

CHAPTER 182  
FAMILY-CENTERED SERVICES

[Prior to 2/11/87, Human Services[498]]

PREAMBLE

Family-centered services are designed to treat child abuse, neglect, and delinquency; to promote the safety, permanency, and well-being of children who have been abused or neglected; to prevent out-of-home placements of children; to reunite families whose children have been placed outside the home; or to help children who cannot return to their own homes work toward achieving another planned permanent living arrangement.

The family-centered service program recognizes the wide variety of family needs and allows for varying scope, frequency, and intensity of services to provide the least restrictive response to each child and family receiving services. Service approaches are designed in collaboration with families, build on existing strengths of children and families, and are tailored to meet the identified concerns of families and children.

This chapter defines and structures supportive services in the family-centered service program. These rules set the eligibility criteria, application and approval procedures, requirements for service provision, reimbursement methodology, provider qualifications, and service termination and appeal procedures for the program. Family-centered rehabilitative treatment service components are addressed in 441—Chapter 185.

**441—182.1(234) Definitions.**

“*Case permanency plan*” means the written service plan document. Department case permanency plans shall be developed pursuant to rule 441—130.7(234).

“*Child*” means a person under 18 years of age.

“*Department*” means the Iowa department of human services.

“*Department worker*” means the worker who is responsible for opening a service case.

“*Family members,*” for purposes of child welfare service delivery, may include the following:

1. The natural or adoptive parents, stepparents, and children who reside in the same household.
2. A child who lives with an adult related to the child within the fourth degree of consanguinity and the adult relatives within the fourth degree of consanguinity in the child’s household who are responsible for the child’s supervision. Relatives within the fourth degree of consanguinity include: full or half siblings, aunts, uncles, great-aunts, great-uncles, nieces, great-nieces, nephews, great-nephews, grandparents, great-grandparents, great-great-grandparents, and first cousins.
3. A child who lives alone or resides with a person or persons not legally responsible for the child’s support.

“*Family team*” means people identified by the child or family as collectively possessing the technical skills, knowledge of the family, authority, and access to resources necessary to organize effective services that build on the strengths and meet the needs of the child or family.

“*Family team meeting*” means a gathering of family members and extended family, friends, providers, the department worker, community professionals, and other interested people who plan for the safety, permanency, and well-being of a child or family through development and review of an individualized case permanency plan. Family team meetings are intended to enhance the core casework functions of family engagement, assessment, service planning, monitoring, and coordination.

“*Nonrehabilitative treatment need*” means the child has a protective or permanency need for which the child has no identified rehabilitative behavioral health treatment need. Services to address a nonrehabilitative treatment need may be directed at a family member to meet the child’s safety, treatment, or permanency need.

“*Provider*” means any natural person, company, firm, association, or other legal entity under contract with the department pursuant to 11—Chapters 106 and 107 or 441—Chapters 150 or 152 to provide the services described in this chapter.

“*Referral worker*” means the department worker or juvenile court officer who is responsible for providing case management, including:

1. Assessing and identifying individual and family strengths and needs.
2. Developing a case permanency plan to provide appropriate supports and services.
3. Implementing the case permanency plan.
4. Coordinating and monitoring the provision of services.
5. Evaluating client progress and the case permanency plan to determine continued need for services.

“*Rehabilitative treatment need*” means a medical-behavioral health need of a child with a deficit in function or skill that the child lost or never gained as a result of interference in the normal maturational and learning process due to child or parental dysfunction. The child must have the capability to benefit from the rehabilitative treatment services.

“*Service authorization*” means the process of service need determination and authorization of scope, amount, and duration of services.

“*Supportive services*” in the family-centered program means the following service components:

1. Community resource procurement.
2. Family team meeting facilitation.
3. Flexible family support fund.
4. Parental counseling and education.
5. Relative home studies and home study updates.
6. Supervision.

“*Treatment plan*” means a written, goal-directed plan of service developed for a child and family by the provider in compliance with 441—subrules 185.10(4) and 185.10(5).

**441—182.2(234) Available services.** Family-centered services use a flexible and comprehensive approach to address the needs of individual family members within the context of the entire family. Services are adapted to the individual needs of children and families in terms of scope, intensity, and duration and are intended to improve the child’s safety, permanency, and well-being. The department may approve eligible children and families for one or more of the following service components:

**182.2(1) Supervision.** Supervision services are activities undertaken to provide the structured monitoring and behavioral oversight needed by a child or the child’s family to achieve or maintain the child’s safety, permanency, and well-being.

*a.* Service activities may include the following:

- (1) Behavioral monitoring;
- (2) Inspection and monitoring of the home environment of a child’s parent or other relative to evaluate the home’s safety and suitability;
- (3) Oversight of a family’s participation in services;
- (4) Monitoring of a child’s ability to adjust within the community; and
- (5) Guidance for family members on how to improve their adjustment.

