

## **PANDEMIC ELECTRONIC BENEFIT TRANSFER (P-EBT) PROGRAM FREQUENTLY ASKED QUESTIONS (FAQ)**

**1. WHILE THE TOP ASSESSMENT IS DESIGNED TO PROVIDE FEEDBACK ON “PROVIDERS” AND WHAT THEY DO WELL, DOES THIS ALSO APPLY TO RESOURCE HOMES? WILL IT BE USED FOR MATCHING PURPOSES?**

Yes, this applies to Resource Homes. TOP can potentially be used to make structured decisions around placement and individualized treatment planning, as well as assist with matching to specific Resource Parents after enough data is collected on each home.

**2. THE IOWA TOP PROTOCOL STATES PARENTS SHOULD ALWAYS BE INVITED TO COMPLETE THE TOP ASSESSMENT. WHAT IF A PARENT DOES NOT HAVE REGULAR CONTACT WITH THE CHILD OR HAS VERY LIMITED KNOWLEDGE OF THE CHILD?**

An invitation should be made to parents in an effort to actively engage them in their child’s planning even if their current knowledge about the child is not complete. If assigned workers have made this attempt and are still not successful, it is reasonable for the assigned worker to cease pursuing a response for that review period. The Multi-Rater Report shows a range of opinions and can be used to help a parent understand how their child is functioning, even if their scoring appears to be incomplete.

**3. THE IOWA TOP PROTOCOL OUTLINES JUNCTURES WHEN THE TOP ASSESSMENT IS TO BE COMPLETED. WHAT IF A CHILD IS HAVING A HARD TIME AT A RESIDENTIAL PROGRAM OR IN A FOSTER HOME AND THE PROVIDER REQUESTS THE ASSESSMENT BE COMPLETED AT MORE FREQUENT JUNCTURES?**

The TOP assessment may be completed more frequently than outlined in the Iowa TOP Protocol but would have to be done so in coordination with the assigned worker.

**4. DOES THE TOP ASSESSMENT NEED TO BE COMPLETED ON DHS/JCS CHILDREN PLACED OUT OF STATE (E.G., ICPC CASES)?**

The TOP assessment is to be completed on DHS/JCS placements in out of state facilities only and does not apply to out of state placements with relatives, parents, etc.

**5. IF A CHILD GOES INTO DETENTION OR THE ELDORA STATE TRAINING SCHOOL, DOES A TOP ASSESSMENT NEED TO BE COMPLETED?**

No, not at this time.

**6. THE WELLNESSCHECK (TOP) SYSTEM IS SUPPOSED TO POPULATE EXISTING PLACEMENT CASES FROM FACS PRIOR TO TRAINING ON TOP SO ASSIGNED WORKERS WILL BE ABLE TO COMPLETE WORK ON LIVE CASES. WILL FACS AND WELLNESSCHECK CONTINUE TO WORK TOGETHER AND UPDATE? WILL THE WELLNESSCHECK SYSTEM REMAIN LIVE FOR THEM SO THEY CAN COMPLETE TOP ON EACH OF THEIR PLACED CHILDREN AFTER TRAINING?**

Yes, there will be a daily case update run between FACS and WellnessCheck. Yes, the portal staff uses to access their cases during training will be the same portal they use to access cases indefinitely.

**7. FOR CASES THAT HAVE A CURRENT PLACEMENT, WHAT IS THE EXPECTATION FOR COMPLETING THE TOP ASSESSMENT?**

A baseline TOP assessment should be completed for all cases the assigned worker anticipates will still be placed on July 1, 2017. A CM, CR, and CS should be completed on these cases by no later than July 31, 2017. After the initial baseline TOP is completed, it is expected the TOP will be completed at the junctures outlined in the Iowa TOP Protocol.

