

## How-Do-I? Guide: Case Management

Outcomes	Decisions	Criteria
<ul style="list-style-type: none"> <li>■ Child safety</li> <li>■ Child and family well-being</li> <li>■ Permanency for the child</li> <li>■ Appropriate type, level and intensity of HHS services and placement</li> <li>■ Family active participation</li> </ul>	<ul style="list-style-type: none"> <li>■ Type, level and intensity of services</li> </ul>	<ul style="list-style-type: none"> <li>■ Allegation findings</li> <li>■ Safety factors</li> <li>■ Risk factors</li> <li>■ Child and parent's capacity and needs</li> </ul>

### Application Processing

Policy	Procedure	Practice Guidance
<p><b>Application Process</b> 441 IAC 130.2(234)</p>	<p>Once the child and family needs are identified through the case planning process, and the services are requested, three types of eligibility determinations may be necessary:</p> <ul style="list-style-type: none"> <li>■ Applicants for any social services complete Part A of form 470-0615, <i>Application for All Social Services</i>.</li> <li>■ Applicants for services funded by the Title IV-A Emergency Assistance program complete Part B of form 470-0615 initially and annually thereafter.</li> <li>■ Applicants approved for services that can be funded by Medicaid also need to complete form 470-2927, <i>Health Services Application</i>, unless they are already receiving Medicaid.</li> </ul>	<p>Services include:</p> <ul style="list-style-type: none"> <li>■ Family-centered services</li> <li>■ Family preservation</li> <li>■ Shelter care (except placements of less than 48 hours)</li> <li>■ Protective child care</li> <li>■ Wrap-around services</li> <li>■ Adolescent monitoring and evaluation (provided through the juvenile court)</li> </ul> <p>Services funded by Medicaid include:</p> <ul style="list-style-type: none"> <li>■ Rehabilitative treatment services (family-centered services, family preservation, family foster care, and group care)</li> </ul>

		<ul style="list-style-type: none"> <li>■ Psychiatric medical institutions for children (PMICs)</li> <li>■ Mental health or substance abuse services authorized by the Iowa Plan for Behavioral Health</li> </ul>
<p><b>Taking Applications</b></p> <p>441 IAC 130.2(234)</p>	<p>The child and family complete the application regardless of whether:</p> <ul style="list-style-type: none"> <li>■ Child welfare services are court-ordered.</li> <li>■ Child welfare services require IFMC review and authorization.</li> <li>■ The child and family are or are not expected to be Medicaid eligible.</li> </ul> <p>The date the signed application is filed in a county office is the service application date.</p> <p>Enter service applications into FACS on the APPL screen.</p>	<p>FACS will alert you to enter an application or update the court information every six months.</p>
<p><b>IV-A Application Process</b></p>	<p>Review the IV-A application for accuracy:</p> <ul style="list-style-type: none"> <li>■ Child meets eligibility criteria for services prescribed</li> <li>■ An emergency exists</li> </ul> <p>The applicant does not have income totaling 800% of the current federal poverty guidelines</p>	<p>Rely on the following to assist determining eligibility:</p> <ul style="list-style-type: none"> <li>■ Information contained in the child's file</li> <li>■ Information obtained through investigation</li> </ul> <p>Information proved through the child and family's statement</p>
<p><b>Issuing Notification Re: Services Offered</b></p> <p>441 IAC 7.7(1) 441 IAC 130.2(4)</p>	<p>For each <i>Application for All Social Services</i> completed, notify the child or family of decisions about services that will be offered. Also notify them when approval for services is reviewed.</p> <p>When Department funded services are requested:</p> <ul style="list-style-type: none"> <li>■ Make a decision within 30 days of the date you take the application.</li> <li>■ Inform the child or family of the decision using form 470-0602, <i>Notice of Decision: Services</i>.</li> </ul>	<p>Ensure that the written notification is in clear language that is appropriate to the family's ability to comprehend and include the following:</p> <ul style="list-style-type: none"> <li>■ A statement of what action is being taken</li> <li>■ The reasons for the intended action</li> <li>■ The manual chapter number and subheading supporting the action</li> </ul>