*b.* Supervision services may include a combination of:

- (1) Direct contact with the child or an adult family member responsible for the child; and
- (2) Indirect behavioral monitoring through contacts by telephone with the child or adult family members who have caretaking responsibility for the child. With the approval of the referring worker, telephone contacts may be used to monitor the child’s whereabouts and adjustment or to respond to family crises. Telephone contacts are limited to 60 minutes per calendar month of service.

**182.2(2) Family team meeting facilitation.** Family team meeting facilitation includes activities undertaken to conduct a family team meeting for a family with a child welfare service case. A person who meets department requirements to be an approved facilitator shall provide the service. Expected activities include:

- a. Responding to a referral for facilitation;
- b. Working with the family and others to identify participants in the family team meeting and prepare them for the meeting;
- c. Arranging the meeting location;
- d. Sending meeting invitations;
- e. Conducting the family team meeting;
- f. Recording key issues, discussion topics, and decisions developed during the meeting; and
- g. Timely preparation and submission to the department of postmeeting notes that can be used in the development of the case permanency plan, using Form 470-4126, Family Team Meeting Facilitation Notes.

**182.2(3) Rehabilitative treatment.** Rehabilitative treatment services address the specific medical and behavioral health needs of a child. Rehabilitative treatment services are designed to restore a function or skill that the child lost or never gained as a result of interference in the normal maturational and learning process due to child or parental dysfunction. The child must have the capability to learn the function or skill.

a. Family-centered rehabilitative treatment service components include restorative living skills development, family skill development, social skills development, therapy and counseling, and psychosocial evaluation, as specified in 441—Chapter 185, Division II.

b. The provisions of this chapter do not apply to family-centered rehabilitative treatment services. Eligibility and provider standards for rehabilitative treatment services are specified in 441—Chapter 185, Division I. Establishment of rates, billing and payment procedures, and overpayment provisions are specified in 441—Chapter 185, Divisions VI, VII, and VIII, respectively.

**182.2(4) Nonrehabilitative treatment.** Nonrehabilitative treatment services address a child's needs related to child abuse or neglect that are not being met through rehabilitative treatment services. Family-centered nonrehabilitative service components include:

- a. Skill development.
- b. Therapy and counseling.

**182.2(5) Parental counseling and education.** Parental counseling and education services are directed to addressing behavioral and emotional issues of a child's parent or of the adult relative with whom a child resides that are identified by the department worker as presenting significant barriers to the safety, stability, permanency, or well-being of the child.

a. Services represent a blend of counseling and educational intervention techniques. Service activities may include providing instruction or education on appropriate parenting, family structure, social relationships, and household management techniques to enhance a child's safety, stability, permanency, and well-being.

b. Services may be provided in an individual or group setting.

**182.2(6) Relative home study and home study update.** Relative home study services are used to gather information in order to:

a. Assess the suitability as a placement resource of the home environment of a relative (including the noncustodial parent) of a specific child who is involved with the department as a result of a report of child abuse or neglect or a juvenile court action;

b. Complete a relative home study in response to a request received through the interstate compact on the placement of children (Iowa Code chapter 232, division IX); or

c. Gather information necessary to update a home study that was completed on a relative household within one year from the date of the current referral (a "relative home study update").

**182.2(7) Community resource procurement.** Community resource procurement services are focused on arranging or coordinating the delivery of community supports or tangible goods identified as necessary for a family to achieve the outcomes of the family's case permanency plan. At the department's direction, the service provider undertakes activities to identify and secure tangible goods, community resources, or informal supports for the child and family.

**182.2(8) Flexible family support fund.** The flexible family support fund is a department fund under which the department reimburses service providers for expenses incurred in purchasing tangible goods, community supports, or services approved by the department for a specific child or family and delivered to the child or family. The purpose of the fund is to provide goods and supports that have been identified by the department worker or through a family team meeting as critical to achieving the outcomes of the family's case permanency plan. Purchases on behalf of a child or family under the flexible family support fund:

- a. Shall be designed to reduce the risk of child abuse or neglect;
- b. Shall deal with a specific crisis situation or episode of need and shall not be delivered to meet ongoing or recurrent needs; and
- c. Shall not involve the provision of direct cash assistance to the client.

