

Handoff to Case Management

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Overview

The handoff of a case from the Child Protective Worker (CPW) to the Social Work Case Manager (SWCM) is one of the most essential processes in the life of the case. For the case to proceed successfully, clear and complete information about the case must be provided by the CPW, reviewed by the SWCM, and jointly discussed to emphasize key points and clarify relevant details. The CPW and SWCM must collaborate to ensure critical information about safety, risk, and family dynamics are understood and conveyed as the case transitions between workers.

Form [470-5562, CPW to SWCM Transfer Packet Face Sheet](#), assists with facilitating a smooth handoff to case management. It is a tool to identify the required documents that need to be completed before handoff from the CPW to the SWCM. The CPW should complete the *CPW to SWCM Transfer Packet Face Sheet* as a part of the transfer packet provided to their supervisor within five business days from completion of the assessment. Guidance for completing the *CPW to SWCM Transfer Packet Face Sheet* is located in [RC-0140, CPW to SWCM Transfer Packet Face Sheet Guidance](#).

Within three business days after a case transfer, the SWCM is required to:

- ◆ Read the current protective assessment,
- ◆ Read the current court orders in file manager or Electronic Data Management System (EDMS),
- ◆ Review all of the documents in CPA File Manager in JARVIS as it relates to the current case,
- ◆ Review all prior Department reports,
- ◆ Have a conversation with their supervisor about the document review, and
- ◆ Review the truncated INAL.

Definitions

“Child,” “Children,” or “Youth” means a person or persons who meets the definition of a Child in Iowa Code § 234.1(2).

“Child Protection Worker” or “CPW” means a person designated by the Department to perform an assessment in response to a report of child abuse. (Iowa Code § 232.68 subsection 2A)

“JARVIS” means the child services modules where the case flow applications have been converted and all case entries are made.

“Medicaid referral” means referral of a family to the income maintenance unit of the local Department office for determination of Medicaid eligibility.

“Parent” means

- ◆ A biological or adoptive mother(s) or father(s) of a child; or a father whose paternity has been established by operation of law due to the individual’s marriage to the mother at the time of conception, birth, or at any time during the period between conception and birth of the child, by order of a court of competent jurisdiction, or by administrative order when authorized by state law. A parent is a parent regardless of child custody status or residence in the child’s home. “Parent” does not include mother(s) or father(s) whose parental rights have been terminated. (Iowa Code § 232.2(39))
- ◆ In the Indian Child Welfare Act, a biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child including adoptions under Tribal Law or custom. It does not include the unwed father where paternity has not been acknowledged or established. (Iowa Code § 232B.3(12))

“Social work case manager” or **“SWCM”** means the person assigned to manage a child welfare case using case planning and case management for the “life of the case.”

Service Application

Form [470-0615, Application for All Social Services](#), is utilized to collect information needed to determine eligibility for social services and IV-A funded emergency assistance services as well as to record the Department's determination of IV-A eligibility. A service application will be completed when:

- ◆ A referral for services is made after a child abuse assessment (unless an application is already on file).
 - Families are eligible for Department services when:
 - ◆ They have a confirmed incident of child abuse and assessed as high risk
 - ◆ They have a founded incident of child abuse and regardless of assessed risk level
 - Families may not be referred for Department services due to any of the following exceptions:
 - ◆ The abuse occurred in an out of home setting and the person responsible has no access to the child. The parent or caretaker had no prior knowledge of the alleged abuse.
 - ◆ The child victim is deceased and there are no other children in the home.
 - ◆ The entire family moved out of state prior to the completion of assessment and the CPW has notified that state's child protective services.
 - A decision is made to provide one or more of the following services:
 - ◆ Family-Centered Services
 - ◆ Protective Child Care
 - ◆ Shelter Care (unless placement is less than 48 hours)
 - ◆ Foster Family Care
 - ◆ Qualified Residential Treatment Program (QRTP)
 - ◆ Supervised Apartment Living (SAL) Foster Care
 - ◆ This application is not required for Psychiatric Medical Institution for Children (PMIC) placements.
- ◆ A person wishes to apply for services that are not court ordered.
- ◆ When eligibility redetermination is necessary for one of the services listed above.

Applicants for any social service or their authorized representative must complete Part A of 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 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.

It is important to ensure that the child and family understand their choices related to their situation at the time of Department involvement. To ensure this, the first step in the service application process is having a discussion with the child and family regarding their right to make their own decisions and choices concerning programs offered by the Department unless otherwise determined by court action. Document this process in your case narrative by indicating who participated in the discussion and how you determined that the child and family understood their rights.

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 workers 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 kin 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.

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 records or birth certificates. (Verification is required for Child Care Assistance.) Once the *Application for All Social Services* is completed, it may be returned to any local office of the Department.

Issuing Notification

For each completed Application for All Social Services, the SWCM must inform the child or family of the eligibility decision within 30 days from the date of application by using form [470-0602, Notice of Decision: Services](#).

EXCEPTION: For services ordered by the court, the court order provided by the court and the case permanency plan provided by the Department shall serve as notification.

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.

Complete the Notice of Decision: Services 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.

NOTE: Notification is not required when a service is added due to reassessment between six-month reviews.

Make sure that the notice is in clear language 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 Rule chapter or 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).

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.

IV-A Application

The Title IV-A emergency assistance program is designed to extend a menu of services to children who are victims or at risk of abuse or neglect, at risk of out-of-home placement, or in need of care or treatment. "Emergency assistance services" are defined as family-centered services, foster care, and protective day care services.

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.

