor children who reside with a parent who is an Iowa resident.
  - ◆ A child under custody or guardianship of the Department who is placed in another state through interstate compact.
  - ◆ A child or family member who is a resident of an institution and was a resident of Iowa before institutionalization.
  - ◆ Children adjudicated as delinquent due to the commission of a delinquent act in Iowa.
  
2. Review intake and assessment information to determine if the case has a child that meets one or more of the following eligibility criteria:
  - ◆ Placed out of home under the care and responsibility of the Department.
  - ◆ Adjudicated as a child in need of assistance by a juvenile court.
  - ◆ Victim of abuse or neglect under 6 years of age.
  - ◆ Victim of abuse or neglect aged 6 years or older with a moderate or high risk level.

(Children undergoing a child protective or CINA assessment may be eligible for family-centered safety plan services. See 17-B(1), [Safety Plan Services](#).) Children whose cases are managed by juvenile court officers are **not** eligible for family-centered services from DHS. These children's service needs must be met through other programs.

3. Review the case planning documents to determine whether the case is in need of purchased services to achieve one of the following goals:
  - ◆ Maintain a children's placement within the child's family, or maintain a placement within the home of a relative or other suitable person; or
  - ◆ Reunify a child with the birth family or another relative after placement with a relative or in a foster family, shelter care, group care, or other setting; or
  - ◆ Identify and move a child toward achieving other permanent family connections, such as an adoptive placement or guardianship arrangement.
4. If the child does not meet these requirements, follow the procedure under [Denial of Services](#).
5. If the child meets these requirements, proceed to assess family-centered service needs. Make a decision on eligibility within 30 days of the date you take the application.

### **Need for Services**

Link to [Case Planning Procedures](#)

When you have determined that a child meets the eligibility criteria for family-centered services, determine how family-centered services can help the family learn to use family and community resources and promote self-sufficiency.

1. To assess service needs in order to develop the [Family Case Plan, form 470-3453](#), review information concerning problems that brought the child to the Department's attention, including any child abuse concerns, reports, and relevant court documents.

Family-centered services may be helpful in the following types of child welfare situations:

- ◆ When the child is at risk of out-of-home placement and services are needed to make reasonable efforts to preserve the family unit;
- ◆ When services are necessary to treat documented abuse or neglect;

- ◆ When the child is placed outside of the home and services are necessary to work toward family reunification or an alternative permanent setting;
- ◆ When the child needs services to maintain family reunification or maintain the placement in a planned permanent arrangement, such as placement with a relative.

Family-centered services shall not duplicate placement services but shall enhance collaboration and improve coordination with other service providers.

2. Involve the family in discussing their strengths around their needs, decision-making abilities, and problem solving skills. Devoting time to assess needs carefully, have team meetings, and listen to the family in the beginning of the case will save time and result in better outcomes.

Be respectful and sensitive to cultural issues. Assess family behavior and needs within the context of the family's cultural identity and be respectful of and informed about relevant family cultural factors.

NOTE: The family system may include divorced parents, extended family members, or persons with a significant relationship to the family and their children. It is important to involve the noncustodial parent and extended family members in service planning.

3. Begin identifying which children in the family have behavioral health needs or are at risk of abuse, neglect, delinquency or placement.

NOTE: Protecting the safety of the child is the most important function of the state child welfare system. This goal needs to be reflected in service plans and service delivery.

4. Do a functional assessment in order to develop a case plan that will protect the children and community, preserve the family, and restore the child's functioning. Assessment involves collecting and reviewing information on the:
  - ◆ Nature, circumstances, and seriousness of the problems of the child and family
  - ◆ Documented risk factors and stress levels of the child and family
  - ◆ Attitude and ability of the family to protect and support their children

- ◆ Family's existing strengths
  - ◆ Family's involvement in community support systems
  - ◆ Parenting education needs of the child's parents
  - ◆ Behavioral health needs of the child
  - ◆ Emotional, educational, medical, and legal conditions affecting stability
  - ◆ Level of services felt necessary to protect the child and preserve the family
  - ◆ Family's attitude toward services, including any prior service experiences
  - ◆ Impact of extended family and informal systems on child and family functioning
5. Collect additional information, if needed, by using release of information forms.
  6. Use the social work case management principles and the team approach, with an emphasis on involving the child and family in assessing needs, making service plans, and assessing results. If possible, use some form of family team meeting to maximize family input and participation.

Using any of the family meeting methods is an excellent way to achieve more effective planning. A wide variety of family meeting models (family unity, family group conference, wraparound planning team, etc.) can be used to maximize family involvement and investment in service planning and problem solving.

7. Prioritize the most immediate problems and needs, as identified by the child, parents, workers, social work case management team, and others who know the family, to identify which services are most needed.

The following table illustrates the Department services offered. (See [Selecting Services](#) for more information.)

Family safety, risk, and permanency services: Family functional assessment Visitation planning and supervision Crisis intervention response Family functioning interventions Family reunification services Concurrent and permanency planning Safety checks and supervision Household management Transportation Concrete supports Individualized case specific services	Family foster care: Maintenance Tangible goods Child care Respite care Ancillary services Shelter care Group care (24-hour care and supervision, including food, shelter, and clothing) Supervised apartment living
Other family-centered services: Safety plan services Family team meeting facilitation DHS procurement card program Drug testing Legal services for achieving permanency	Protective child care Guardianship subsidy Adoption subsidy

8. Consider other Department and community programs that may be helpful, such as:
  - ◆ Services developed through Community Empowerment, Promoting Safe and Stable Family programs, or the decategorization project in your area, such as parents as teachers, mentoring, crisis care, etc.
  - ◆ The *hawk-i* medical insurance program to help families access ongoing health care coverage.
  - ◆ Medicaid-funded behavioral health services, including services through the Iowa Plan, remedial services, or services through the children's mental health waiver.
  - ◆ Protective child care.
  - ◆ Income maintenance food assistance or cash assistance programs.
  
10. Deny the application and close the application file and when your assessment indicates that:
  - ◆ Department services are not needed.
  - ◆ Service is available elsewhere without cost to the child.

Follow the procedure under [Denial of Services](#).

### **Selecting Services**

Complete the service plan by choosing one or more services, based on an assessment of the child's needs. The goal is to recommend family-centered services that are comprehensive and intensive enough to promote change and remedy identified factors that place the child at risk.

1. Review the service descriptions to determine which ones may be helpful to meet the family's needs:
  - ◆ Safety plan services
  - ◆ [Family safety, risk, and permanency services](#)
  - ◆ [Family team meeting facilitation](#)
  - ◆ [Procurement card program](#)
  - ◆ Drug testing
  - ◆ Legal services for achieving permanency
  - ◆ Supervision provided by a DHS case manager (with supervisory approval)

Children undergoing a child protective or CINA assessment may be eligible for family-centered safety plan services. See 17-B(1), [Safety Plan Services](#).