**8. CAN WE START INFORMING OUR FAMILIES AND SERVICE PROVIDERS ABOUT THE TOP ASSESSMENT AND THAT THEY MIGHT BE RECEIVING A LINK TO COMPLETE ONE IN THE NEAR FUTURE? IF WE HAVE THESE CONVERSATIONS WITH OUR FAMILIES AND SERVICE PROVIDERS IN MAY THEN WE COULD START SENDING ASSESSMENT REQUEST LINKS TO THEM AS EARLY AS THE DAY OF TRAINING, IS THAT CORRECT?**

Yes to both questions. Please refer to the communication documents provided to the Service Area Implementation Teams for training and dissemination purposes - "Brief TOP Communication" and "Brief TOP Talking Points."

**9. DOES THE INCOME QUESTION ON THE CR FORM REFER TO THE INCOME OF THE CHILD OR THE INCOME OF THE HOUSEHOLD?**

This question refers to the household income.

**10. WILL EACH SERVICE AREA DEVELOP ITS OWN PROTOCOL TO DETERMINE WHEN THE CPW VS. THE SWCM IS TO COMPLETE INITIAL CASE SETUP IN WELLNESSCHECK, OR WILL THIS BE SUPERVISORY DISCRETION?**

Where initial case setup falls within the Life of the Case will determine who is responsible to complete it in WellnessCheck.

**11. DOES THE CM NEED TO BE UPDATED EACH TIME A CS SENT OUT?**

Both the CM and CR need to be verified/updated and saved prior to new CS forms being distributed and completed. CM forms that are not verified/updated and saved prior to new CS forms being completed will create errors in corresponding TOP reports.

**12. CAN BACKUP ACCESS BE DESIGNATED IN WELLNESSCHECK IN CASE AN ASSIGNED WORKER IS OUT AND SOMETHING NEEDS TO BE COMPLETED ON A YOUTH? WILL SUPERVISORS BE ABLE TO ACCESS THEIR WORKER DASHBOARDS AND ALERTS?**

Supervisors have full view and control of their workers' WellnessCheck accounts and can complete or re-assign forms for others to complete as needed (refer as well to Service Area protocols related to backup). Supervisors receive critical alerts on all cases assigned to their workers, and can opt to receive all emails sent to their workers from WellnessCheck. It is recommended Supervisors opt to receive all emails to their workers for a couple of months to ensure system workflow is functioning as it should for each worker.

**13. BECAUSE TOP SCORING INVOLVES MULTIPLE PERSONS INVOLVED IN THE CHILD'S TEAM AND PRODUCES A REPORT, CAN THIS BE USED AS AN INTERNAL DHS FOSTER CARE REVIEW (E.G., A 504 CODE IN FACS FOR AFCARS REVIEWS)?**

No.

**14. THE TOP ASSESSMENT APPEARS TO PROVIDE US A BETTER UNDERSTANDING OF THE CHILD'S STATUS THAN THE CURRENT BEHAVIORAL CHECKLIST WHICH HAS DIFFERENT LEVELS OF FUNDING TIED TO OUTCOMES. DOES THE TOP ASSESSMENT REPLACE THAT FORM?**

The TOP assessment does not replace the Behavioral Checklist form at this time.

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**15. IS THERE A WAY THE TOP ASSESSMENT COULD REPLACE ANY OF THE FOLLOWING - THE BEHAVIORAL CHECKLIST FOR FOSTER PARENTS, THE RISK ASSESSMENT TOOL, OR PORTIONS OF THE CASE PERMANENCY PLAN PART C.**

No, the tools and assessments listed serve different purposes.

**16. WILL THERE NO LONGER BE A “SPECIAL NEEDS” RATING FOR KIDS IN FOSTER HOMES?**

As of July 1, the special needs rating in place will continue. It is expected that TOP will replace the “Foster Child Behavioral Assessment” in the future.

**17. HOW WILL TOP BE USED TO DEVELOP CORRECTIVE ACTION PLANS WITH PROVIDERS TO MOVE TOWARD KEEPING KIDS LOCAL?**

It is not anticipated that TOP will be used to develop Corrective Action Plans about providers.