**441—182.3(234) Eligibility for services.** To be eligible to receive family-centered services, children and families must meet the following requirements:

**182.3(1) Case status.** Family-centered services under this chapter are available to children and families, depending on their case status, as follows:

a. All family-centered services are available to children and their families when the department has opened a child welfare service case on the child subsequent to:

- (1) An allegation of child abuse or neglect; or
- (2) The child's adjudication as a child in need of assistance.

b. Supervision, family team meeting facilitation, relative home study, community resource procurement, and flexible family support services are available to children and their families when:

- (1) The department has initiated a child protective assessment on the child in response to an allegation of abuse or neglect; or
- (2) A petition has been filed alleging the child to be a child in need of assistance, and a court order has been issued setting the date for an adjudication hearing or a prehearing conference.

c. Supervision and nonrehabilitative treatment services are available to children and their families when juvenile court services has opened a case on a youth because:

- (1) The youth has been adjudicated delinquent; or
- (2) The court has issued a consent decree.

d. Families and children who are receiving family-centered supervision or nonrehabilitative treatment services as of April 30, 2005, but who do not qualify under paragraph "a," "b," or "c" above may continue to receive services until June 30, 2005, or until their service authorization period has expired, whichever is earlier.

**182.3(2) Need for service.** The department has approved the child's and family's need for service in accordance with rule 441—182.4(234).

**182.3(3) Income.** Children may be eligible for service components of the family-centered services program without regard to income and at no cost to themselves when other eligibility requirements are met.

**182.3(4) Limits on eligibility.**

a. Children placed in a psychiatric medical institution for children are not eligible for family-centered services.

b. Children placed in either emergency shelter care or foster group care are not eligible for family-centered supervision services. The shelter care or group care setting is responsible for meeting the supervision needs of these children.

c. The amount and duration of services to children placed in emergency shelter care are limited as follows:

(1) Children in shelter care may receive a maximum of 20 service units of any combination of parental counseling and education or nonrehabilitative treatment therapy and counseling or skill development services for purposes of family reunification.

(2) The maximum length of time that parental counseling and education or nonrehabilitative treatment services may be provided to a child placed in shelter care is 30 days from the start date of these services, without regard to the length of the child's shelter care stay.

**441—182.4(234) Approval and referral for services.** The referral worker shall assess a child's eligibility for services in accordance with rule 441—182.3(234) and determine if services under the family-centered program are necessary to help achieve the goals and outcomes of the case permanency plan. Department case permanency plan development, provision of social casework, and activities for the delivery of family-centered services shall adhere to the provisions of rules 441—130.6(234), 441—130.7(234), and 441—Chapter 185, Divisions I and II. Except when a department worker is specified, the provisions of this rule also apply to a juvenile court officer who is the referral worker for a child who qualifies for supervision or nonrehabilitative treatment services.

**182.4(1) Application for services.** Application for family-centered services shall be made according to rule 441—130.2(234).

**182.4(2) Service plan development.** The department caseworker shall, whenever appropriate, use a family team meeting to design the most effective and responsive service plan for the child and family.

**182.4(3) Supervisory approval.**

a. Cases managed by department. Once the department worker has determined there is a need for family-centered services, the worker shall request supervisory approval of any services to be provided to the child or family.

b. Cases managed by juvenile court services. For nonrehabilitative treatment and supervision services when a juvenile court officer is the referral worker, the juvenile court officer shall before approving services, communicate with the department supervisor designated by the service area manager to confirm that the officer has explored alternative funding streams and that funding is available in the service area's child welfare budget to support the services proposed for the child.

(1) The juvenile court officer shall provide the department with a copy of the court order or consent decree for the child;

(2) Department service area managers shall regularly discuss with chief juvenile court officers funding available for family-centered services within their respective service area so that funding information is available to juvenile court services.

(3) Chief juvenile court services officers shall work with department service area managers to manage services within the limits of funds available to the service area.

**182.4(4) Referral.** The referral worker shall assist the family in selecting an appropriate provider and shall notify the provider that family-centered services are approved.

a. The referral worker shall complete Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services, including any rehabilitative treatment services approved for the client and indicating:

(1) The amount (number of units) of services approved. For the flexible family support fund, the referral shall include sufficient detail to describe specific items and the maximum funding amounts that the provider is approved to purchase and obtain for the client under the fund.

(2) The duration of services approved. The duration of services approved shall not exceed six months, except for the flexible family support fund, which shall not extend beyond four consecutive months.

b. The referral worker shall forward a copy of Form 470-3055 to the provider, and a copy to the department when the referral worker is with juvenile court services, before services are provided to the child and family.

**182.4(5) Case permanency plan.** Approved family-centered services shall be specified in the case permanency plan for the child or family. Department case permanency plan development shall adhere to the provisions of rule 441—130.7(234).

*a.* The current department case permanency plan, if one is available at the time of referral, shall be transmitted to any provider to which the family is referred.

(1) Unless the need for immediate services dictates otherwise, the case permanency plan shall be submitted before the delivery of any services.