Children whose cases are managed by juvenile court officers are **not** eligible for family-centered services from DHS. These children's service needs must be met through other programs.

2. Ask the child and family and use supervisory consultation and interdisciplinary staffings to assess services that may be appropriate for the child. Build services around the family's existing strengths.

### **Obtaining Supervisory Approval for Services**

1. Review service needs, choices, and duration with your supervisor and the social work case management team when you are recommending family-centered supportive services. Obtain supervisory approval for purchasing these services for a specific number of monthly units (not to exceed six months in any one approval).

2. Include approved family-centered services in the proposed case permanency plan (section C. Child Placement of the [Family Case Plan, form 470-3453](#)). Identify which children and other family members will be involved in receiving services.

NOTE: The family safety, risk, and permanency contractor has flexibility on which specific interventions are delivered in each case at different points in the life of the case. The interventions provided will be:

- ◆ Based on Department and contractor assessment of children and family needs, and
- ◆ Directed by the results of family team meetings in which family perspectives on their concerns and service needs are included, and
- ◆ Sufficient to address the safety, permanency, and risk issues in each case.

### **Eligibility for IV-A Funding**

Determine eligibility for IV-A emergency assistance services as follows:

1. Review the following to assist in determining IV-A eligibility:
  - ◆ Information contained in the child's file.
  - ◆ Information obtained through investigation.
  - ◆ Information proved through the child and family's statement.
2. Determine whether the child needs one of the emergency assistance services and meets the specific eligibility criteria for the needed service.
  - ◆ Family-centered services, including:
    - Safety plan services and
    - Family safety, risk, and permanency services (FSRP)
  - ◆ Shelter care (except for placements of less than 48 hours)
  - ◆ Protective child care

3. Determine whether an emergency exists. An emergency may exist because one of the following situations:
  - ◆ The child has been abused, neglected, or abandoned or is at risk of for the same.
  - ◆ The child is in imminent danger, and the child's continued presence in the home is not in the child's best interest.
  - ◆ The child has been removed from the home or is at risk of removal from the home because of abuse or neglect or because of the parents' inability to provide needed care or follow through with treatment plans or to control their child's behavior.
4. Determine whether the child is living with a [specified relative](#) (father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece) in a place of residence maintained as the child's own home or has met this requirement at some time within the past six months.
5. Make sure that the family is not disqualified because:
  - ◆ The emergency arose because someone in the family refused to accept employment or training within 30 days of the date of this application without good cause; or
  - ◆ Another application for IV-A emergency assistance services was approved within 12 months of the current application.
6. Determine whether the family meets [IV-A financial guidelines](#), either because:
  - ◆ The family is receiving FIP, SSI, Food Assistance or Medicaid benefits in the month of the application; or
  - ◆ The family does not have sufficient resources to provide needed emergency services.

To make this determination, consider income the applicant states is available.  
NOTE: Ordinarily, accept the applicant's declaration. If you question the legal status of a household member, make a determination on your best judgment.

### **Issuing Notification**

For each [Application for All Social Services, form 470-0615](#), completed, inform the child or family of decisions about services that will be offered. This notification is made:

- ◆ By the social work case manager, for Department services for which the family has applied.
- ◆ By court order, for services ordered by the juvenile court.

NOTE: You do not need to issue a notice of decision about Title IV-A eligibility, because that determination does not affect the services that the family receives.

1. On the day the Department's eligibility decision is made, complete form [470-0602, Notice of Decision: Services](#), to inform the child or family of the decision. Complete the form when you:
  - ◆ Approve or deny an application (or when the application is withdrawn).
  - ◆ Renew, reduce, or terminate a service after a regular or special review. (A special review occurs when significant changes occur between regular reviews. Regular reviews are dictated by the requirements of the program or service. Every case must be reviewed at least every six months.)
  - ◆ Terminate a service because the goals have been met or another community resource will provide the same or similar service at no charge.

Also issue notice when approval for services is reviewed. NOTE: Notification is not required when a service is added due to reassessment between six-month reviews.

2. Make sure that the notice is in clear language that is appropriate to the family's ability to comprehend. To provide an adequate notice, ensure that the written notification includes:
  - ◆ A statement of what action is being taken,
  - ◆ The reasons for the intended action,
  - ◆ The manual chapter number and subheading supporting the action,
  - ◆ An explanation of the family's right to appeal, and
  - ◆ The circumstances under which assistance is continued when an appeal is filed (for reviews only).

3. Mail or give the notice to approve or deny the application to the child or the child's representative.

Provide **timely** notice if services are denied, reduced (decreased in amount, intensity, or duration of currently approved service), or terminated. To be timely, a notice must be issued ten days before the effective date of the action.

### **Referring Children and Families to a Provider**

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Definitions](#)

1. Access services as planned and identified by the family team and outlined in the individualized [Family Case Plan, form 470-3453](#). Initiate services that are intended to reach specific outcomes.
2. Once services have been selected and approved, complete form [470-3055, Referral and Authorization for Child Welfare Services](#), with the provider's name and address, the name of the billing child, and the number of monthly units of services authorized and send the form to the provider. Providers are not eligible to receive payment until they have received form 470-3055.
3. Send all available case-specific referral material to the contractor, including at a minimum:
  - ◆ The DHS safety plan and current case plan with family functioning domain information assessed and completed, if available;
  - ◆ Any current child protective assessment reports;
  - ◆ Any treatment summaries such as mental health, substance abuse, or domestic violence treatment issues;
  - ◆ Court reports;
  - ◆ Family team meeting summaries and recommendations; and
  - ◆ Other relevant information.

Obtain releases for this information as required.

(See [17-E\(1\)](#) for placement-specific procedures.)

4. Make entries into the FACS system to record information about the client, family members and other significant relationships, and providers.

### **Referral for Family Safety, Risk, and Permanency Services**

When making referrals for [family safety, risk, and permanency services](#):

1. Obtain supervisory approval for purchasing services for a specific number of monthly units (not to exceed six months in any one approval). For new cases, the Department will generally authorize an initial service period of three months and then reassess the need for additional monthly services.
2. Make a referral of the case (in the name of the youngest child victim in the case whose name the services will be opened and billed) to the contractor in the worker's service area whose turn it is to accept a case in the case assignment rotation. EXCEPTION: If the family has had a previous positive relationship with the other contractor in the area the random case assignment process can be overridden.
3. Send the contractor form [470-3055, Referral and Authorization for Child Welfare Services](#), which will indicate the name of the billing child and the number of monthly units of family safety, risk, and permanency services authorized.
4. Use the case information concerning child and family strengths and areas of concern within each of the family functioning domains to identify the key family issues and concerns that are the foundations of why the Department is involved in the case.