**18. IS TOP USER FRIENDLY FOR THOSE NOT TRAINED IN IT?**

Yes.

**19. WILL WE USE TOP OUTSIDE OF PLACEMENTS?**

TOP is used when children ages 3 and older are placed in out of home care where DHS or JCS has responsibility for placement and care. TOP also may be conducted under other case circumstances if the assigned worker and/or supervisor feel it would be appropriate.

**20. DO WE NEED TO CONDUCT A TOP ASSESSMENT ON KIDS ON TRIAL HOME VISIT?**

Yes, the assigned worker is to coordinate the completion of the Clinical Scales (CS) form by pertinent others for every child in out of home placement every 90 days until reunification, including Trial Home Visits. Please see the Iowa TOP Protocol for more information on this topic.

**21. AT WHAT POINTS IN A CASE MAY TOP BE DISCONTINUED? AT CASE CLOSURE? DURING TRIAL HOME VISITS?**

TOP may be discontinued when the case has closed in FACS and the Supervisor makes the determination that TOP is no longer required. The Supervisor will then go to the assigned worker's dashboard and inactivate the child from WellnessCheck. See above regarding Trial Home Visits.

**22. WHO IN EACH SERVICE AREA AND JUDICIAL DISTRICT WILL RECEIVE THE CRITICAL ALERT AND WHAT ARE THE EXPECTATIONS OF FOLLOW UP BY THE WORKER OR ADMINISTRATOR?**

The assigned worker and their Supervisor receive the critical alert. DHS is currently exploring the use of Service Area specific SharePoint sites which will allow them to designate and manage automated alerts to additional DHS staff. See the Iowa TOP Protocol for response expectations to critical alerts.

**23. THE TOP ASSESSMENT IS DEPENDENT ON WORKER DATA INPUT (E.G., SETTING WHEN THE NEXT REVIEW IS DUE). WHAT ARE EXPECTATIONS FOR SUPERVISORS TO TRACK THIS? WHAT ARE THE NEXT STEPS IF STAFF ARE NOT COMPLETING THIS TIMELY PER THE PROTOCOL?**

We want Supervisors to take the lead in monitoring the utilization of TOP and coaching the use of TOP in practice. The initial post-training webinar in July will focus on this. There are history queries that will show a Supervisor what work has been completed for each worker. Additionally, Supervisors have “full view” of their workers' dashboards and can see if records are incomplete or if raters have been entered and invited. More information related information on this topic can be found in the TOP Manual.

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**24. WHO IS REQUIRED TO SIGN A RELEASE TO PARTICIPATE IN TOP AND/OR TO RECEIVE THE TOP MULTI-RATER REPORT?**

No one is required to sign a release to participate in the TOP Clinical Scales (CS) assessment. Raters are selected and invited to participate based on their involvement with the child/family and the value they bring to the assessment process. Once the CS is completed and the Multi Rater Report is generated, the following persons can receive a copy of the report: the assigned worker/Supervisor, contracted provider(s) on the case, the child's parent/legal guardian (unless determined it would adversely affect the child), and the youth if they are age 12 or older or as developmentally appropriate. A Consent to Release information would need to be obtained to release the Multi Rater Report to a therapist or other person that would not automatically have access to case information (e.g., mentor, etc.).

**25. CAN THE MULTI RATER REPORT BE SHARED WITH GALS, PARENT'S ATTORNEYS, OR OTHER COURT PERSONNEL? IF SO, HOW?**

When sharing information with other raters and stakeholders at team meetings, staffings, FTDMs/YTDMs, in Court reports, and in the Case Permanency Plan, the assigned worker should only summarize pertinent information found in the Multi Rater Report. The Multi Rater Report should not be shared in its entirety with anyone other than the raters that participated in the assessment of the child. Specific raters would still need consent from the parents to have the report shared with them. See the Iowa TOP Protocol for more information on this topic.

**26. WHO "OWNS" THE CASE FOR KIDS INVOLVED WITH DHS AND JCS INITIALLY?**

Whomever is documented in FACS as the primary case manager on the case will be the one required to complete the CR, CM, and initial CS, and invite other raters to do so as well.