	<p>Mail or give the notice to approve or deny the application to the child or the child's representative on the day the decision is made.</p>	<ul style="list-style-type: none"> <li>■ An explanation of the appellant's right to appeal</li> </ul> <p>The circumstances under which assistance is continued when an appeal is filed</p>
<p><b>Issuing Notification Re: Services Denied, Reduced or Terminated</b> 441 IAC 7.7(1) 441 IAC 130.2(4)</p>	<p>Issue notice at least ten days before the effective date of action.</p> <p>Deny an application and close application when your assessment indicates that:</p> <ul style="list-style-type: none"> <li>■ The service is not needed.</li> <li>■ The service is available elsewhere without cost to the child.</li> </ul> <p>Complete form 470-0602 when you do not make a referral to the review organization for new or reauthorized services.</p> <p>Complete form 470-0602 for services which do not require IFMC authorization when you:</p> <ul style="list-style-type: none"> <li>■ Deny an application.</li> <li>■ Renew, reduce or terminate a service.</li> <li>■ Terminate a service because another community resource will provide the same or similar service at no charge.</li> </ul>	<p>Make referrals to other agencies, if appropriate.</p> <p>Every case must be reviewed at least every six months.</p>
<p><b>Health Services Application for Medicaid</b> 441 IAC 185.5(6)"e"</p>	<p>Applicants approved for RTS or PMIC services need to complete a <i>Health Services Application</i>.</p> <p>The application form to use depends on the child and the family's circumstances.</p> <ul style="list-style-type: none"> <li>■ If a child is currently receiving Medicaid, a new <i>Health Services Application</i> is not required.</li> <li>■ When children are living with their family and the family wants to apply only for Medicaid, use form 470-2927.</li> </ul>	<p>Medicaid eligibility helps offset costs by allowing the state to draw matching federal dollars.</p> <p>If the applicant is already receiving Medicaid or has countable resources exceeding \$10,000, do not complete an application.</p>

	<ul style="list-style-type: none"> <li>■ When children are living with their family and the family also wants to apply for FIP or Food Assistance, use form 470-0462, <i>Health and Financial Support Application</i>.</li> <li>■ When a child who is not currently receiving Medicaid is placed out of the home in foster care, adoptive placement, or a PMIC, use form 470-2927 for initial application, and form 470-2914, <i>Foster Care and Subsidized Adoption Medicaid Review</i>, for reviews.</li> </ul> <p>Have the parent or guardian submit the application form to the income maintenance unit in the county office.</p>	
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## Coordinating and Monitoring Provision of Services

Policy	Procedure	Practice Guidance
<p><b>Managing Service Delivery</b> 441 IAC 130.6(234) 441 IAC 131(234) 441 IAC 185.5(5) 441 IAC 185.6(5)</p>	<p>Access services as planned and identified by the family team and outlined in form 470-3453, <i>Family Case Plan</i>.</p> <p>Coordinate and administer delivery of services to the child and family to ensure quality and effective delivery of services.</p> <p>Maintain contact with the child and family, providers, and community resources to ensure quality, effectiveness, and appropriateness of the services and outcomes.</p> <p>Maintain timely and accurate data entry in FACS to ensure child and family access to services.</p>	<p>Ongoing contact and coordination with service providers promotes more successful referrals.</p> <p>Maintaining ongoing contact with the child, family, and service providers helps ensure that services are:</p> <ul style="list-style-type: none"> <li>■ Responsive to the strengths and needs identified in the combined <i>Family Case Plan</i>.</li> <li>■ Addressing the goals identified in the <i>B. Family Case Plan</i>.</li> </ul> <p>Congruent with other services and supports being provided for the child and family.</p>

Policy	Procedure	Practice Guidance
<b>Reviewing Client Progress</b>	<p>Receive reports and case updates from service providers.</p> <p>Monitor and assess the child and family's achievement of the identified desired outcomes.</p>	<p>Ensure that providers submit treatment plans and reports on a timely basis:</p> <ul style="list-style-type: none"> <li>■ Monitor these plans and reports for consistency with desired results.</li> <li>■ Advocate for treatment plans to be revised when a specific service strategy is not yielding a desired result.</li> </ul>
<b>Working with the Court</b>	<p>Facilitate the presentation of the <i>Family Case Plan</i> including the case permanency goal and supporting documentation to the court:</p> <ul style="list-style-type: none"> <li>■ Attend court hearings and submit court reports</li> <li>■ Provide the court with recommendations regarding the child's best interests</li> <li>■ Advocate for the child and family and provide testimony and advocacy as needed</li> <li>■ Work with the child and family to help them understand the court process</li> </ul> <p>Coordinate efforts with judges, lawyers, and juvenile court officers</p>	
<b>Referring a Client to a Provider</b> 441 IAC 130.6(3)	<p>For in-home services, assist the child and family in selecting an appropriate provider.</p> <p>For out-of-home placement, HHS has the responsibility to select the provider.</p> <p>Once rehabilitative, nonrehabilitative or supportive services have been arranged, forward the completed form 470-3055, <i>Referral of Client for Rehabilitative Treatment and Supportive Services</i>, and the <i>Family Case Plan</i> to the provider.</p> <p>Indicate the approved service, units, and duration on the form.</p>	<p>Evidence-based practices have shown that effective referrals include a referral readiness process that prepares:</p> <ul style="list-style-type: none"> <li>■ The client (child and family) for the service.</li> <li>■ The provider to understand the unique strengths and needs of the client.</li> </ul>

