**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**POLICY GUIDE 2020.16**

**PROCEDURES 302.388 INTACT FAMILY SERVICES**

**DATE:** November 20, 2020

**TO:** All DCFS and POS Intact Family Services Workers and their Supervisors, Managers and Administrators

**FROM:** Marc D. Smith, Acting Director

**EFFECTIVE:** Immediately

## I. PURPOSE

This Policy Guide is to immediately issue revisions to Procedures 302.388 Intact Family Services to add the definition of "medically complex children", and language to address the needs of children considered to be medically complex and their families. Additionally, this policy guide provides direction for services to those families referred for services from Child Protection with an allegation 79, Medical Neglect, as well as those cases opened for services that involve children with medical complexities. Intact Family Services Workers shall follow the requirements described below pertaining to contact with parents/caregivers, children, and medical providers.

Revisions to Procedure 302 Appendix O will be forthcoming.

## II. PRIMARY USERS

All DCFS and POS Intact Family Services Workers and their Supervisors, Managers and Administrators.

## III. BACKGROUND AND SUMMARY

Procedures 302.388 provides direction to Intact Family Services Workers and Supervisors. These revisions provide direction to Intact Family Services Workers regarding the frequency of in-person contact with Intact families, actions the worker shall take during in-person contact with the family, holding multidisciplinary team meetings at crtical junctures of a case, required contacts by the Intact Family Services Worker who is providing services to medically complex children, contact with medical providers, frequency of Child and Family Team meetings, and case closing actions for children with medical complexities. The Department is pursuing procedure revision at this time to formally amend Procedures 302.388.

## IV. DEFINITIONS

**"Division of Specialized Care for Children (DSCC)"** is the University of Illinois at Chicago Division of Specialized Care for Children (UIC-DSCC) who is the Illinois Title V organization designated to serve children and youth with special health care needs (CSHCN) (89 Illinois Administrative Code 1200, 2018). UIC-DSCC is a resource to DCFS as needed during investigations or follow-up services involving children with special health care needs or medical complexities. UIC-DSCC is positioned across the state with staff embedded in the communities who are knowledgeable about medical services or other relevant community providers. The mission is to partner with Illinois families and communities to help children with special healthcare needs connect to the services and resources they require through one of three programs: Core program (serving a broad range of children with chronic medical conditions), Connect Care Program (serving children with special health care needs where UIC-DSCC has a contract with their Medicaid Managed Care Plan, and Home Care Program (operated by UIC-DSCC on behalf of the state's Medicaid program for children up to age 21 who have a need for in-home, shift based nursing care).

"**Medically Complex Children"** means those children with one or more medical conditions that require intervention or monitoring to ensure their health and well-being. Conditions may result from genetic, congenital or trauma origin; including but not limited to: diabetes, shaken baby syndrome, seizure disorders, chromosome disorders, failure to thrive, cleft palate, feeding tubes and apnea monitors.

**"Multidisciplinary Team (MDTs)"** are used in a variety of contexts in child welfare, including: family-centered case planning, casework practice, and integrated service delivery. MDTs consist of professionals from several disciplines, as well as family members and other stakeholders, working together in a coordinated and collaborative manner. The people represented on the team may vary based on the specific needs of the family, resulting in many different forms of a MDT. A multidisciplinary team approach is recommended because it allows for a coordinated response to children and families that causes the least possible trauma to children/adolescents and families while ensuring their safety and well-being.

## V. INSTRUCTIONS

**Procedures 302.388 (f)(3)(A)(i-iii):**
**INTACT FAMILY SERVICES CRITICAL CASE DECISIONS**

The assigned Intact Family Services Supervisor is responsible for making Intact Family Services critical case decisions. All Intact Family Services critical decisions are to be documented in a Supervisory note in SACWIS and reflect general knowledge and understanding of the child's diagnosis, medication, treatment plan, prognosis, daily care regimen, frequency of medical provider visits, and caregiver capacities.

A) Deciding whether to decrease the frequency of worker contacts with the children and family members to less than one time weekly may occur after the 90-day assessment period;

i) Frequency of contact with children who are considered to have a medically complex condition shall not be reduced to less than one time weekly, unless the Intact Family Services Worker and Supervisor has consulted with and obtained the agreement of the child's medical providers and/or consulted with the assigned DCFS Regional Nurse;

ii) Convened a Child and Family Team Meeting within 10 working days of case opening that specifically addresses the oversight and responsibilities of the caregivers of medically complex children; and

iii) Following a critical decision (contact may be reduced to a minimum of twice monthly, with at least one being unannounced).