**27. WHAT HAPPENS WHEN OWNERSHIP OF THE CASE SWITCHES?**

At this time the case must be dropped from the current assigned worker's dashboard and added to the new assigned worker's dashboard. DHS is exploring with Kids Insight to have the case automatically transfer to the new primary case manager for the case as reflected in FACS.

**28. WHAT FUNCTIONS OF WELLNESSCHECK WILL BE AUTOMATED?**

DHS is exploring with Kids Insight to have the case automatically transfer in WellnessCheck from one assigned worker to a newly assigned worker to reflect case transfers in FACS.

**29. CUSTODY IS TRANSFERRED FROM ONE PARENT TO ANOTHER PARENT - DO YOU STILL NEED TO CONTINUE DOING TOP?**

A child is not considered to be in an "out of home" placement when custody is transferred from one parent to another. For FACS purposes, case planning, IVE, etc., the child is still considered to be an in-home case, just in the home of a different parent. However, if custody transfer is the only thing that changes and the child is still in an out of home placement, TOP will continue to be required until the child is no longer in placement (THV included as discussed above).

**30. CAN JCOS COMPLETE THE TOP OUTSIDE OF IOWA'S TARGET POPULATION? SOME JCOS EXPRESSED POSSIBLY WANTING TO COMPLETE THE TOP ON THEIR DETENTION AND IN-HOME COMMUNITY YOUTH.**

The decision was made that TOP would not be required for youth in in-home settings, in detention, or in the Eldora State Training School. However, if a JCO wants to use TOP on an in-home community youth or youth in detention or the Eldora State Training School, they are able add them to WellnessCheck and use the TOP tool.

**31. REGARDING "CROSSOVER CASES," WHEN THE DHS WORKER IS INVITING THE JCO AS A TOP RATER, OR VICE VERSA, WHAT DESIGNATED RATER ROLE SHOULD BE SELECTED?**

The role to be used is "Collaborative or Community Worker."

**32. CAN WE ADD A CASE THAT DOES NOT HAVE A FACS NUMBER? IS IT POSSIBLE TO USE A SEPARATE JCS-SPECIFIC IDENTIFIER?**

No, a client should not be added to WellnessCheck that does not have a FACS number. DHS is exploring with Kids Insight to have an additional identifier added for youth that would be specific to JCS cases.

**33. WHO DO ADMINISTRATORS CONTACT TO HAVE ACCESS SET UP FOR A NEW STAFF IN WELLNESSCHECK?**

For DHS, the Supervisor should send a request to DHS Security ([security@dhs.state.ia.us](mailto:security@dhs.state.ia.us)) to establish an account for a new worker or Supervisor. For JCS, the Supervisor should send a request to Iowa Courts Help Desk ([help.desk@iowacourts.gov](mailto:help.desk@iowacourts.gov)) to establish an account for a new JCO or Supervisor.

**34. WHERE SHOULD I DOCUMENT THE WELL-BEING STATUS FROM THE MULTI RATER REPORT IN THE CASE PERMANENCY PLAN?**

The Child Well-Being section and Review sections of the Case Permanency Plan would be good places to include a summary of the Multi Rater Report, addressing changes in the child's severity of symptoms over the reporting period.

**35. WHO DO I CONTACT WITH WELLNESSCHECK SYSTEM ISSUES?**

DHS and JCS staff need to report incorrect case assignments and missing cases to the CWIS Help Desk ([cwishelp@dhs.state.ia.us](mailto:cwishelp@dhs.state.ia.us)) so they can check into potential issues in our FACS data push to WellnessCheck. All other system issues and issues with already existing access accounts should be sent to Kids Insight Customer Service at (800) 329-0949, extension 0, from 8:00 am – 6:00 pm CST.