Policy	Procedure	Practice Guidance
<p><b>Reviewing Provider Reports</b> 441 IAC 185.10(6) 441 IAC 185.10(8)"d" &amp; "e" 441 IAC 185.12(1)</p>	<p>Maintain ongoing contact with child, family, and providers. Carefully review the provider progress notes:</p> <ul style="list-style-type: none"> <li>■ Family preservation services. Progress reports are required every ten days.</li> <li>■ Family-centered psychosocial evaluation. Must be completed within 14 calendar days following termination of service.</li> <li>■ All other treatment services. Progress reports are required 90 calendar days after initiating services and every 90 calendar days thereafter.</li> </ul>	<p>Strategies to ensure the ongoing monitoring, tracking, and coordination of service delivery efforts include:</p> <ul style="list-style-type: none"> <li>■ Use of Family-Focused Meetings involving providers as key members.</li> <li>■ Regular phone contact with providers.</li> <li>■ Review and comment on provider reports and plans.</li> </ul>
<p><b>Approving Claims</b> 441 IAC 185.12(1)</p>	<p>At the end of each month, the provider agency submits form 470-0020, <i>Purchase of Services Provider Invoice</i>, for contractual services provided that month.</p> <p>County office staff enter the invoices on FACS.</p> <p>Constant payments are system-generated for SWCM approval on the last working day of the month. Worker approval is required for all constant payments.</p>	
<p><b>Monitoring Provider Activities</b></p>	<p>If you suspect that a provider may be engaging in any unsanctioned activities, report this to the project manager for the provider's contract.</p>	
<p><b>Transferring a Case to Another Service Area</b> 441 IAC 130.6</p>	<p>When a family receiving voluntary services moves to another service area, make a referral to the SAM or designee before transferring the case.</p> <p>When a family with court-ordered services moves to another service area, send your request for transfer in a cover memo or electronic mail including the following:</p> <ul style="list-style-type: none"> <li>■ Current involvement of agencies from which we are purchasing services</li> <li>■ The plan for transfer of venue, if juvenile court is involved</li> </ul>	<p>Generally, decisions concerning inter service area transfer requests are made at the service area manager or designee level, although the original contract may be at the service area level.</p> <p>Decisions include discussion and agreement on fiscal responsibility, including the effective date for the transfer of fiscal responsibility.</p>

	<ul style="list-style-type: none"> <li>■ The plan for transfer of case responsibilities</li> </ul> <p>Forward the service record and transfer the FACS or SRS case via first class mail, courier or hand delivery by a Department employee.</p> <p>For cases with court-ordered services, do not send the case record or enter the transfer into FACS until the change of venue is approved.</p> <p>Document all transfer decisions and activities in the case file.</p>	
<p><b>Receiving a Transferred Case from Another Service Area</b></p>	<p>Verify accuracy of the FACS or SRS changes.</p> <p>When the transferred case involves guardianship or court-ordered services, review the case within five calendar days to ensure that court-ordered services and oversight are in place.</p> <p>If the court is not involved, assess the need for continued service within 30 calendar days.</p> <p>If the case involves review organization authorized services, set up services with local providers. If your assessment indicates a need for revision of the previous authorization, initiate a request to the review organization.</p>	
<p><b>Requesting Services from Another Service Area</b> 441 IAC 130.6(3)</p>	<p>To request a service from another service area, send a memo that includes the following items:</p> <ul style="list-style-type: none"> <li>■ Specific services requested</li> <li>■ Whether this is a one time or ongoing request</li> <li>■ Expectations regarding contact with family and time frames for written reports</li> <li>■ Current involvement of agencies from whom we are buying services if that information is not provided through the <i>Family Case Plan</i>.</li> </ul>	