(2) For referrals to provide family team meeting facilitation services, a case permanency plan is not required at the time of referral. However, the department worker shall provide the facilitator with as much information about the family as possible.

*b.* When a case permanency plan is not available to the provider before initial service provision, the referral worker shall provide referral information orally, electronically, or in writing. The referral information shall:

(1) Include a description of the child's or family's needs, the goals for the service, and the services being requested.

(2) Be confirmed or amended through the transmission of a case permanency plan to the provider no later than 30 days after the date of the family's referral for services.

**182.4(6) Review.** The department worker shall review the need for family-centered services no less frequently than every six months from the date of initial family-centered service provision.

**441—182.5(234) Service provider qualifications.** To be considered for service provision, all providers must have a contract with the department as specified in subrule 182.5(1). To obtain a contract, a provider must meet the requirements applicable to each service to be provided, as stated in subrules 182.5(2) through 182.5(6).

**182.5(1) Contract.** All providers shall have a current contract with the department that includes the specific service component to be purchased, as follows:

*a.* A contract for the delivery of the rehabilitative treatment and supportive services program pursuant to 441—Chapter 152. A provider with a contract for any rehabilitative treatment or supportive service shall amend that contract to include any family-centered service component the provider wishes to offer. A contract pursuant to 441—Chapter 152 is the only contracting method available to providers of the following family-centered service components:

- (1) Supervision.
- (2) Nonrehabilitative treatment.
- (3) Parental counseling and education.

*b.* A contract for the purchase of social services pursuant to 441—Chapter 150. Providers that have a purchase of social services contract and do not have a rehabilitative treatment and supportive service contract shall amend the purchase of social service contract to include any of the following service components that they wish to offer:

- (1) Family team meeting facilitation.
- (2) Relative home study.
- (3) Community resource procurement.
- (4) Flexible family support fund.

*c.* An individual service contract pursuant to 11—Chapters 106 and 107. The individual service contract is available only to individuals (or their employing entities) that do not have a contract pursuant to 441—Chapter 152 or 150 but wish to offer one or more of the following service components:

- (1) Family team meeting facilitation.
- (2) Relative home study.
- (3) Community resource procurement.
- (4) Flexible family support fund.

**182.5(2) Supervision.**

a. Persons providing supervision services to department clients shall meet the following minimum education and experience requirements:

(1) The person shall have two years of college coursework in a program with a social work concentration or shall have satisfactorily completed a relevant, concentrated, certified curriculum, such as a human services specialist program as offered in an Iowa area community college; or

(2) The person shall have the equivalent of two years of full-time work experience involving direct contact with people in overcoming their social, emotional, or behavioral problems. College coursework with an emphasis in the social or behavioral sciences, education, or child development may be substituted for the required experience, based on 30 semester hours being equivalent to one year.

b. Provider service management activities for department clients receiving supervision services shall be conducted by persons who meet or are under the direct supervision of persons who meet the minimum education and experience requirements for skill development services as specified in rule 441—185.10(234).

**182.5(3) Family team meeting facilitation.** Providers delivering family team meeting facilitation services under this chapter shall:

a. Have completed at least 18 hours of department-approved family team meeting facilitator training to meet department standards for approved facilitators;

b. Be approved by the department as a family team meeting facilitator and be currently listed on the department-approved facilitator list; and

c. Maintain written documentation that facilitator staff have fulfilled all necessary requirements to be department-approved facilitators.

**182.5(4) Nonrehabilitative treatment and parental counseling and education.**

a. Providers of nonrehabilitative treatment skill development services shall:

(1) Meet the certification requirements in rule 441—185.10(234); and

(2) Be certified pursuant to rule 441—185.11(234).

b. Persons delivering nonrehabilitative treatment therapy and counseling or parental counseling and education shall meet the minimum education and experience requirements for therapy and counseling services as specified in rule 441—185.10(234).

c. Persons delivering nonrehabilitative treatment skill development services shall meet the minimum education and experience requirements specified in rule 441—185.10(234) for skill development services.

**182.5(5) Relative home study.** Providers delivering relative home study services shall:

a. Either be employed by an agency licensed as a child-placing agency under 441—Chapter 108 or be a certified adoption investigator as defined in 441—Chapter 107; and

b. Meet the educational and experience qualifications established for caseworkers in licensed child-placing agencies as specified in 441—subrule 108.4(3).

**182.5(6) Community resource procurement.** Persons delivering community resource procurement services shall have, at a minimum, a high school diploma or a high school equivalency diploma (GED).

**441—182.6(234) Requirements for service delivery.** All providers of family-centered services shall meet the referral requirements in subrule 182.6(1), the documentation requirements in rule 441—182.7(234), and the service delivery requirements specific to the particular service, as specified in subrules 182.6(4) through 182.6(9).