**Procedures 302.388 Section (g)(4)(A)(i-xi) is revised as follows:**

**g) Responsibilities of the Assigned Intact Family Service Worker**

The assigned Intact Family Services Worker is expected to have in-person contact in a family's residence, at the frequency required to ensure the on-going safety and well-being of children in the family. However, contact with members of a family shall be no less frequent than the following requirements:

A) <u>In cases opened as the result of Allegation 79 Medical Neglect, or opened as a result of a service referral involving a medically complex child,</u> the assigned Intact Family Services Worker shall:

i) Within one week of case opening convene a phone conference with the assigned DCFS Regional Nurse, if there is already one assigned and the referral is still open, or make the appropriate referral to have a DCFS Regional Nurse assigned.

ii) Make a minimum weekly face-to-face contact for the first 90 days, with at least half of the contacts being unannounced and:

- Children interviewed individually, privately, and separately from caregivers;
- Observation of the child if non-verbal;
- Observation of all children for signs of abuse or neglect; and
- Sleeping children awakened and interviewed or observed.

**Note:** Infants and disabled children who are swaddled or covered shall be unswaddled, unwrapped or uncovered and physically observed. If a caseworker observes injury or marks and has reason to believe a child should be observed undressed, parental consent and presence is required.

iii) Following a Critical Decision by the supervisor after the first 90 days of case opening, contact may be reduced to a minimum of two times per month, with at least one visit being unannounced. See P302.388 (f)(3)(A);

iv) Observe the prescribed medications to assess if they are being administered as prescribed;

v) Ensure all contacts will be made in the family's residence or temporary shelter;

vi) Ensure all prescribed medical equipment for a medically complex child is present in the home and in operable condition;

vii) Ensure that the caregiver has the knowledge and skills necessary to operate the medical equipment for the child, and can articulate the care plan for the child;

viii) Ensure all caregivers will be observed at least monthly. At least one caregiver must be present at each home visit;

ix) Increase frequency of home visits at any point in the case, based on concern for the care of any medically complex child or dynamics of the family;

x) Make monthly contact with collaterals and service providers (with consent of the family). Collaterals include but are not limited to family, school, medical, or community providers and can include child identified collaterals, as well;

xi) With permission of the parent or guardian, as documented in a SACWIS contact note, take photos of the environment and the medically complex child, at least once per month, or as indicated by observation of significant changes to the home environment and/or appearance of the child. Photos shall be uploaded into the SACWIS case file within 24 hours;

xii) Contact the DCFS Regional Nurse, as well as, public health nurses and home health nurses who provide services. This includes the Division of Specialized Care for Children, as appropriate. See Procedure 302.360(t);

xiii) Ensure all case contact notes are entered into SACWIS within 48 hours of the contact. A contact note regarding a child **must** indicate whether the child was seen and interviewed individually, privately, and separately from the parent/caregiver;

xiv) Ensure contact with all medical providers, including medical specialists, with parent/guardian consent, regarding medical appointments and prescribed medical treatment plans;

xv) Ensure that Child and Family Team Meetings are held quarterly that include all parents, caregivers, family identified supportive individuals, school personnel, and medical providers as available.

**Special Circumstances – Medically Complex Children**

Families with medically complex children require additional attention and case management to ensure the safety and well-being of the child(ren). This includes any child with an acute or chronic condition requiring more than routine well-child checkups. The child's medical care may or may not have been subject to an allegation of abuse or neglect. In order to adequately serve these families, the following shall be completed by the Intact Family Services Worker:

- Obtain release of information at the transitional visit for all involved medical providers;
- Attend medical specialist appointments, if possible;
- Minimally make monthly contact with primary care physician and/or medical specialists involved in the care and treatment of the child;
- Make contact with medical providers within two business days after the child attends an appointment unless the worker is present for the appointment, making continued attempts until contact is made;
- Contact or make a referral to the DCFS Regional Nurse as outlined in Appendix O. Include the nurse as needed to consult when there is a medical emergency;
- Inclusion of school personnel, medical providers, and home health care workers in Child and Family Team meetings;
- Convene a staffing, within 30 days of receiving the case, with the medical case manager, home health care provider, and parent(s) to discuss the child's care and assess parent's needs for tangible and emotional support;
- Child and Family Team meetings shall be held no less than quarterly throughout the life of the case;
- Develop a general knowledge and understanding of the child's diagnosis, treatment plan, prognosis, daily care regimen, expected frequency of medical provider visits, and the medical provider's expectations of the caregiver;
- Thoroughly document all medical information including, but not limited to: diagnosis, impact on child's daily functioning, treatment plan, prognosis, and the medical provider's expectations of the caregiver;
- Maintain a calendar of medical appointments and ensure the family has followed through with all medical visits;