Let the contractor know that these family functioning domain areas will form the framework through which case progress will be evaluated as the case moves through the child welfare system, and that the contractor is expected to tailor the service interventions and supports to focus on the areas of needs and concerns identified in the domains.

5. Identify issues and levels of improvement that must be reached before Department involvement can be terminated and communicate these key areas that require service intervention to contractor staff during the referral and case transition process

Be sure that the contractor has a clear understanding of the significant issues, safety concerns, and risk factors in the case and that the contractor has communicated these issues to any subcontractors that will be involved with the case.

6. Discuss whether you will be available to participate in the contractor's required initial face-to-face meeting with the family and their children. Whenever possible, participate in this meeting to set a positive and coordinated tone for the case and get an additional opportunity to share information and expectations with contractor staff.
7. The contractor is expected to send the Department worker an e-mail confirmation of the date of the first face-to-face contact with the family, which must occur within five business days of the referral to the contractor. The confirmation must include the date and a description of which family members were present.
8. Open the service case in FACS in the name of the youngest child in a DHS-eligible case who is an abuse victim or the youngest child in a court-involved case who is subject to a court order. Enter purchased service code A91X. The first day of payment for services begins with the effective date on form 470-3055.

## **Managing Service Delivery**

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide](#)

While a case is open for family safety, risk, and permanency services, continue to monitor case functioning and progress and direct any service modifications that are necessary to effectively achieve desired outcomes and move the case toward safe case closure. Effective monitoring strategies may include:

1. Maintaining frequent e-mail and phone communication with the contractor's care coordinator.
2. Participating in face-to-face meetings between the family and contractor staff during the initial period and throughout the period of service delivery.
3. Coordinating face-to-face case visits with the contractor's to maintain service continuity and reinforce expectations for the child and family.
4. Sharing information and perceptions concerning the case with contractor staff. Discuss with the contractor's care coordinator any historical information on:
  - ◆ Prior services the family has received,
  - ◆ Specific approaches that work most effectively with the child and family,
  - ◆ Any current court action and court expectations if applicable, and
  - ◆ Other significant case issues.

Make sure that the contractor has the most current information on core concerns and issues that need to be addressed, behavioral changes that must occur, and court ordered expectations, if children in the case are under court order.

5. Initiating family team meetings throughout the life of the case as needed to promote family engagement and investment in the service plan. Revise the Department case plan as needed based on these meetings and case review and inform the contractor of changes in service expectations.
6. Reviewing the case progress reports submitted by the contractor every 30 days during the service delivery period to ensure that contractor staff are focusing on the case areas of needs and strengths. Discuss any needed service plan modifications with the contractor's care coordinator.

7. Monitoring and assessing the child and family's achievement of the identified outcomes. Work with the child, family, and service providers to reassess and, as needed, redirect efforts and resources to achieve the identified outcomes.
8. Facilitating the presentation of the individualized [Family Case Plan, form 470-3453](#), and supporting documentation to the juvenile court.
  - ◆ Attend court hearings and submit court reports.
  - ◆ Provide the court with recommendations regarding the child's best interests.
  - ◆ Work with the child and family to help them understand the court process.
  - ◆ Coordinate efforts with judges, lawyers, and juvenile court officers.
9. Reviewing all other reports. Upon the Department worker's request, the contractor shall be responsible for preparing and providing other reports, such as a progress letter for a court hearing, to the Department worker.
10. Reviewing the case termination summary. Within 14 calendar days of service termination, the contractor shall send you a written summary that includes:
  - ◆ A description of the impact of services on family functioning and a short overview of case progress during services, and
  - ◆ A short description of current child and family functioning and case status, and
  - ◆ A short description of the family and community supports that have been developed and will serve as resources to the family after formal services end.

Consult with your supervisor if contractor staff is unwilling or unable to provide the level of services and supports you feel are necessary to achieve identified case outcomes. Based on case progress, make decisions on major case decisions such as revisions on case goal or closure of purchased services.

### **Coordination With Other Services**

Link to [Practice Guidance](#)

As the family safety, risk, and permanency services component will be the primary ongoing Department child welfare intervention provided to children and families, coordination with other services will be important, especially with the following:

- ◆ Any Medicaid behavioral health services, including the remedial services program (RSP)
- ◆ Placement services, such as shelter care, family foster care, supervised apartment living, and group care settings
- ◆ Resource family recruitment and retention contractor

### **Provider Payments**

Open the FACS case for family safety, risk, and permanency services payment beginning with the effective date on form [470-3055, Referral and Authorization for Child Welfare Services](#).

These services are paid using a monthly payment rate based on a 30-day month. The monthly rate is the same for all contractors providing this service. The monthly rate is prorated to a daily rate for the number of days the case is open during a calendar month. Contractors are paid for both the beginning and ending dates of services.

### **Graduated Reductions in Monthly Payment Rates**

The Department is encouraging contractors for family safety, risk, and permanency services to deliver interventions and supports that promote change, encourage family self-sufficiency, and result in time-case closure by using a graduated monthly rate reduction methodology.

This rate reduction procedure is implemented as follows:

1. The FACS system will automatically reduce a contractor's monthly payment rate to 90% of the full monthly rate once the contractor has had the case open for 10 consecutive full months of services with that agency. The payment rate will remain at this reduced rate until:
  - ◆ The case is closed, or
  - ◆ The case has been open for 15 consecutive full months with the same contractor.
2. When the case has been open for 15 consecutive full months of services with the same contractor, the monthly payment rate will be automatically reduced to 80% of the full monthly rate and will remain at this reduced amount until the case is closed.

For both types of payment reduction, any prorated daily payments, such as when the case is closed in the middle of a month, will be calculated at the reduced monthly payment rate.

### **Performance-Based Outcome Incentive Payments**

Family safety, risk, and permanency services contractors potentially can earn four case-specific performance-based outcome incentive payments:

- ◆ **Children are safe from abuse during and after services.** The contractor can earn an incentive payment of \$100 for each case in which:
  - No child residing in the case household at any time during the service delivery experiences a confirmed or founded report of abuse or neglect between the start and end date of the contractor's services; and
  - No child residing in the case household at the service end date experiences a confirmed or founded report of abuse or neglect for at least six consecutive months after the family safety, risk, and permanency services are closed.