## Reviewing Family Case Plan

Policy	Procedure	Practice Guidance
<p><b>Evaluating the Case Plan</b> 441 IAC 130.6(234) 441 IAC 130.7(234)</p>	<p>Continually assess the strengths and needs of the child and family to determine the progress toward identified results and measurable indicators of change. It is important for the team to:</p> <ul style="list-style-type: none"> <li>■ Review the service eligibility.</li> <li>■ Determine if the original need continues, and if other needs exist.</li> <li>■ Review the effectiveness of the direct or purchased services.</li> <li>■ Ensure that the direct or purchased services continue to benefit the child and family's needs.</li> <li>■ Review the <i>Family Case Plan</i> to ensure the strategies are reasonable, timely, and effective to achieve the identified outcomes.</li> <li>■ Coordinate with local case review processes.</li> </ul>	<p>You may recommend continuing progress toward reasonable efforts toward reunification when:</p> <ul style="list-style-type: none"> <li>■ Treatment is ongoing but not completed or</li> <li>■ Adequate community resources have not been available to the child and family.</li> </ul>
<p><b>Reassessing Strengths and Needs of the Child and Family</b> 441 IAC 130.7 441 IAC 130.7(4) &amp; (5)</p>	<p>Complete a <i>Family Risk Reassessment</i>, 470-4134, every 90 days and prior to case closure.</p> <p>Reassessment of the child and family strengths and needs, and reapplication for rehabilitative and treatment services are required at a minimum every six months.</p> <ul style="list-style-type: none"> <li>■ Review the identified results and document progress made toward achieving them on the <i>Family Case Plan</i>.</li> <li>■ Determine if services are needed and what services will best meet the child and family's needs.</li> <li>■ Decide whether to make recommendations to the review organization or the court.</li> </ul> <p>Complete the IV-A determination annually, including court-ordered services.</p>	<p>The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred during the previous review period.</p> <p>Involve the child and family and their informal support system to work toward desired results.</p> <p>To determine what services will best meet the child's and family's needs, consider:</p> <ul style="list-style-type: none"> <li>■ The scope (i.e., type of service and service core or level).</li> </ul>



	<p>For other services covered in this chapter, either:</p> <ul style="list-style-type: none"> <li>■ Determine need and authorize services based on the strengths-based assessment, or</li> </ul> <p>Submit the <i>Family Risk Reassessment</i> and recommendations to the court.</p>	<ul style="list-style-type: none"> <li>■ The amount (i.e., the maximum number of units of service).</li> <li>■ The maximum duration and the expected outcomes for the child and family.</li> </ul> <p>Although the court will consider the review organization's recommendation, the court will make an independent determination of need.</p>
<p><b>Authorization of Continuing Services</b>  441 IAC 185.3(4)  441 IAC 185.3(5)  441 IAC 185.4(6)  441 IAC 185.5</p>	<p>Assess the efficacy of current services and determine if modifications, continuation or termination of services is required.</p> <p>When a determination is made to authorize the continuation of services:</p> <ul style="list-style-type: none"> <li>■ Request supervisory approval to authorize continuing services.</li> <li>■ Give notice to the child and family for all services reviewed.</li> <li>■ Determine the level of scope, amount, and duration to be requested.</li> <li>■ Contact the review organization for reauthorization of services at least two weeks before the final eligibility date of the last authorization.</li> <li>■ Review and have available at the time of the request for authorization: <ul style="list-style-type: none"> <li>• Provider reports</li> <li>• Provider treatment plan</li> <li>• Current assessment information</li> </ul> </li> </ul>	<p>Through ongoing contacts with the child, family, and provider:</p> <ul style="list-style-type: none"> <li>■ Assess the progress and accomplishment of services being provided in addressing the goals of <i>B. Family Case Plan</i>, and child safety, child and family well-being, and the permanency needs of the child.</li> <li>■ Identify areas in which further growth, development or change is required.</li> <li>■ Determine if current services should be continued, modified or ended.</li> <li>■ Make modifications to services as necessary.</li> </ul>

	<ul style="list-style-type: none"> <li>• Information regarding changes in the child and the child’s family</li> <li>• The court order if applicable</li> <li>• Changes in the services requested</li> <li>■ Provide the review organization details of the child’s needs, including: <ul style="list-style-type: none"> <li>• Identified change or lack of change in the child, the child’s family, and in the service outcomes</li> <li>• Continuing rehabilitative need</li> <li>• Utilization of previous services authorized</li> </ul> </li> <li>■ Provide the service provider a copy of the revised <i>Family Case Plan</i> and service authorization.</li> </ul>	
<p><b>Discontinuing a Service</b> 441 IAC 130.5(2)</p>	<p>Use the team process to make this determination. To discontinue a service:</p> <ul style="list-style-type: none"> <li>■ Work with the court (if the service is court-ordered).</li> <li>■ Issue a <i>Notice of Decision: Services</i>, form 470-0602, to the child, allowing timely notice.</li> <li>■ Close the service by issuing form 470-3055, <i>Referral of Client for Rehabilitative Treatment and Supportive Services</i>, to the provider of purchased services, reflecting the closing date.</li> <li>■ Enter the termination date on appropriate FACS screens: SERL, FOSD, and Court Detail, if appropriate.</li> <li>■ Zero out any remaining units on the VARP and Encumbrance screens on FACS.</li> <li>■ Enter termination dates on SRS cases when applicable.</li> </ul> <p>If no further services that must be approved by the review organization are needed, but other Departmental services are indicated, continue providing those services.</p>	<p>Discontinue a service when:</p> <ul style="list-style-type: none"> <li>■ The goals and objectives toward which the services were directed have been achieved.</li> <li>■ The service is not available to the family or child.</li> <li>■ There is another community resource that will provide the service at no cost.</li> <li>■ After repeated efforts, it is evident that the family or individual is unwilling or unable to accept further services.</li> <li>■ After repeated assessment, it is evident that the child and family is unable to attain the goals and objectives toward which the services were directed.</li> </ul>