**36. IF YOU SEND A CS INVITE TO ONE PROVIDER BUT THEY HAVE SWITCHED, CAN THE EMAIL BE FORWARDED TO THE NEW PROVIDER OR DOES A NEW INVITE NEED TO BE GENERATED?**

No, you should not do this. Instead, contact the assigned DHS/JCS worker to generate a new CS request for the correct individual. Each rater is identified by their unique email address. If Rater 1 forwards the request to Rater 2 to complete, the resulting score will still be attributed to Rater 1 in the system. This presents a problem in identifying raters and corresponding reports.

**37. IF A CASE IS CLOSED DOWN AND OPENED BACK UP A YEAR LATER IN WELLNESSCHECK, WILL THE NEW ASSIGNED WORKER SEE ALL THE PREVIOUS CS HISTORY AND WILL THE LAST CM AND CR COME UP FOR EDITING?**

The new assigned worker will see the dates for the previous history in the individual client report list (on the reports page), but the reports will be marked "error" since they are older than 6 months. A new assigned worker or Supervisor can still access these reports by selecting the desired begin/end date and then selecting the Multi Rater Report button. Both the CR and CM in this scenario will need to be completed again.

**38. IF A CASE IS CLOSED DOWN AS A JCS CASE AND THEN OPENED LATER AS A DHS CASE IN WELLNESSCHECK, WILL THE NEW ASSIGNED DHS WORKER SEE ALL THE HISTORY FROM THE JCS CASE?**

No. In the current WellnessCheck configuration the new DHS worker will not see the older JCS information because the information is housed in two separate database accounts.

**39. ARE REFERRING DHS/JCS WORKERS EXPECTED TO PROVIDE THE MOST RECENT MULTI RATER REPORT TO PROVIDERS AT THE TIME OF REFERRAL?**

No. Pertinent TOP information will be incorporated into other referral documentation.

**40. WILL TOP BE USED TO INFORM DHS CASE PERMANENCY PLANS? SHOULD TOP BE USED TO INFORM PROVIDER SERVICE PLANS?**

Yes, in conjunction with other case specific factors and considerations, TOP results will inform the DHS Case Permanency Plan. Furthermore, TOP results should be used by providers to inform their own service planning and intervention strategies.

**41. WE HAVE HEARD THAT THE MULTI RATER REPORTS WILL NOT BE MADE AVAILABLE TO CONTRACTORS. IS THIS TRUE? WHO CAN THE MULTI RATER REPORT BE SHARED WITH?**

This is not true. See the Iowa TOP Protocol regarding who receives TOP information and reports.

**42. WHO CAN PROMPT A NEW CS FORM BE COMPLETED?**

DHS and JCS have responsibility for initiating a new CS assessment. If a provider sees value in conducting a new CS outside of the timeframes outlined in the Iowa TOP Protocol, they should contact the assigned DHS/JCS worker and discuss. It is at the discretion of the assigned DHS/JCS worker whether or not a new CS is initiated.

**43. ARE RELEASES REQUIRED TO BE SIGNED TO ALLOW PROVIDERS TO COMPLETE A CS FORM?**

No. See response to Q&A question #24.

**44. COMPLETE THE CS WITHIN 7 DAYS - DOES THIS MEAN BUSINESS DAYS OR CALENDAR DAYS?**

“Business Day” is defined in the contract and if it is not specifically stated, it means calendar days.

**45. ARE PROVIDERS REQUIRED TO COMPLETE CS FORMS THEY HAVE BEEN INVITED TO COMPLETE BY JULY 31ST JUST AS DHS AND JCS STAFF ARE REQUIRED TO DO?**

Providers are to complete a CS within 7 calendar days of the request from the assigned DHS/JCS worker.

**46. WHAT DOES “MOSTLY” OR OTHER LIKERT MEASURES MEAN?**

“In general, for the most part, as a rule, ordinarily, or typically” (e.g., it is mostly true that Billy will follow simple instructions to brush his teeth or pick up his toys on the first request). Though this may be considered subjective, what is most important is for the rater to apply the terminology uniformly across all children he/she completes a CS for.