NOTE: Confirmed or founded abuse reports in which the perpetrator is a person employed by or a caretaker in the child's placement setting or a child care setting are not counted against the contractor for this incentive. However, if neglect or abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

- ◆ **Family stability without removal during and after services.** The contractor can earn an incentive payment of \$250 for each case served in which:
  - No child residing in the case household when the contractor initiates services is removed from the home throughout the episode of services; and
  - No child residing in the case household at the time of case closure experiences a removal from the home within six months after the conclusion of that episode of family safety, risk, and permanency services.
- ◆ **Safe reunification without reentry.** The contractor can earn an incentive payment of \$500 for each child in a case who is reunified within 12 months, including the child's trial home visit period, and who remains home for at least six months without experiencing reentry into care. If reentry occurs within six months of the reunification date, the contractor is not eligible for this incentive payment.

For children removed from their home during family safety, risk, and permanency services, the 12-month reunification period is calculated from the date of their removal.

For children who have been in placement before their referral for family safety, risk, and permanency services, the 12-month reunification period is calculated from the contractor's initial service start date.

"Trial home visit" (THV) means that a child who has been in out-of-home care has returned home to a parent, to the home from which the child was removed, or to another home, and placement in that home is intended to become a permanent home for the child, but the child remains under the Department's responsibility for placement and care.

A trial home visit extends the episode of out-of-home care for up to six months when the trial home visit is considered temporary and a step towards the child's permanent plan.

A trial home visit does not include:

- Regular visits between a parent and a child in out-of-home care,
- A return home that is intended to be permanent, or
- A return home when the court terminates the Department supervision.

- ◆ **Achieving finalized adoptive or guardianship placement within 24 months of removal.** The contractor can earn an incentive payment of \$500 for each child in a case who is placed in a finalized adoptive or guardianship arrangement within 24 months of the child's removal date.\*

\* For children removed from their home during family safety, risk, and permanency services, the 24-month period is calculated from the date of the removal.

\* For children who have been in placement before the referral for family safety, risk, and permanency services, the 24-month period is calculated from the contractor's initial service start date.

Department case managers are not involved in tracking or making payments for any of the incentive payments contractors may earn. These incentive payments are made via the payment invoice and paper voucher system and not through the FACS system as child-specific FACS payments.

The Child Welfare Information System (CWIS) tracks eligibility to earn the incentive for specific cases through the FACS and STAR systems. CWIS produces regular reports for each contractor showing cases in which the contractor is eligible to receive one of the four incentive payments. These reports are sent to the Department contract monitor, who then authorizes payments to the contractor.

### **Monitoring Provider Activities**

If you suspect or become aware that a provider may be engaging in any of the following actions, report this to the contract monitor for the provider's contract. The Department may impose sanctions against a provider for the following actions:

- ◆ Failing to provide and maintain the quality of the services to children and families within established standards.
- ◆ Engaging in a course of conduct that is in violation of state or federal regulations, or continuing that conduct following notification that it should cease.
- ◆ Violating any laws, regulations or code of ethics governing the conduct of occupations or professionals.
- ◆ Receiving a formal reprimand or censure by an association of the provider's peers for unethical practices.
- ◆ Being suspended or terminated from participation in another governmental medical program such as workers' compensation, crippled children's services, rehabilitation services or Medicaid.
- ◆ Committing negligent practice resulting in death or injury to the provider's clients.
- ◆ Being convicted of a criminal offense relating to negligent practice resulting in death or injury to clients.
- ◆ Submitting false information for the purpose of:
  - Obtaining service authorization, or
  - Obtaining greater compensations than that to which the provider is legally entitled.
- ◆ Committing fraudulent billing practices.
- ◆ Presenting payment any false or fraudulent claim for services or merchandise.

- ◆ Rebating or accepting a fee or a charge for referrals of a child or family.
- ◆ Failing to repay identified overpayments or other erroneous payments.

### **Service Dispute Resolution**

As part of the provider contracts for safety plan and family safety, risk, and permanency services, the Department has implemented a protocol for resolving disputes over service provision that includes the following procedures:

1. If a Department worker directs a contractor (or subcontractor) to provide a level of intervention or support beyond what the contractor feels is necessary or reasonable, the contractor is entitled to communicate the basis of that belief in writing or via e-mail to the Department worker and supervisor.
2. The contractor is expected and required to provide services at the level directed by the Department worker while the matter is being resolved and assessed by the Department supervisor.
3. Both contractors and the Department shall make every effort resolve such disputes at the lowest level, at the respective worker and supervisor level if possible, and generally within five days of receipt of the request for review.
4. The Department supervisor will notify the contractor of the decision resulting from the review via e-mail or through a written letter.
5. If a contractor is not satisfied with the results of the Department supervisor's review, the contractor may refer the case situation in writing or via e-mail to the respective DHS service area manager or designee for review.
6. The service area manager or designee will review the situation, the service interventions and supports requested by the Department worker, the communication from the contractor concerning why this level of intervention is believed to be unnecessary or unreasonable, and make a decision on the matter generally within seven business days of the date of the review request.
7. The decision of the service area manager or designee on the case situation will be the final decision. This decision will be communicated in writing to the contractor.

You should be able to identify a clear connection between the type and level of service interventions and supports you are requesting from a contractor and a specifically identified safety or permanency issue in the case situation.

If the court has ordered a specific level of service, contact, or parent and child or sibling visitation in the case, that expected level should be clearly communicated to the contractor and becomes an expectation of their involvement in the case.

In addition to this protocol for resolution of case-specific disputes, each service area or subarea in which contracts are awarded has a contract oversight and advisory committee. These committees meet at least quarterly to review service operation and resolve any service delivery issues. Department service area and Central Office staff meet with contractors during these committee meetings to:

- ◆ Identify case situations in which disputes have arisen, and
- ◆ Work to clarify contract performance expectations in order to improve service delivery.

Department supervisors should communicate with both their staff and social work administrator concerning cases in which contractors are using the dispute resolution protocol, so that general issues in these cases can be identified and considered by the contract oversight committee in making necessary program and contract adjustments.

### **Transferring a Case**

When the family moves to another county in your service area, follow local procedures for case transfers.

When a family moves to another service area:

- ◆ Make a referral to the service area manager or designee before transferring the case if the family has voluntary services.
- ◆ Follow the procedures below to obtain approval for the transfer when the family has court-ordered services. The DHS decision on a transfer request must occur before you request a venue transfer from the juvenile court.

NOTE: The social work supervisors make decisions concerning transfer requests between service areas, with the involvement of the social work administrators as needed. Agreements must be made on fiscal responsibility, including the effective date for the transfer of fiscal responsibility.