**182.6(1) Referral.** All providers of family-centered services shall:

a. Receive written approval for these services from the referral worker on Form 470-3055, Referral of Client for Rehabilitative Treatment or Supportive Services, before providing services; and

b. Receive approval from the referral worker before increasing the amount or duration of these services beyond what was previously authorized.

**182.6(2) *Service location.*** The department worker shall ensure that family-centered services are delivered in whatever locations are determined to be appropriate to ensure that reasonable efforts are being made to meet the child's and family's needs. The department worker shall consult with the family and providers throughout the period of service delivery to ensure that the service delivery locations are meeting needs.

**182.6(3) *Service management activities.*** Providers of supervision, nonrehabilitative treatment, or parental counseling and education components shall undertake nonbillable activities to structure and facilitate the delivery of the service they are providing in response to the directions and goals of the case permanency plan. These activities shall include the following:

- a.* Intake activities to collect information about the family necessary to begin service delivery.
- b.* Assessment activities to review all available information on the family to identify the strengths and resources of the family and its individual members as well as obstacles impeding the family. Strengths, resources, and obstacles shall be analyzed with the family throughout the service delivery period to facilitate the service provider's response to the case permanency plan directions and goals.
- c.* Planning activities to develop or revise a written service plan in collaboration with the family. The written service plan shall reflect the assessment findings and describe the service provider's implementation of the directions in the case permanency plan.
- d.* Implementation activities to facilitate and deliver the services identified in the written service plan. These activities include documentation of service provision and the family's progress toward meeting the identified goals and objectives.
- e.* Termination activities to review information with the family before the discontinuation of one or more services. These activities shall result in a written summary of service delivery and service outcome.

**182.6(4) *Supervision.*** Providers of family-centered supervision services shall:

- a.* Provide supervision services to the child referred by the department worker or juvenile court officer.
  - (1) Supervision services may be provided as the only service to a child or in combination with other department or community services.
  - (2) In order for indirect behavioral monitoring contacts to be provided, indirect contacts must be included on Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services, and approved in the case permanency plan.
  - (3) Service management activities as described in subrule 182.6(3) shall be provided as part of service delivery.

*b.* Maintain communication with the referral worker throughout the service delivery period. The provider shall promptly notify the referral worker of any protective or safety concerns about the child or family. Upon request, the provider shall submit to the referral worker a written summary of concerns based on observations about the child and family situation made during service delivery.

*c.* Document service delivery in the child's individual treatment record in accordance with the requirements of this subrule, 441—subrule 152.2(16), and rule 441—182.7(234).

**182.6(5) *Family team meeting facilitation.*** Providers of family team meeting facilitation services shall:

- a.* Deliver family team meeting facilitator services that meet the requirements as outlined in subrule 182.2(2). The provider shall ensure to the extent possible the continuity of facilitators for subsequent family team meetings involving the child and family.



b. Within seven calendar days from the delivery of facilitation services, provide the referral worker with an electronic copy of information needed for applicable sections of the case permanency plan, as specified in Form 470-4126, Family Team Meeting Facilitation Notes. These sections shall include, at a minimum, the following:

- (1) The date and location of the meeting;
- (2) A list of persons attending the meeting;
- (3) Information identifying the family;
- (4) Information on family functioning areas;
- (5) Information and recommended goals and action steps on the family functioning domains of the home environment, parental capabilities, family interactions, family safety, and child well-being.

c. Maintain a copy of Form 470-4126, Family Team Meeting Facilitation Notes, and the date that these notes were provided to the department referral worker in the child's individual treatment record.

**182.6(6) *Nonrehabilitative treatment and parental counseling and education.*** Providers of family-centered nonrehabilitative treatment or parental counseling and education shall:

a. Develop a treatment plan in accordance with 441—subrules 185.10(4) and 185.10(5). For a child who is also receiving rehabilitative treatment services from the same provider, the treatment plan for nonrehabilitative treatment or parental counseling and education shall be combined with the rehabilitative treatment plan.

b. Deliver services that reflect the protective treatment needs of the child and the child's parents or adult family members, including intervention to treat abuse or neglect, prevent the placement of the child outside the family home, promote or maintain family reunification, or help achieve another planned permanent living arrangement for the child.

(1) Parental counseling and education shall be directed toward issues that help the parent or adult family members address the child's safety, permanency, and well-being needs more effectively.

(2) Nonrehabilitative treatment services shall be directed at the child to meet the child's safety, permanency, and well-being needs.

(3) The services provided shall include service management activities as described in subrule 182.6(3).

c. Document service delivery in the child's individual treatment record in accordance with the requirements of this subrule, 441—subrules 152.2(16) and 185.10(6), and rule 441—182.7(234). Service documentation in the child's individual treatment record shall specify which services delivered are nonrehabilitative treatment or parental counseling and education, as opposed to rehabilitative treatment therapy and skill development services.

