

**Family Preservation Services**  
**August 7, 2020 Provider Call**  
**Agenda**  
**(There were 2 questions submitted for this call)**

I. *Invoice updates::*

- *The first virtual or face-to-face contact that starts the billing needs to be a meaningful contact, and not merely a brief call or text scheduling a time to meet with the family.*
- *The initial assessment must be uploaded to KidTraks within 7 days of that first meaningful contact.*
  - *It is not REQUIRED to upload the weekly safety check, however some providers are doing this and it is ok; billing will not be held for this*
  - *Include notes regarding family resistance and/or cooperation in your initial assessment*
- *Denials are occurring for not meeting the above requirements.*
- *After that first month, DCS will be looking for a monthly report that generally provides documentation of services provided during the month, including the (at minimum) weekly visits.*
  - *Submit ONE monthly report per referral – if there are several staff working with the same family, combine their input into ONE monthly report*
  - *When attaching the monthly report to the case in KidTraks, the file naming format is July2020\_FamPres Per Diem\_JohnSmith*

II. *Service Intensity--Don't just see families once a week unless that's really all they need. Deliver the right service at the right intensity for them.*

- *Give families what they need – not just the minimum requirement*
- *Use clinical expertise and judgement to determine what that is*
- *New cases are typically still in crisis and need much more contact than one hour/week*

III. *Tracking Form—please remember to use that form for any concrete-needs spend, and submit to [ChildWelfarePlan@dcs.in.gov](mailto:ChildWelfarePlan@dcs.in.gov)*

- *Only a few submitted so far*
- *If your agency has concrete spend, please submit form*
- *Should be offered when NOT doing so will result in removal of child(ren)*
  - *Should be a team decision*

- *If there is a clear need, we should not need a court order or official document to meet the need*
  - *Work with the team and come to an agreement*
  - *Provider should do what needs to be done in order to prevent removal whenever possible*
  - *Keep in mind that Governor's Order prohibits electricity disconnects/evictions/foreclosures through at least Aug 14*

IV. *CQI plans—just a reminder to please be thinking about those, and, if you need any assistance, reach out to Heather.Hendley@dcs.in.gov or [Tracy.Hopkins@dcs.in.gov](mailto:Tracy.Hopkins@dcs.in.gov)*

- *Questions regarding how to develop a plan or what should be included can be directed to Heather or Tracy*

V. *Update on referrals—730 statewide as of yesterday. Regional Breakdown:*

1) 63	7) 45	13) 27
2) 34	8) 57	14) 25
3) 29	9) 33	15) 38
4) 30	10) 72	16) 48
5) 36	11) 35	17) 41
6) 42	12) 35	18) 40

- *Approx 2.3 children per referral*
- *Focus on NEW In-Home CHINS and IA*
- *Will naturally transition to ALL In-Home CHINS and IAs – will increase referrals significantly*
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- *Family Preservation Page (including training): <https://www.in.gov/dcs/4102.htm>*
- *Direct FCMs to this if you believe they do not understand the service*
- *Services team can assist as well – just let us know where you need help!*

VI. *IARCA & IARCA Institute For Excellence has worked with FSSA to provide about a 45 minute webinar around becoming a Medicaid provider. The webinar is presented by Michael Cook, Director of Provider Services at Indiana Family and Social Services Administration and Teisha Belton, Provider Compliance Coordinator at Indiana Family and Social Services Administration. The webinar will be August 20<sup>th</sup>, from noon – 12:45 pm EST. Register by 8/18.*

*Register here: <http://www.iarca.org/training/iarca-institute-for-excellence-becoming-a-medicaid-provider-webinar>*

- *If the provider working with a family can accept the family's health insurance, this may prevent repeat maltreatment after case closure*
- *This will help providers understand how to become a Medicaid provider so you can accept family insurance after case closure*

## VII. Q & A

- 1- How do referrals work for Family Preservation when the family is divided into 2 families: i.e. Kids in-home Chins with mom; dad is added to case, but not a part of original referral, has his own household, own issues? Is DCS considering this 1 case (b/c it is truly like working 2 different cases, like we would do with Community-based, or is it all under 1 preservation referral and rate?

A: This is really going to depend on specific case circumstances, and we've already had a variety of responses to scenarios like this—we've done all of the work with just the Family Preservation referral, we've brought in "traditional" services for the other parent, and we've even opened two Family Preservation cases. Please work with the Child and Family Team and your Regional Service Coordinator on what will make the most sense for your specific case when you encounter cases like this.

- 2- Is DCS to give a separate referral for supervised visits in a FP case if a father/mother has not been involved with kids and is newly introduced or there has been a no contact or they cannot be "alone" with the children?

A: Again, this will depend on specific case circumstances, and, as above, we've already had a variety of response to these circumstances including visitation referrals and doing everything under the FPS referral. Things that Child and Family Teams and FCMs/Child Welfare Services should consider include: frequency of visits, location of visits, duration of visits, purpose of visits, etc. Please work with the Child and Family Team and the Regional Services Coordinator when you encounter these circumstances.

3. Our initial assessment was not uploaded to Magik... so now that we upload it to Magik is that automatic denial? If so, how do we rectify that?

If it was never uploaded it would be a complete denial. We will see the date it's uploaded and pay no more than seven days prior to that. You can re-bill and provide explanation and we can consider that.

4. Meaningful contact is clear. For billing purposes we upload the weekly safety check right away. The assessment was to be uploaded within 30 days initially but it was change. Will billing denial be base on the assessment not being uploaded in that 30 days.

The service standard is correct. Within 7 days of seeing the family your initial assessment and the safety plan should be uploaded. The weekly safety check should be included in the reports. If there is a safety concern make sure to have an actual conversation with DCS to have this addressed. When we get to phase 5 of re-opening we will require the face to face contact before billing starts. The weekly safety check are not required by the service standard to be uploaded. This will not cause billing disruptions. It must be noted in the monthly report, that these safety checks are being completed.

5. If we just completed the initial treatment plan for the 7 days and uploaded it do we need to include it in the monthly report as well.

The treatment plan should be part of the monthly report then going forward, the updated treatment plan with new narrative of what was learned. Should be noted in monthly report, not separate document needed.

6. Can we get a copy of this agenda to share with our staff please?

It's posted in the chat above, so, you should be able to pull them from there and share with all of your staff. And, all of our previous agendas, questions, and responses are posted here: <https://www.in.gov/dcs/4102.htm>

7. We are still seeing a LOT of confusion from local offices about Family Preservation and continue to do a lot of education. I wonder about having a re-education session with FCM's now that it has been up and running for a few months. Just a thought to maybe tease out the continued confusion.

We can talk to field supervision about updated education. Bring our team in on those conversations with DCS field staff to assist with understanding.

8. I have a question about the monthly report. If there are different providers on the case (eg. case management, therapy, SA) there is only one integrated monthly report, correct?

Yes, we want one report per family for Family Preservation services.

9. We have been informed that CHOICES is now making referrals for Family preservation cases. Could you please clarify if it is possible for a contracted provider to receive a family preservation referral from CHOICES?

No, Choices does have a contract and may receive referrals but DCS makes all of the referrals.

RESPONSE IN CHAT from Jennifer Tackitt-Dorfmeier: We are making referrals for things that are not included in the EBP's we offer. If you have specific questions please feel free to reach out to me as well.