

Family Impact Network  
CIHS Practice Guide

The CIHS practice guide is intended as a resource and supplement to your CIHS contract with Family Impact Network. This is only meant as a guide, please ensure you are reviewing your current CIHS contract as well.

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### Capacity Reporting:

The Agiloft Capacity Tool contains information on each agency’s capacity that will determine availability and inform FIN and DCYF of network capacity. FIN uses the tool to determine referral assignment Providers update capacity in Agiloft for each individual practitioner by service type and county. Using this tool is a requirement for reporting to FIN and must be updated in real time.

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Agiloft will send automatic reminders if capacity has not been updated for 7 days. Providers can contact Jenna Rockford ([jenna@familyimpactnetwork.org](mailto:jenna@familyimpactnetwork.org)) or Gustavo Serrano ([gustavo@familyimpactnetwork.org](mailto:gustavo@familyimpactnetwork.org)) for technical assistance.

## **Referral Acceptance Process:**

**Accepting referrals:** Providers must communicate to FIN the assigned practitioner when accepting the referral.

**Assigning referrals within your agency:** Combined In-Home service referrals need to be assigned to practitioner within 50 miles of the referred family home or meeting place.

**Mileage exceptions:** Exceptions to the mileage over 75 miles one-way rule can be requested based on practitioner suitability of the referred family's needs. Exceptions must be requested through FIN only and approved before accepting the referral and beginning any services. Per DCYF, blanket mileage approvals will not be granted.

**Service confirmation:** The intent of the service confirmation with the referring social worker is to learn broader family needs, risk factors, service limitations, and comprehensive understanding of family service needs identified by DCYF social worker and the supervisor.

This requires direct communication with the assigned social worker, a voicemail or an email to a social worker are not a successful service confirmation.

The Service Confirmation must be completed within three business days of referral acceptance. If the Social Worker is not responding to the provider's attempts at completing the Service Confirmation, after 2 business days, reach out to Senior Resource Specialist, Jessica Martinez-Hopkins ([jessica@familyimpactnetwork.org](mailto:jessica@familyimpactnetwork.org)) and she will reach out to the Social Worker, Supervisor, and Regional Lead.

## **Family Engagement:**

If a provider has had no successful contact with a family after daily contact attempts for seven days, the provider will resolve the referral and notify FIN and the social worker with the reason for resolving. Social workers are expected to address engagement barriers prior to submitting a new referral to FIN.

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If the provider is unable to make contact with a family for 14 days, at any point after services have begun, the provider will resolve the referral and inform the social worker and FIN.

### **Service Delivery:**

**FPS parenting strategies:** Parenting strategies are a primary component of FPS, and the provider is expected to use all the skills they have in supporting the family. For example, a provider can work on bonding and attachment without following the PFR curriculum. While providers are not expected to incorporate the EBP into FPS, behavior coaching across parenting strategies is a reasonable expectation. Parenting strategies are focused on helping and teaching parents and caregivers to learn and use the skills they specifically need to safely parent their children.

**Concurrent services:** Family members in the same household cannot receive concurrent services unless required per model fidelity. Exceptions required for individual family circumstances can be sent to Senior Resource Specialist, Jessica Martinez-Hopkins ([jessica@familyimpactnetwork.org](mailto:jessica@familyimpactnetwork.org)) and she will request approval from the Regional Lead.

**Motivational Interviewing Requirements:** As of 10/1/24, Motivational Interviewing will begin getting incorporated into Family Preservation Services (FPS). Goal is that by 10/1/25, all FPS practitioners will be trained in and utilizing MI with families when delivering FPS services. Reach out to FIN or DCYF if you have any questions about the training.

### **Service Extensions:**

**FPS:** As of 10/1/24 – An extended duration of FPS is allowable up to 6 months. Child Welfare Policy 4052 allows FPS to be delivered up to 6 months in duration, when needed.

If it is identified that an extension of FPS is needed, the provider must attend the Transitional Planning Meeting with the DCYF Social Service Specialist.

The Transitional Plan Meeting Form ([DCYF 15-315](#)) must be completed by the provider and reviewed, signed off by the caseworker. The form must be submitted with your 5<sup>th</sup> month billing.

After the form and meeting are completed, a new referral is not required. The extension will allow the provider to bill up to 6 months or until the \$4,395.00 FPS allowance has been exhausted.