**47. WHAT DO WE DO IF THE WRONG PERSON IS REQUESTED TO COMPLETE THE CS - AN ADMINISTRATOR VS. THE CHILD’S THERAPIST?**

Contact the assigned DHS/JCS worker to generate a new CS request for the correct individual.

**48. WILL AGENCY ENCRYPTION PREVENT US FROM SENDING A CS FORM VIA EMAIL?**

No.

**49. WHAT ARE EXPECTATIONS REGARDING COMPLETING A NEW TOP WHEN AN INACTIVE CHILD REENTERS PLACEMENT?**

The assigned DHS/JCS worker will need to review and update the last CR and CM information entered into WellnessCheck, complete a new CS, and invite pertinent others to complete a CS on the child. See the Iowa TOP Protocol for the process and corresponding timeframes.

**50. HOW LONG DOES WELLNESSCHECK STORE A CHILD’S INFORMATION AFTER THE CASE IS CLOSED?**

A child’s information is available indefinitely.

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**51. WHAT HAPPENS IF I FIND A DUPLICATE RECORD IN WELLNESSCHECK?**

Contact the CWIS Help Desk ([cwishelp@dhs.state.ia.us](mailto:cwishelp@dhs.state.ia.us)) and notify them of the issue.

**52. WELLNESSCHECK SENDS A REMINDER EMAIL TO THE ASSIGNED WORKER WHEN FOLKS DO NOT COMPLETE A CS REQUEST THAT WAS MADE VIA EMAIL. IS IT JUST ONE EMAIL TO THE ASSIGNED WORKER? ALSO, DOES THE SYSTEM SEND A REMINDER TO THE PERSON WE SENT THE CS REQUEST TO?**

WellnessCheck sends one reminder to the assigned DHS/JCS worker at 10 calendar days after the invitation was sent. The email contains a link that connects the assigned DHS/JCS worker to the case so that he/she can re-send the link. Though WellnessCheck does not currently send an automated reminder email to the individual invited to complete a CS, we are exploring adding this enhancement to the system.

**53. IS THERE THE POTENTIAL TO RECORD A TRAINING THAT OUR PROVIDERS AND FOSTER PARENTS COULD ACCESS THAT PROVIDES THEM THE LEVEL OF INFORMATION THEY NEED REGARDING TOP AND FILLING OUT THE CS?**

We are exploring the development of a training video for providers and foster parents that we would make available on demand.

**54. HOW CAN SERVICE AREA ADMINISTRATORS AND SUPERVISORS RECEIVE SUMMARY DATA FOR THEIR STAFF?**

Kids Insight is in the process of finalizing utilization reports that will enable us to drill down to down to the Supervisor and DHS/JCS worker levels. These first reports will likely be available in early August and a minimum of monthly thereafter, and will be disseminated directly to SAMs, SWAs, and Chiefs for further distribution.

**55. CAN A SUPERVISOR MOVE A CASE ONTO ANOTHER WORKER'S DASHBOARD IF THEY DON'T SUPERVISE THAT WORKER?**

No, the Supervisor can only add, drop, or inactivate cases for their own direct reports.

**56. CAN WE CHANGE THE CHILD'S NAME ON THE TOP RECORD IF THEY'RE ADOPTED OR THE AGENCY CREATES AN ALIAS FOR THE CHILD?**

The information can be changed in the child's record, allowing all historical information to remain consolidated and attached to the child.

**57. CAN YOU PROVIDE MORE GUIDANCE ON WHICH RATER RELATIONSHIP I SHOULD SELECT FOR THE VARIOUS INDIVIDUALS THAT MIGHT BE REQUESTED TO COMPLETE A CS?**

- Public Agency Worker of Record – DHS or JCS worker assigned to the case
- Private Agency Worker of Record – FSRP/SPS, Group Care, Shelter Care, and/or Supervised Apartment Living caseworker that is contracted to work on the case
- Collaborative or Community Worker – BHIS worker, mentor, Community Care worker, Head Start worker, etc.
- Relative – any relative, including a relative the child is placed with (NOT a parent)
- Placement Family Non-Relative – Foster/Pre-Adoptive parent

**58. WHO SHOULD MOVE CASES TO AN INACTIVE STATUS IN WELLNESSCHECK?**

SWCMs, CPWs, and JCOs should not move their cases to an Inactive status. DHS and JCS Supervisors should first confirm it is an appropriate time to move a case to Inactive before taking such action themselves.