1. Assemble the information needed for a transfer request, as follows:

Minimum Information Needed for Case Transfer Request				
Service:	Cover Memo/ E-Mail	Case Plan	Court Order	Reports
Family centered services:				
Voluntary services	X	X		
Court-ordered	X	X	X	X
Foster family care	X	X	X	X
Group care	X	X	X	X
Supervised apartment living	X	X	X	X
PMIC	X	X	X	X
Shelter care (refer to protocol)	X	X	X	X
Adoption (before finalization)	Adoption cases that have not been finalized may not be transferred.			
Subsidized adoption*	470-3003 or e-mail	Transfer adoption subsidy file		
Child care:				
Nonprotective	X			
Protective	X	X		X
Court-ordered protective	X	X	X	X
Foster or adoptive home	X			
Adult services	X	X		X

“Reports” refers to significant medical, psychiatric, education reports and other reports essential to case planning and treatment. This may include adoptive child studies and family home studies.

2. Consult with your supervisor about whether a request for transfer is appropriate.
  - ◆ Cases that **cannot** be transferred: Unfinalized adoption cases
  - ◆ Cases that **must** be transferred:
    - Finalized subsidy or future needs adoption cases. Upon finalization of adoption, the adoption case must be transferred to the service area in which the adoptive family resides. If an adoptive family moves outside of a service area following finalization, the subsidy case must be transferred to the new service area.
    - Foster home licensing cases. When a family moves outside of the service area and intends to continue fostering, the entire foster family licensing file needs to go to the foster family’s new county.

3. If transfer is deemed appropriate, the supervisor sends an e-mail to the designated supervisor in the receiving area, with copies to the social work administrators for both areas. The request should include the following items:
  - ◆ The reason for requesting the transfer
  - ◆ Concise summary of relevant facts of the case
  - ◆ Emerging safety or risk issues
  - ◆ The plan for transfer of case responsibilities
  - ◆ The plan for transfer of venue, if juvenile court is involved
  - ◆ Current involvement of agencies from whom DHS is buying services, if not provided through the case plan
4. The receiving supervisor will review the materials provided, seek additional information as needed, and make a decision regarding whether to accept the case or not.

If the two supervisors are not able to come to agreement regarding whether transfer is appropriate, the social work administrators will be asked to assist in making the decision.

5. Once agreement has been reached, the sending and receiving supervisors should finalize timelines and logistics for a smooth case transfer. The two supervisors should ensure that a face-to-face or phone dialogue takes place between the sending and receiving social work case managers.

NOTE: Because client contact is important regardless of whether a case has been transferred yet, social work supervisors should agree on how required DHS contacts will occur. Collaboration between areas is an expectation.

6. If the transfer of a case with court-ordered services is approved, request a venue transfer from the juvenile court.
7. Before transferring the case, make sure that all case information is complete and up to date, both in the case file and on electronic systems. Document transfer decisions and activities in the case file. Include a transfer summary in the case narrative.

8. Transfer the FACS or SRS case to the designated supervisor's worker number and location. The office transferring a FACS file must:
  - ◆ Update information for the assigned social work case manager in FACS whenever the service case remains open.
  - ◆ Change the county of financial responsibility on the Client Detail screen (CLTD) to assure accurate fiscal tracking.

NOTE: For cases with court-ordered services, do not enter the transfer into FACS until the change of venue is approved.

9. Forward the service record to the receiving office. The case record must be sent by first-class mail or via other arrangements approved by the sending supervisor.

NOTE: For cases with court-ordered services, do not send the case record until the change of venue is approved.

#### **Receipt of a Transferred Case**

When a transferred case is received, consider this a request for service. The receiving supervisor should notify the sending supervisor that the case has been received and has been assigned.

Assess the need for ongoing services and take appropriate action when children receiving family-centered services move to an area served by another local office, depending on the case circumstances. Perform the following actions:

1. Verify accuracy of the FACS or SRS changes.
2. Review the case record within five calendar days if the case involves court-ordered services or guardianship.
3. Assess continued service needs within 30 days if there is no court involvement.
4. Set up services with local providers as needed.
5. Initiate a request for a revised authorization for services if your assessment indicates changes are necessary.

## **Monitoring and Modifying Services**

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide](#)

1. During service provision, evaluate the child's situation and response to services on an ongoing basis.
  - ◆ Use progress reports from service providers and your contacts with the family and providers to assess progress toward goal achievement.
  - ◆ Use supervisory consultation to help evaluate the situation and service needs.
2. Monitor service delivery, review provider reports, and work with provider staff to resolve any problems.
  - ◆ Participate in face-to-face meetings between the family and contractor staff.
  - ◆ Exchange information regularly with providers about the family's situation.
  - ◆ Promote communication and coordination among the child's providers.
  - ◆ Consult with your supervisor and contract monitor to help resolve problems with a provider agency that are adversely affecting results achievement.
  - ◆ Use the social work case management team to monitor and adjust service planning.
  - ◆ Use periodic family team meetings to get broad assessment information on family progress, perceptions of services, and further service needs.
  - ◆ Share information and perceptions concerning the case with contractor staff.
  - ◆ Make sure that the contractor has the most current information on core concerns and issues that need to be addressed, behavioral changes that must occur, and court ordered expectations, if children in the case are under court order.
  - ◆ Be sure that the contractor seems to have a clear understanding of the significant issues, safety concerns, and risk factors in the case and that the contractor has communicated these issues and has communicated these to any subcontractors that will be involved with the case.
3. Review and incorporate progress report information into narrative and case plans as needed.

4. Forward progress reports to juvenile court when services are court-ordered.
  - ◆ Document fully the services provided or offered to the child and family and the responses and results observed.
  - ◆ Document that maintaining the safety of the child has been the primary consideration in service planning. NOTE: Your documentation may be assessed in the future within the court system to evaluate whether the state has met the reasonable efforts expectation.
5. Consult with providers about any changes in situation that may require changes in the services being provided. If additional or alternate services are needed, seek supervisory approval for any service modifications.

### **Reviewing and Reauthorizing Services**

1. Assess whether additional services are necessary when the amount or duration of authorized and approved services is about to end, or when services may be terminated.
  - ◆ Discuss future service needs with the child and other family members.
  - ◆ Be sure to request additional service authorization before completion of the approved service period or use of all approved service units.
2. Reassess the need for services for the child and family.
  - ◆ Review issues present at initial assessment and progress made toward overcoming concerns that placed the family and children at risk.
  - ◆ Consider these factors in your reassessment:
    - The child's and family's response to services
    - The risk of abuse, neglect or delinquency
    - Any documented allegations of abuse, neglect or delinquency
    - The risk of placement
    - Emotional and behavioral conditions of the child and family members
    - Stress factors and crisis situations
    - Child, family, and community strengths and resources
    - Court status and results of any court reviews
3. Based on your reassessment, either refer the child for authorization of an additional period of services or recommend that services be terminated.
  - ◆ If services can be ended, follow the procedures under [Discontinuing a Service](#).