- Ensure that parents understand and have the capacity to deliver the level of care the child needs, and thoroughly document all medical providers' assessment of such;
- Ensure that parents use alternate caregivers, i.e. grandparents, daycare providers, or siblings who have the necessary general knowledge and understanding of the child's conditions and care requirements. Caregivers must have the capacity to meet the child's needs; and
- Ensure that the parents understand the medical and physical implications and risk to their child if treatment is not provided as prescribed by the medical professionals involved.

Note: The Office of the Inspector General's document titled Dialogue with Doctors may assist workers and families to communicate effectively with a child's medical care team and can be accessed at: http://dnet/Inspector_General/Documents/Dialogue_with_Doctors.pdf

Parents/caregivers with developmental delays shall be referred by the Intact Family Services Worker to community resources that specialize in working with the developmentally delayed population, for community linkage and additional case management services. On cases wherein developmental delays of a parent or caregiver is suspected or confirmed, the Intact Family Services Worker shall request documentation of parental capacity to care for the medically complex child.

The Intact Family Services Worker should assure, via the Service Plan, that the biological families of children with mental illness are linked to psycho-educational programs.

**Procedures 302.388 (g)(8):**
**REQUIREMENTS FOR CONTACTS WITH COLLATERAL SOURCES OF INFORMATION WITH FAMILY CONSENT**

Intact Family Services Workers will obtain consents for release of information for all medical providers of children referred to Intact Family Services as a result of Allegation #79 Medical Neglect, and medically complex children upon first contact with the family; when there is a change of medical providers; or when a new condition is diagnosed, discovered, or suspected.

**Procedures 302.388 (n):**

**n) Case Closure for Families with Medically Complex Children**

The following must occur when closing an Intact Family Services case where one or more children are medically complex, and for cases opened as a result of a referral of a referral from Child Protection due to Allegation #79 Medical

- Determination by observation that the family has exhibited a pattern of adequate medical care of the children;
- An aftercare plan has been established with parents, caregivers, family supports and medical providers;
- Convening of a multi-disciplinary team meeting to gather information, notify medical providers of the decision to close the case, and consideration of any concerns noted by the medical provider; and
- Convene a case closing Child and Family Team meeting to discuss the plans for case closing to ensure the supports needed are available for the family and continue after case closure.

The following information must be obtained and documented in the case file prior to case closure:

- Documentation of contact by the Intact Family Services Worker with all medical providers within 30 days prior to closing;
- Copies of the most recent medical reports;
- The Critical Decision of the Supervisor to close the case; and
- An aftercare plan that designates the individuals responsible for the physical and medical care of the medically complex child.

**Procedures 302.388 (o):**

**o) Unsuccessful Closings**

1) The following case closing reasons are considered unsuccessful and require a file review by the Office of Intact Family Services to determine the need for a closing staffing. Unsuccessful voluntary withdrawals of case closing are, but not limited to:

   A) Moved from Area;

   B) Non-Active Family;

   C) Unable to Locate; and

   D) Other Reason as designated by the Office of Intact Family Services

All case closures, successful or unsuccessful, involving medically complex children and cases opened as a result of a referral from Child Protection due to Allegation #79 Medical Neglect must be staffed by the Office of Intact Family Services.

**Note:** In cases wherein, a parent is not participating in, failing to meet the treatment plan, or repeatedly not making medical appointments for a child determined to be Medically Complex, a State Attorney's Office referral for screening is necessary to determine if the family should be court ordered to participate in services.

If a case is referred to, or screened with, the State's Attorney for court ordered services, but the State Attorney's Office declines to file a petition for court ordered services, the Child Protection Specialist or Intact Family Services Worker and Supervisor shall document the outcome of the referral to the State Attorney's Office, and consult with the DCFS Office of Legal Services.

## VI. NEW, REVISED AND/OR OBSOLETE FORMS

No new or revised forms

## VII. QUESTIONS

Questions concerning this Policy Guide should be directed to the Office of Child and Family Policy by emailing the DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.Policy@illinois.gov.

## VIII. FILING INSTRUCTIONS

File immediately behind page 72 of Procedures 302.388.