IV-A Eligibility

In determining IV-A eligibility, it is not necessary to verify a family's income if the family is receiving Family Investment Program (FIP), Supplemental Security Income (SSI), Food Assistance, or Medicaid benefits in the month of the application. Families in these situations are deemed to have insufficient resources to meet the emergency need.

The applicant family is also deemed to have insufficient resources to meet the emergency needs if the family does not have income totaling the current [National Federal Poverty Guidelines](#) for a family of that size. To determine the family size, count the following people:

- ◆ Legal spouses (including common law) and their children who live in the same household.
- ◆ Parents, stepparents, and their natural and adopted children who live in the same household.
- ◆ Family members who are temporarily absent from the home for the purpose of education or employment.
- ◆ Family members temporarily absent because of a medical or other reason and the person intends to return within three months.
- ◆ A child who lives alone or who resides with a person, or people, not legally responsible for the child's support. For children in out-of-home care or pre-adoptive placement, the "family" has no adults, and the size of the family equals the number of siblings in the home.

Medicaid Application

Medicaid is a state program that pays for covered medical and health care costs of people who qualify. The Medicaid program is funded by federal and state governments and is managed by the Department. A child placed in foster care is automatically eligible for Medicaid, which includes routine medical and dental examinations, behavioral health intervention services, mental health treatment, and substance abuse treatment.

Many of the children served by the Department may be eligible for Medicaid and other programs, such as the Family Investment Program (FIP) for cash assistance and the Food Assistance program, and would benefit from participation in these programs. Collaborate with Department Income Maintenance workers to assist families in determining if they meet eligibility requirements. Income Maintenance determines eligibility for Medicaid.

Medicaid eligibility helps offset state costs by allowing the state to draw matching federal dollars. If the income maintenance worker determines the child to be Medicaid eligible, the Medicaid "Care for Kids" program will pay for:

- ◆ Behavioral Health Intervention (BHIS) services.
- ◆ Other mental health and substance abuse treatment services.
- ◆ Physical screening examinations provided by physicians and clinics.
- ◆ Diagnostic and treatment services recommended as a follow-up to the screening.

Unless the child is already receiving Medicaid, ensure that a Medicaid application is filed when:

- ◆ A child is referred for 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 [470-5170, Application for Health Coverage and Help Paying Costs](#), when the family wants to apply for Medicaid only.
 - Use form [470-0462, Financial Support Application](#), or its Spanish version, [470-0462\(S\)](#), when the family wants to apply for the FIP, 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 [470-5170, Application for Health Coverage and Help Paying Costs](#), for the initial application.

Early ACCESS

Early ACCESS is a partnership between families with young children, birth to age three, and providers from the Departments of Education, Public Health, Human Services, and the Child Health Specialty Clinics. The purpose is to help the family assist their infant or toddler to develop and learn, and address specific family concerns and priorities as it relates to the child's overall growth and development. There is no cost to families for service coordination activities, evaluation and assessment to determine eligibility, and development and reviews of the Individualized Family Service Plan. Some service may have charges or sliding fee scales, or may be provided at no cost to families.

The Child Abuse and Treatment Act (CAPTA) provision at section 106(b)(2)(B)(xxi) requires that states have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect to early intervention services funded by Part C of the Individual with Disabilities Act (IDEA). Part C of the IDEA, which was reauthorized on December 3, 2004 by Public Law 108-446, contains a provision very similar to the one in CAPTA. The Department uses an automatic process to refer children to Early ACCESS. In the event that the information the Department provided to the Education Agency is incomplete or incorrect, the Early ACCESS Service Coordinator may contact the Department CPW or SWCM regarding information needed to contact the family. To maintain compliance with CAPTA section 106(b)(2)(B)(xxi) and IDEA Part C, the CPW or the SWCM may release basic demographic information on the child and parents to the Early ACCESS Service Coordinator without a release of information. Obtain a release of information for the ongoing exchange of information outside of the scope of the referral process.

Conducting the Face-to-Face Handoff Meeting

Best case practice is for the CPW and SWCM to meet face-to-face with the family and the assigned family-centered services (FCS) contractor at the family home to complete the handoff meeting. Handoff meetings are a critical juncture and essential to positively engaging families. The expected meeting outcomes include the following:

- ◆ For all team members to fully understand their respective roles;
- ◆ To clarify services being provided; and
- ◆ To review the expectations of those services.

If the CPW is not able to attend a face-to-face handoff meeting, the CPW's supervisor must attend.

Iowa's Child Welfare Model of Practice is rooted in the principles and practices associated with a strength-based and family-centered approach by "starting where the family is" which promotes a common understanding as to why the Department is involved with the family, builds a support system, and sustains the family's interest and involvement in the change process. In addition to the informal resources and supports of the family and community resources, consider the formal resources such as Parent Partner Support if they are not currently involved with the family. Explain [Parent Partner Support](#) to them. If applicable, follow up on the status of the Early ACCESS referral.

If a genogram was not completed during the assessment process, the SWCM will complete one during the face-to-face handoff meeting. Completing a genogram with the family is one strategy that has the benefits of identifying possible Indian heritage, as required by the Indian Child Welfare Act, or whether a child has Mexican citizenship, while also identifying possible extended family support systems and family placement resources if needed.

It is important for families to know what to expect during their ongoing involvement with the Department. Explain the case planning process, the role Solution Focused Meetings (SFM) may play in the process, and the importance of the family's participation in assessing their strengths and needs, setting goals, and developing action steps. Use the form [470-4138, Family Functioning Domain Criteria](#) to identify the strengths and needs of the family.

At the end of the visit, review what you heard with the family as to their experiences, values, goals, aspirations, and support system to ensure you have correctly understood what they have shared with you.