- ◆ Obtain a new [Application for All Social Services, form 470-0615](#), if services are to be continued. Ensure that IV-A emergency assistance eligibility is reassessed at least every 12 months.
- 4. Arrange for additional services based on supervisory approval and issue a [Notice of Decision: Services, form 470-0602](#).
- 5. Prepare or have FACS generate form [470-3055, Referral and Authorization for Child Welfare Services](#), to notify providers of the new authorization.
- 6. Revise the case permanency plan based on service authorization decisions and any court orders.

### **Changes in Service Needs**

1. Monitor the delivery of approved services.
2. Use the team approach and involve the child, parents, and other relatives as much as possible in designing and modifying service plans.
3. If a child in the family becomes at risk of placement while family-centered services are being provided, consider concurrent planning and begin explaining relative placement options.
4. If it appears that placement outside of the home may be necessary to ensure safety for the child, make affirmative and diligent efforts to explore placement with the noncustodial parent or other relatives that can offer appropriate care and a sense of connection and continuity for the child. Follow [Relative Placement](#) protocols.
5. For open child welfare cases, when the court has adjudicated a child to be a child in need of assistance due to abuse and the child's parent later gives birth to another child in the same family, refer the family for a CINA petition. Seek an ex parte **removal order** if it appears that the newborn's immediate removal is necessary to avoid **imminent danger** to the child's life or health.
6. When the court has terminated parental rights or the parent has relinquished rights with respect to a child due to child abuse and DHS becomes aware that the child's parent has given birth to another child in the same family, refer the family for a CINA assessment intake. Seek an ex parte **removal order** if it appears that the newborn's immediate removal is necessary to avoid **imminent danger** to the child's life or health.

### **Authorization of Continuing Services**

1. Request supervisory approval for continued provision of services.
2. Review or have available the following at the time of the request for reauthorization:
  - ◆ The provider reports;
  - ◆ Current assessment information;
  - ◆ Information regarding changes in the child, and the child's family, if applicable;
  - ◆ The court order, if available; and
  - ◆ Changes in the services requested.
3. If services are reauthorized, give the provider a copy of the revised *Family Case Plan* (case permanency plan) and form [470-3055, Referral and Authorization for Child Welfare Services](#), so there is no break in service to the child.
4. Follow notification procedures under [Issuing Notification](#). Notice to the child and family is required for all continued services.

### **Discontinuing a Service**

Discontinue a service when:

- ◆ The goals and objectives toward which the services were directed have been achieved.
- ◆ The service is not available to the family or child according to guidelines in the specific service chapter.
- ◆ Another community resource will provide the service at no cost.
- ◆ After repeated efforts, it is evident that the family or individual is unwilling or unable to accept further services.
- ◆ After repeated assessment, it is evident that the child and family are unable to attain the goals and objectives toward which the services were directed.
- ◆ The family requests discontinuation of the service, and court intervention is not indicated.

1. Use the team process when making a determination to discontinue a service. Work with the court (if the service is court ordered).
2. Issue form [470-0602, Notice of Decision: Services](#), to the child, allowing timely notice.
3. Close the service by issuing form [470-3055, Referral and Authorization for Child Welfare Services](#), to the provider of purchased services, reflecting the closing date.
4. If the discontinued services are the only services covered by the case plan, close the case.

### **Closing the Case**

1. Use the guidelines and procedures for safe case closure, as well as [RC-0102, How-Do-I? Guide: Case Closure](#), supervisory consultation, and your service area's protocol for deciding when to terminate purchased family safety, risk, and permanency services.
2. Consider whether the factors related to safety and permanency for children in the case have been sufficiently addressed and whether the family has sufficient connections to community resources and informal supports to manage without formal Department services.

You can close the services before the expiration of the authorization period for reasons such as:

- ◆ The client refuses to cooperate with voluntary services.
- ◆ The client moves to another area.
- ◆ The court closes the case.
- ◆ The client no longer needs services, etc.

3. Before closing a case, assess whether the family change and parental functioning can adequately sustain safety and well-being for the children. You and your supervisor should review the following questions:
  - ◆ Is the home environment safe and stable? Are the basic needs of the children met?
  - ◆ Are the parents or caretakers able to manage risks or threats to safety to the children and others in the home?
  - ◆ Are the parents or caretakers able to sustain the behavior changes that keep the children safe and stable? For example, will they continue to follow safety plans and relapse plans even if DHS is not involved?
  - ◆ Does the family have a reliable support system that will remain, even after DHS exits?
  - ◆ Are court issues related to permanency involved? Specifically, if the juvenile court has ordered a change in guardianship or custody, is there now a district court order in place that will make these changes permanent?
  - ◆ If the case involves a youth “aging out of the system” does the youth have adequate supports to successfully transition to independent living?
4. Use the family team decision-making meeting to reach consensus with the child, family, and providers to end DHS service involvement. When there is a family team, the team should review the questions above and agree that case closure is safe for the child and family.
5. Use a family team decision-making meeting to develop a plan to transition the family to community resources and informal supports. Such plans may include:
  - ◆ Providing information to the child and family about alternative and community resources.
  - ◆ Referring the child and family to community resources.
  - ◆ Making referrals to community providers that do not require Department involvement.
6. When all services have been discontinued, close the case. Issue form [470-0602](#), *[Notice of Decision: Services](#)*.
7. If services have been purchased, notify the provider, using form [470-3055](#), *[Referral and Authorization for Child Welfare Services](#)*.

8. Close the FACS case, using the FOSD screen.
9. For foster care cases, enter the placement exit date and the exit reason. FACS generates a notice to the income maintenance worker when the foster care service is closed.
10. Submit the closed case to your supervisor.
11. Store and retain closed case records following local procedures.

### **Family and Department Worker Satisfaction Surveys**

Under all the contracts for safety plan services and family safety, risk, and permanency services, results of family and Department worker satisfaction surveys will be one method used to evaluate each contractor's performance. This satisfaction survey process works in the following manner:

- ◆ **Family satisfaction surveys.** Each contractor is responsible to ensure that surveys are distributed to:
  - All families receiving safety plan services and
  - Randomly selected cases receiving family safety, risk, and permanency services.

The survey is mailed along with a stamped envelope that is addressed to DHS, Division of Results Based Accountability, Hoover Building, Des Moines, Iowa.

- ◆ **Department worker satisfaction surveys.** Each contractor is responsible to ensure that surveys are distributed to Department workers on:
  - Every case referral to the contractor for safety plan services and
  - Randomly selected cases for family safety, risk, and permanency services.

When you receive a worker satisfaction survey, respond in a timely manner so that your perspectives on contractor performance can be used to help inform program improvement activities.