**182.6(7) *Relative home study.*** Providers of relative home study services shall:

a. Complete a home study on families referred by the department. The home study shall address the areas specified in Form RC-0078, Relative Home Study Report Format. At a minimum, the home study shall:

(1) Be based on at least two face-to-face interviews with the family, one of which must occur in the family's residence.

(2) Include identifying information about all persons residing in the family home.

(3) Summarize sources of information, including family interviews and contacts with nonfamily members, used in preparing the home study.

(4) Contain information about the family background, developmental history, and the current functioning of family members.

(5) Address the welfare and adjustment of children currently residing in the home.

(6) Evaluate current relationships within the family.

(7) Evaluate family child-rearing practices and discipline techniques.

- (8) Discuss the family's attitude toward and capacity to accept the child for placement.
  - (9) Assess the family's capacity to meet the needs of the child being considered for placement in the home.
  - (10) Include child abuse, criminal record, and sex offender registry checks made at the provider's expense on any person 14 years of age or older who resides in the family home.
  - (11) Include reference responses from at least three people concerning the character of the family.
  - (12) Include a summary and recommendations concerning the family's suitability as a placement resource for the child.
    - b.* Complete a home study update if a home study was completed on a relative household within one year of the current referral. At a minimum, performing a home study update shall include:
      - (1) Holding one face-to-face interview with the family to review the information contained in the previous home study and determine if there have been any changes in the family's living situation that would affect the placement of the child. The interview shall take place in the family's residence.
      - (2) Completing child abuse, criminal record, and sex offender registry checks, at the provider's expense, on any new members of the household who are 14 years of age or older and any child in the household who has reached the age of 14 since the initial home study was completed.
      - (3) Preparing a summary that includes recommendations concerning the family's suitability as a placement resource for the child. The summary shall identify which areas specified in Form RC-0078, Relative Home Study Report Format, are unchanged and provide updated information on areas where changes have occurred.
    - c.* As part of home study service activities, the provider shall:
      - (1) Discuss with the family early in the process the family's interest in pursuing foster care licensing; and
      - (2) Refer interested families to the department as soon as possible to begin the foster family study application and licensing process.
    - d.* Prepare a written home study report or home study update as specified in Form RC-0078, Relative Home Study Format, and submit the report to the department worker within 45 calendar days from the date of the department's referral, unless the department worker has granted an extension to allow for completion of criminal record checks.
    - e.* Maintain in the child's individual treatment record a copy of the completed home study report that was submitted to the department, along with notes and other supporting records to document the information included in the relative home study.
- 182.6(8) Community resource procurement.** Providers of community resource procurement services shall:
- a.* Maintain telephonic, electronic, or in-person communication with the department referral worker as necessary during the period of service delivery to best coordinate the securing of necessary supports for children and families. Time spent maintaining this communication shall be billable service activity.
  - b.* Maintain a record that supports billings submitted to the department. This record shall contain Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services, which authorized the service and shall identify:
    - (1) The name of the person who provided the service;
    - (2) The name of the client;
    - (3) The date and beginning and ending time of all billed service activity;
    - (4) The type of activity (e.g., coordinating with referral worker, researching prices, obtaining bids if required, shopping for items);
    - (5) The type of contact (e.g., telephone, computer search, driving time, face-to-face); and
    - (6) The items sought or procured.

**182.6(9) Flexible family support fund.** Providers of flexible family support fund services shall:

- a. Maintain communication with the department worker to clarify expectations and best coordinate purchases.
- b. Obtain the best price and value possible for any supports or goods purchased for clients under the flexible family support fund and make purchases within the maximum amount approved by the department.
- c. Provide to the department documentation, in a format prescribed by the department, of steps taken to obtain three cost bids on the purchase of any single item with a value of more than \$500.
- d. Provide the department with original itemized receipts for purchases when submitting requests for reimbursement to the department.
- e. Coordinate purchases made for clients under this program with delivery of community resource procurement services to the same clients.
- f. Maintain documentation that supports all billings submitted to the department and that includes, at a minimum, copies of the invoices and receipts for all purchases.

**441—182.7(234) Provider service record requirements.**

**182.7(1) Treatment plans.** The provider shall develop a treatment plan for each child receiving services, except as specified below. The treatment plan shall comply with 441—subrules 185.10(4) and 185.10(5). Only one treatment plan is needed for all services the provider is contracted to provide on behalf of the child.