**59. HOW SHOULD DHS, JCS, AND CONTRACTED STAFF ASSIST CHILDREN AND YOUTH IN FILLING OUT THE CLINICAL SCALES FORM (CS)?**

The CS is ideally filled out by a youth while a staff is available to explain what they're being asked to do, the timeframe they are to consider (past 2 weeks), how it will help them, and to answer any questions

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that might arise as they complete the CS. Staff should not guide the interview unless the youth's age or developmental level makes this necessary. While staff should allow a youth opportunity to respond "anonymously"/alone on how they're feeling, it's also an opportunity for the staff to explore with the youth how they're doing regarding some items they might have responded "all" or "most of the time" on.

**60. DOES THE SAL CASEWORKER HAVE TO REMIND THE REFERRING WORKER TO ALLOW ACCESS TO THE CS?**

Yes, we would expect you may need to prompt the worker to be allowed access. With new expectations rolling out in July 2020, it would be helpful for Contractor staff to get into the practice of asking DHS/JCS workers to invite them as raters now.

**61. DOES THE SAL CASEWORKER HAVE TO GET RELEASES OF INFO FOR THE CS?**

Only for those professionals you are asking to complete the Clinical Scales that you don't already have a release signed for. Other releases should suffice.

**62. ARE ALL ENTRIES BY YOUTH, FAMILY, THERAPIST, STAFF TO BE COMPLETED ONLINE ONLY?**

No, there is a paper version as well as online.

**63. IF A FAMILY DOES NOT HAVE COMPUTER ACCESS, DO WE HAVE TO SNAIL MAIL THEM A COPY OF THE CS AND THEN ENSURE IT GETS RETURNED? AND THEN DO WE HAVE TO ENTER THE DATA ONLINE?**

You could mail the paper version, email it, or give it to them in person. The paper form can be faxed to ORI for entry into the system.

**64. WHAT IF WE DO NOT GET THE CS BACK FROM THE PEOPLE WE SEND IT TO? HOW MANY "TRIES" ARE WE EXPECTED TO MAKE?**

We would expect the initial invite and then one follow up to complete the CS.

**65. HOW DO WE TRACK AS PROOF THAT THE CS WAS COMPLETED EVERY 90 DAYS BY PEOPLE IN THE CHILD'S LIFE? WILL CONTRACT MONITORS WANT PAPER COPIES IN FILES OR WILL THEY HAVE ACCESS TO THE TOP TO ENSURE SAL CASEWORKERS COMPLETED THESE TIMELY?**

All Contract Specialists' and the Program Manager for Group/Shelter/SAL will have administrator level access to WellnessCheck, allowing them to conduct online reviews of TOP entries.

**66. IS THE TOP AVAILABLE IN SPANISH?**

You can now take the TOP online in Spanish. To generate the TOP in Spanish for a client or a rater, update their preferred language. When that Client or Rater takes the TOP, it will open in their preferred language. Please note that if you are printing the TOP forms, the PDF will also generate in the Client or Rater's preferred language as well.

**67. IT HAS BEEN A WHILE SINCE THE IOWA TOP PROTOCOL HAS BEEN UPDATED. IS THERE A NEW PROTOCOL THAT CORRESPONDS WITH THE JULY 2020 CONTRACT CHANGES?**

Yes, an updated Iowa TOP Protocol is being made available to DHS staff, JCS staff, and providers effective July 1, 2020. The updated protocol can be found on the DHS website at: <https://dhs.iowa.gov/child-welfare-systems/top>