Survey results will be reviewed and analyzed by staff of the Department's Division of Results-Based Accountability. A report of the results for each contractor will be sent to the respective Department contract monitor.

Each contractor is expected to achieve a minimum satisfaction level of 85% on both the family and Department worker satisfaction surveys each quarter.

If a contractor falls below this satisfaction percent during any quarter, the contractor must prepare a program improvement plan that describes specific steps the contractor will take to improve the satisfaction results during the next six-month period and submit the plan to the Department contract owner for approval.

### **Adverse Service Actions**

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide](#)

Unless otherwise provided, deny, reduce or terminate services in accordance with procedures in [Appeal of Adverse Action](#), and 1-E, [NOTICE OF DECISION](#).

### **Denial of Services**

You may deny services if it is determined that:

- ◆ The family is not in need of services.
  - ◆ There are other community resources available to provide the services.
  - ◆ Similar services are available free of charge to the client.
1. Consider the child's needs as well as the availability and funding for services. The ability to deny applications means you should:
    - ◆ Use supervisory consultation.
    - ◆ Prioritize the needs of children.
    - ◆ Ensure that children with the greatest needs are receiving available services.
    - ◆ Consider the strengths of the family, existing community resources, and informal support systems that may be available to them.
    - ◆ Evaluate whether similar services are available to the child and families through other sources and funding streams.

2. Deny the application for family-centered services if you feel the family does not demonstrate sufficient need for services.

NOTE: If you determine that the child does not meet eligibility requirements for family-centered services, do not request supervisory approval for supportive services.

3. Consider referrals to other community services when a child is denied family-centered services. Explore community support systems to which the family may be referred. Make referrals to other agencies, if appropriate.

NOTE: It is preferable, whenever possible, to connect families to informal community support systems rather than require them to receive services that are more formal.

4. Issue form [470-0602, Notice of Decision: Services](#), denying services within 30 days of the date the service application was signed.

If the family or child requests a specific service which is not approved because another service is more appropriate, issue form 470-0602, *Notice of Decision: Services*, denying the requested service and approving the appropriate service.

### **Reduction or Termination of Services**

Reduce or terminate services any time before the date originally listed in the case plan or notice of decision. NOTE: When services are court-ordered, consult with the court on service activities and needs. Do **not** reduce or terminate services to the child without court approval.

1. Reduce or terminate services to the family in a manner consistent with the policies outlined in [Appeal of Adverse Action](#).
2. Make any necessary referrals for follow up to allied community agencies.
3. Complete FACS system entries to close case.
4. Generate form [470-3055, Referral and Authorization for Child Welfare Services](#), through case flow to indicate date of service termination.

5. Send the original to the service provider and file the copy in the case record.

Give service providers as much notice as possible when services are reduced or terminated and help minimize any negative impact changes in services have on the family.

NOTE: Families who are terminated from services may reapply. If so, handle them as new applications. The worker assigned will assess needs and make decisions on referral for service authorization.

### **Appeal of Adverse Action**

Whenever the Department proposes to terminate, reduce or suspend services it must give timely and adequate notice of the pending action to the child and family. (See [Issuing Notification](#).)

The child or family member who receives the notice has 30 days to file an appeal with the local Department of Human Service office. If the appeal is filed timely, existing services shall continue until resolution of the appeal.

### **Who Can File an Appeal**

Decisions made by the provider shall be appealed to the provider. Decisions made by the Department shall be appealed pursuant to 1-E, [THE RIGHT TO APPEAL](#), and [OPPORTUNITY FOR HEARING](#).

The child and family or someone authorized by the child and family to act on their behalf may file an appeal. An appeal is a review and hearing on a request made by a person who is aggrieved by the Department.

A person may be an "aggrieved person" when:

- ◆ The person's claim for services has been denied.
- ◆ The person's application has not been acted upon with reasonable promptness.
- ◆ The person has been notified that there will be a suspension, reduction or discontinuation of services.
- ◆ The Department has failed to take account of the person's choice in assignment to a program.

- ◆ The Department has determined that the person must participate in a service program.
- ◆ The person's license, certification, contract, approval or accreditation has been denied or revoked.

The following may be an aggrieved person in certain situations:

- ◆ A vendor (provider)
- ◆ A parent of a child in foster care
- ◆ An adoptive applicant
- ◆ A person who has been denied expungement or correction of Central Abuse Registry information

Although a person can request an appeal for any reason, the Department will grant a hearing only when the right to a hearing is granted by state or federal law or by the Constitution.

### **Appeal Process**

The appeal process follows regular Department procedures contained in 1-E, [RESPONSIBILITIES OF DEPARTMENT'S REPRESENTATIVE](#).

1. Encourage or assist the child or family to make a written appeal on form [470-0487, \*Appeal and Request for Hearing\*](#). The request may be filed electronically through the DHS Internet web page.

NOTE: Use of this form is recommended but not required. If the person submits an appeal request on anything besides the form, attach it to form 470-0487.

2. If an appeal request is received in the local office, document the filing date by saving the envelope with the postmark and date-stamping the date it is received. Attach the envelope to the appeal form.
3. Within one working day of receipt of the appeal request, complete Part II of form 470-0487, and send it to the DHS Appeals Section in the Bureau of Policy Analysis and Appeals with:
  - ◆ The date-stamped envelope,
  - ◆ The written appeal if not on 470-0487, and
  - ◆ A copy of the notice of decision on the adverse action being appealed.

4. Within ten days or receipt of the appeal, submit a summary and supporting documentation of the factual basis for the action being appealed. The summary is a statement of the facts about the situation and includes information on the household composition:
  - ◆ The issues being appealed.
  - ◆ A detailed explanation of actions taken, which led to the appeal.
  - ◆ Copies of all supporting documents including applications, notices of decision any other applicable forms and narratives.
  - ◆ Manual references on the actions taken.
5. At the same time, provide copies of all the materials sent to the DHS Appeals Section to the appellant and appellant's representative.

NOTE: The following is a list of issues where a hearing will not be scheduled:

- ◆ The child and family do not like the worker or other team members.
- ◆ Providers are not available.
- ◆ The services are court-ordered. (The child and family must appeal through the judicial system.)
- ◆ A provider appeals the scope, amount or duration of services.

#### **Services During Appeal Process**

1. Continue to monitor the situation of the child or family during the appeal process.
2. Authorize services regardless of the status of the pending appeal.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

June 29, 2007

## GENERAL LETTER NO. 17-D(1)-1

ISSUED BY: Bureau of Protective Services,  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(1), **CASE MANAGEMENT PROCEDURES**, Title page, new; Contents (page 1), new; and pages 1 through 39, new.