- a. Provider treatment plans are not required for:
  - (1) Family team meeting facilitation.
  - (2) Relative home studies and updates.
  - (3) Community resource procurement.
  - (4) The flexible family support fund.
- b. Provider treatment plans are not required for supervision if supervision is the only service the provider is delivering to the child or family. A treatment plan is required for supervision services when delivered in combination with other services for which a treatment plan is required.

**182.7(2) Progress reports.** For family-centered supervision, nonrehabilitative treatment, and parental counseling and education, providers shall complete progress reports that comply with 441—paragraph 185.10(6) “f.” Provider progress reports are not required for family team meeting facilitation, community resource procurement, relative home studies and updates, or the flexible family support fund.

**182.7(3) Discharge summary.** For family-centered supervision, nonrehabilitative treatment, and parental counseling and education, providers shall prepare a written report for the referral worker in accordance with 441—paragraph 185.10(6) “e” within 30 days of the termination of services. Discharge summaries are not required for family team meeting facilitation, community resource procurement, relative home studies, or the flexible family support fund.

**182.7(4) Provider individual client case records.** Providers shall maintain a confidential individual record for each individual or family receiving family-centered services for a period of five years after terminating services to the client. The record shall include the following:

- a. The case permanency plan if supplied by the referral worker, or written documentation to the referral worker requesting a copy of the case permanency plan.
- b. Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services, from the referral worker.
- c. Any treatment plans, treatment plan reviews, progress reports, additional reports requested by the referral worker, and discharge summaries developed by the provider.
- d. For family team meeting facilitation, a copy of Form 470-4126, Family Team Meeting Facilitation Notes, submitted to the department worker.

*e.* For relative home studies and updates, a copy of the completed home study report or home study update that was submitted to the department worker.

*f.* For the flexible family support fund, copies of receipts and invoices for purchases for which department reimbursement was requested.

*g.* For community resource procurement, the documentation described in paragraph 182.6(8) "b."

*h.* For nonrehabilitative treatment, parental counseling and education, and supervision, documentation to substantiate each unit of service billed to the department. This documentation shall include:

- (1) A description of the specific service rendered;
- (2) Clear identification of the person or persons who rendered the service;
- (3) Identification of the person or persons who received the service;
- (4) The dates and amount of time service was rendered; and
- (5) The type of contact (face-to-face or by telephone).

*i.* Any correspondence with the referral worker regarding changes in services or requests for additional services.

#### **441—182.8(234) Unit of service and service unit rates.**

**182.8(1) Billable units.** All members of a family shall collectively be considered one recipient of any unit of family-centered services. The billable units of service for family-centered supportive service components shall be as follows:

*a.* For supervision:

(1) One-half hour of direct face-to-face contact between the service provider and the family or one or more of its members constitutes one unit of service.

(2) One-half hour of indirect monitoring through contacts by telephone with the child or a caretaking adult family member constitutes one unit of service. Indirect monitoring is billable only when specifically authorized by the referral worker.

(3) Monthly cumulative time for both direct and indirect services shall be totaled and rounded up or down to the nearest whole unit.

*b.* For family team meeting facilitation, a facilitated family team meeting including all premeeting preparation, meeting place arrangement, service management activities, meeting facilitation activities, postmeeting note preparation and timely submission of an acceptably completed Form 470-4126, Family Team Meeting Facilitation Notes, constitutes one unit of service.

*c.* For nonrehabilitative treatment:

(1) One-half hour of direct face-to-face contact between the service provider and the child or either or both of the parents or a caretaking adult family member constitutes one unit of service.

(2) Monthly cumulative time shall be totaled and rounded up or down to the nearest whole unit.

*d.* For parental counseling and education:

(1) One-half hour of direct face-to-face contact between the service provider and either or both of the parents or a caretaking adult family member constitutes one unit of service.

(2) Monthly cumulative time shall be totaled and rounded up or down to the nearest whole unit.

*e.* For relative home study services, a completed home study or home study update including all information gathering and report preparation activities, service management activities, reference checks, and the timely submission of an acceptably completed relative home study report constitutes one unit of service.

*f.* For community resource procurement:

(1) One-half hour of service activity on behalf of the child or child's family, either through direct contact with the family or through activities carried out in person or by telephone or electronic means, constitutes one unit of service.

(2) Monthly cumulative time shall be totaled and rounded up or down to the nearest whole unit.

**182.8(2) Payment rates.**

*a.* Unit rates for supervision and nonrehabilitative treatment services shall be established in accordance with 441—Chapter 185, Division VI. Unit rates for therapy and counseling and for skill development are the same whether the child's treatment need is rehabilitative or nonrehabilitative.

*b.* Unit rates for the following services shall be established in accordance with 441—subrule 185.112(14):

- (1) Family team meeting facilitation.
- (2) Parental counseling and education.
- (3) Relative home study services.
- (4) Community resource procurement.