	If the discontinued services are the only services covered by the case plan, close the case.	<ul style="list-style-type: none"> <li>■ The family requests discontinuation of the service, and court intervention is not indicated.</li> </ul>
<b>Closing a Case</b> 441 IAC 130.6(3)	<p>Use the Family-Focused Meeting to reach consensus with the child, family, and providers to end HHS service involvement. When all services have been discontinued, close the case.</p> <ul style="list-style-type: none"> <li>■ Develop transition plans that include information and referrals to community resources and providers that do not require Department involvement.</li> <li>■ Close the FACS or SRS case.</li> <li>■ Submit the closed case to your supervisor.</li> <li>■ Store and retain closed case records following local procedures.</li> </ul>	<p>Through ongoing case management activities, the case review process, consultation with the family, other providers and the supervisor, the SWCM is able to know when case closure is appropriate.</p> <p>The development of the combined <i>Family Case Plan</i>, the assessment of the family functioning domain criteria, and the establishment of goals in the <i>B. Family Case Plan</i> establishes the framework for case closure.</p> <p>Planning for case closure begins with the initial <i>Family Case Plan</i> and continues throughout the life of the case.</p>

## Appeals

Policy	Procedure	Practice Guidance
<b>Right to Appeal Adverse Actions</b> 441 IAC Chapter 7.5 441 IAC 185.6(234)	<p>The child and family or someone authorized by them 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.</p> <p>Give timely and adequate notice of the pending adverse action to the child and family.</p> <p>The child or family member who receives the notice has 30 days to file an appeal with the local Department of Health and Human Service office. Existing services will continue upon appeal:</p>	<p>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.</p> <p>The timely notice period for services is the time from the date a notice is mailed to the effective date of the action, and must be no more than ten calendar days.</p>

	<ul style="list-style-type: none"> <li>■ Rehabilitative treatment services continue until expiration of previously authorized services.</li> <li>■ Other services continue until resolution of the appeal.</li> </ul>	
<p><b>Appeal Process</b> 441 IAC 185.6, Chapter 7.5</p>	<ul style="list-style-type: none"> <li>■ Encourage or assist the appellant to make a written appeal on form 470-0487, <i>Appeal and Request for Hearing</i>.</li> <li>■ Upon receipt of an appeal, attach the postmarked and date-stamped envelope to form 470-0487.</li> <li>■ Within one working day of receipt of the appeal request, complete form 470-0487.</li> <li>■ Attach to form 470-0487 the date-stamped envelope indicating the filing date, the written appeal, and a copy of the <i>Notice of Decision</i> on the adverse action being appealed. Send these to the HHS Appeals Section in the Division of Financial, Health and Work Supports.</li> <li>■ Within ten days of receipt of the appeal, submit a summary of the factual basis for the action being appealed.</li> <li>■ Provide the appellant with copies of all materials submitted to the HHS Appeals Section.</li> </ul>	<p>Use of form 470-0487 is recommended but not required. If the appeal is submitted in another format, attach it to the form.</p>
<p><b>Appeals of Review Organization Decisions</b></p>	<ul style="list-style-type: none"> <li>■ Inform the child or family of the reconsideration process and immediately direct them to the review organization if they disagree with a decision.</li> <li>■ Inform the child or family that the appeal request must be made within 30 days of the <i>Notice of Decision</i>.</li> <li>■ If the child or family is dissatisfied with the outcome of the reconsideration process, encourage or assist them to file an appeal with the HHS Appeals Section.</li> </ul>	<p>The review organization is responsible for appeals of adverse actions taken by the review organization through a reconsideration process.</p> <p>The HHS Appeals Section processes appeals of review organization decisions only after the reconsideration process is completed.</p>