### Summary

Portions of Employees' Manual Chapter 18-A, **CHILD WELFARE GENERAL REQUIREMENTS**, and Chapter 18-B, **FAMILY-CENTERED SERVICES**, have been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of a child welfare case pertinent to case management. The new case management chapters are:

- ◆ 17-D, **CASE MANAGEMENT POLICY**, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- ◆ 17-D(1), **CASE MANAGEMENT PROCEDURES**, which tells what the Department service worker should do in the logical order of when and how to do the work.
- ◆ 17-D(2), **CASE MANAGEMENT PRACTICE GUIDANCE**, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.
- ◆ 17-D(3), **ADDITIONAL CASE MANAGEMENT INFORMATION**, which contains information that is lengthy or used only in specific situations. These topics may be accessed through hypertext links in the policy, procedure, or guidance chapters.

Hypertext links in all of the chapters connect to the other case management chapters, additional information on a topic, or a specific form or tool.

### Policy Changes

Policy changes reflected in the chapter include elimination of procedures related to rehabilitative and nonrehabilitative treatment services. Authorizations for rehabilitative treatment services ceased as of December 31, 2006, and all services shall terminate by June 30, 2007.

**Effective Date**

Upon receipt.

**Material Superseded**

None.

**Additional Information**

Refer questions about this general letter to your area service administrator.



August 24, 2007

**GENERAL LETTER NO. 17-D(1)-2**

ISSUED BY: Bureau of Protective Services,  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(1), **CASE MANAGEMENT PROCEDURES**, Contents (page 1), revised; Contents (page 2), new; pages 8 through 14 and 17 through 39, revised; and pages 40 through 42, new.

**Summary**

This chapter is revised to reflect the new safety assessment, safety plan, and family safety, risk, and permanency services requirements.

**Safety Assessment**

The new procedures provide that the Department will complete a formal safety assessment at key decision points during the life of the case:

◆ **During the assessment:**

- At the worker's initial visit with the child and family
- At the completion of the child abuse assessment

◆ **Throughout the life of the case:**

- Before initiation of unsupervised visitation
- Before family reunification

◆ **Before case closure** for a voluntary case or recommending case closure in a court supervised case.

While the Department has always focused on safety and risk throughout the life of the case, previously a formal safety assessment was conducted only at the time of the initial child protective assessment.

## **Family Safety, Risk, and Permanency Services**

Family safety, risk, and permanency services are targeted to children and families on whom the Department has, following a child protective or CINA assessment or juvenile court action, opened a child welfare case. Services are expected to be flexible and strength-based, family-focused, designed to connect families to informal supports and community resources, bolster family protective capacities, and maintain and strengthen family connections to their neighborhoods and communities.

The Department is entering into contracts with two contractors within each of the following service areas: Ames, Council Bluffs, Davenport, Dubuque, Sioux City, and Waterloo; and with two contractors within each of the two sub-areas in the Cedar Rapids and Des Moines service areas. Contractors were selected through a competitive bidding process.

The family-centered service components of parental counseling and education (P4), supervision (A5), family team meeting facilitation (A75X), community resource procurement (A74X), and foster care supervision services (C5) will continue to exist until December 31, 2007.

The service area manager or designee may approve one or more of these services for specific children and families when:

- ◆ There has not been enough time to transition the child and family to a contractor for the new services by October 1, 2007. Continuation of the old service codes described above may be permitted until the case can be transitioned to a new service contractor.
- ◆ The child and family have a strong, positive relationship with a family-centered provider that will not be part of the new service contractor's network, and the Department worker believes services to the case can be terminated by December 31, 2007.

These services cannot extend beyond December 31, 2007. If a family still requires Department services after December 31, 2007, the case will have to be referred to a contractor for the new services.

### **Effective Date**

October 1, 2007

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 17, Chapter D(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 29, 2007
8-14, 17-39	June 29, 2007

### **Additional Information**

The Department is still purchasing family team meeting facilitation services. Provision of that service is not part of the safety plan and family safety, risk, and permanency services contractor's responsibility.

The Department is currently in the RFP process to secure providers of statewide drug testing collection and laboratory analysis services. It is expected that providers selected through this RFP process will eventually replace the current system and contracts for drug testing, which vary considerably between the service areas. As this RFP process results in new providers and drug testing procedures, Department staff will receive training and written instructions.

Refer questions about this general letter to your area service administrator.



# STATE OF IOWA

CHESTER J CULVER, GOVERNOR  
PATTY DUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

May 30, 2008

## GENERAL LETTER NO. 17-D(1)-3

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

SUBJECT: Employees' Manual, Title 17, Chapter D(1), **CASE MANAGEMENT PROCEDURES**, pages 32 and 33, revised.

### Summary

This chapter has been revised to instruct workers to:

- ◆ Seek a CINA petition when the parent on a child welfare case gives birth to a child and the court has previously adjudicated a child who is a member of the same family to be a child in need of assistance due to abuse.
- ◆ Refer the family for CINA assessment intake when the court has terminated parental rights or the parent has relinquished rights due to child abuse with respect to a child and DHS becomes aware of the birth of another child in the same family.
- ◆ Seek an ex parte removal order if it appears that the newborn child's immediate removal is necessary to avoid imminent danger to the child's life or health.

### Effective Date

June 1, 2008

### Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter D(1), and destroy them:

<u>Page</u>	<u>Date</u>
32, 33	August 24, 2007

### Additional Information

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



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

March 27, 2009

## GENERAL LETTER NO. 17-D(1)-4

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

SUBJECT: Employees' Manual, Title 17, Chapter D(1), **CASE MANAGEMENT PROCEDURES**, Contents (page 1), revised; and pages 5, 6, 8, 9, 10, 12 through 19, 21 through 27, 31, 37, and 39, revised.

### Summary

This chapter is revised to reflect:

- ◆ Changes in the IV-A Emergency Assistance program, including the correct services covered as well as clarification on how and when families are eligible for funding.
- ◆ The following changes to purchased service components:
  - Parental counseling and education (P4) no longer exists.
  - Community resource procurement (A74X) no longer exists.
  - Foster care supervision services (C5) no longer exist.
  - The interim service authorization process is no longer in effect.
- ◆ All amendments to the contract for family safety, risk, and permanency services.

Supervision services are provided by a DHS case manager in supervisor-approved circumstances and occur when there is no need to purchase family safety, risk, and permanency services.

### Effective Date

Immediately.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 17, Chapter D(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 24, 2007
5, 6	June 29, 2007
8-10, 12-14	August 24, 2007
15, 16	June 29, 2007
17-19, 21-27, 31, 37, 39	August 24, 2007

**Additional Information**

Refer questions about this general letter to your service area manager.