*c.* For the flexible family support fund, no unit rate exists. Reimbursement is made to the provider based on the acceptably documented actual costs to the provider of making department-approved purchases of supports, flexible services, or goods for the benefit of a child or family.

**182.8(3) Indirect costs.** Expenses of transporting clients, service management activities, and other administrative functions shall be allowable indirect costs for nonrehabilitative treatment, parental counseling and education, community resource procurement, and supervision services, subject to the restrictions set forth in 441—Chapters 152 and 185. Such costs and activities are not directly billable costs or activities.

**182.8(4) Group services.** When more than one family receives services in a group setting, all members of each family participating in the group service activity are to be considered as one participant for billing purposes. Contracts shall specify a unit rate for group services separate from other services described in the contract.

**182.8(5) Team approach to service delivery.** When two or more individuals from a service provider agency jointly deliver a unit of supervision services, billings for that unit of service shall be reimbursable in an amount equal to the cost of two or more units of service if the following criteria are met:

*a.* The case permanency plan requests a team approach to supervision service delivery and specifies the number of individuals who will be working together on the team, and the provider's contract identifies the service provider's ability to deliver such a team approach.

*b.* The specific number of provider staff requested in the case permanency plan are physically present to deliver services to the family, and these same individuals undertake the service management activities in relation to service provision.

**441—182.9(234) Termination and adverse service actions.** Services shall be denied, terminated, or reduced and appropriate notice given the client as specified in rule 441—130.5(234) unless otherwise provided for in this chapter. Services shall be terminated no later than the end of the service period approved by the department in Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services.

**441—182.10(234) Appeals.**

**182.10(1)** Decisions concerning family-centered services made by the department or its designee that adversely affect clients may be appealed pursuant to 441—Chapter 7.

**182.10(2)** Decisions made by the department that adversely affect service providers concerning services provided through a contract established pursuant to 441—Chapter 152 may be reviewed in accordance with rule 441—152.3(234).

**182.10(3)** Decisions made by the department that adversely affect service providers concerning services provided through a contract established pursuant to 441—Chapter 150 may be reviewed in accordance with 441—subrule 150.3(9).

**182.10(4)** Decisions made by the department that adversely affect service providers concerning services provided through a contract established pursuant to 11—Chapters 106 and 107 may be addressed through the provisions contained in that contract.

These rules are intended to implement Iowa Code section 234.6.

[Filed 7/26/85, Notice 5/22/85—published 8/14/85, effective 11/1/85]

[Filed emergency 1/15/87—published 2/11/87, effective 1/15/87]

[Filed 5/12/89, Notice 2/8/89—published 5/31/89, effective 8/1/89]

[Filed emergency 6/14/91—published 7/10/91, effective 7/1/91]

[Filed 9/18/91, Notice 7/10/91—published 10/16/91, effective 12/1/91]

[Filed emergency 1/15/92 after Notice 12/11/91—published 2/5/92, effective 1/16/92]

[Filed emergency 10/15/92—published 11/11/92, effective 10/15/92]

[Filed 1/14/93, Notice 11/11/92—published 2/3/93, effective 4/1/93]

[Filed without Notice 8/12/93—published 9/1/93, effective 11/1/93]

[Filed emergency 10/14/93—published 11/10/93, effective 11/1/93]

[Filed 12/16/93, Notice 9/1/93—published 1/5/94, effective 3/1/94]

[Filed 6/16/94, Notice 5/11/94—published 7/6/94, effective 9/1/94]

[Filed emergency 12/15/94—published 1/4/95, effective 2/1/95]

[Filed 2/16/95, Notice 1/4/95—published 3/15/95, effective 5/1/95]

[Filed 10/12/95, Notice 8/2/95—published 11/8/95, effective 1/1/96]

[Filed 12/12/96, Notice 11/6/96—published 1/1/97, effective 3/1/97]

[Filed 10/17/97, Notice 7/30/97—published 11/5/97, effective 1/1/98]

[Filed emergency 2/11/98—published 3/11/98, effective 3/1/98]

[Filed 5/13/98, Notice 3/11/98—published 6/3/98, effective 8/1/98]

[Filed without Notice 6/10/98—published 7/1/98, effective 8/15/98]

[Filed 8/12/98, Notice 7/1/98—published 9/9/98, effective 11/1/98]

[Filed 10/11/00, Notice 9/6/00—published 11/1/00, effective 1/1/01]

[Filed emergency 2/10/05—published 3/2/05, effective 3/1/05]

[Filed emergency 4/15/05—published 5/11/05, effective 5/1/05]

[Filed emergency 5/18/05—published 6/8/05, effective 7/1/05]

[Filed 10/21/05, Notices 5/11/05, 6/8/05—published 11/9/05, effective 12/14/05]