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**EBPs:** EBP referrals expire when all sessions have been billed. If the provider will be billing **the last step in the fifth month**, the provider sends email to Senior Resource Specialist, Jessica Martinez-Hopkins ([jessica@familyimpactnetwork.org](mailto:jessica@familyimpactnetwork.org)) with the following information:

- a. Family Name and Case ID
- b. Amount of billable time left
- c. Relevant information around goals and reasons for the extension request

After this information is received, FIN will review the information received and request approval from the Regional Lead.

### **FPS Re-referrals:**

If a provider has used all billable time before the 90 days (for placement prevention) or 120 days (for reunification), or up to six months, with an extension, the provider may contact the Social Worker to discuss barriers to the completion of service goals. Consecutive FPS referrals must be requested and reviewed for approval. Requests for a consecutive FPS service send the request to FIN and the social worker. FIN will work with the Regional Lead to get approval. The Regional Lead will assess progress made or barriers toward original service goals, service goals added since the original referral, and whether a different service is more appropriate.

### **Reports:**

**Monthly reports:** Practitioners should utilize as many fields of the monthly report as are appropriate to that month of service; the overall emphasis, including “Today’s Focus,” should be the parent’s engagement with the service and/or curriculum and progress toward service goals.

Reports should document who is present during service: this may include demonstrating how model fidelity is achieved. For example, ensuring children are present at the session if it’s tied to the fidelity of the service.

**Weekly Case Updates:** Weekly case updates for all In-Home and Classroom services shall occur weekly between the assigned DCYF Social Service Specialist and the Service Provider providing the service. These updates can occur in person, by phone, or by secure e-mail.

The Service Provider is responsible for providing the update to the assigned worker. Case updates shall include but are not limited to:

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- (1) Gains the family made towards service goals; and
- (2) Any barriers prohibiting progress towards goals.

**CANS-F:** CANS-F assessments should include notes, particularly where a need or important family strength is identified. These should be updated, as applicable, with each assessment.

Goals and action steps identified in the Family Plan for Change should include service goals identified on the referral and additional goals identified by the family and using their voice. Action steps should be specific to the family's needs as a template to guide the service.

### **Billing for Services:**

All Combined In-Home Service billing documents need to be submitted to [billing@familyimpactnetwork.org](mailto:billing@familyimpactnetwork.org) within 60 days of services. Billings submitted after 60 days of services may require additional approval, which could cause a delay in processing. Please refer to Special Terms and Conditions under 8. Billing in the contract for required billing documents.

**Case Related Activities for FPS services:** Case Related Activities should account for 40% or less of billable time over the life of the case. FIN will notify provider if the CRA is higher than 40% in the first few months of the services. Case related activities are those that will impact the family but do not actually require the family's direct involvement.

### **HOVI:**

**Process to contact HOVI Support:** If your agency utilizes HOVI and needs customer support, please send an email to Cooper Brown at [cooperbrown9e@gmail.com](mailto:cooperbrown9e@gmail.com) and Matt Brown at [matt.brown@hovihealth.com](mailto:matt.brown@hovihealth.com).

### **Out of State Services:**

**FPS/FFT/PCIT:** In order to provide FPS outside of Washington State, the contractor needs to obtain written permission from the DOH to have their credential extend outside of Washington State prior to providing services.

**EBP's:** Out of state services can be provided. FIN's contractors are allowed to provide services in the following counties:

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- Idaho:
  - Boundary County
  - Bonner County
  - Kootenai County
  - Benewah County
  - Latah County
  - Nez Perce County
  
- Oregon:
  - Wallowa County
  - Wasco County
  - Sherman County
  - Gilliam County
  - Morrow County
  - Umatilla County

### Telehealth Services:

#### **Telehealth services can be requested for the following reasons:**

- Reasonable accommodation for client(s) with a disability.
- Clients are unable to participate in in-person visits, and the DCYF Social Service Specialist, Contractor/Provider and client all agree to using telehealth.
- The closest available service provider is more than 75 miles away from where the family resides.
- There is no provider in close proximity who speaks the family's language, but one exists elsewhere that is available virtually.

#### **How Caseworkers will refer for CIHS via telehealth:**

- Before a CIHS is offered via telehealth, the Social Service Specialist, Contractor/Provider, and client all need to agree to using telehealth.
- The Social Service Specialist will discuss utilizing telehealth with FIN prior to submitting a referral where telehealth is indicated.
- They will specify the request for full or partial telehealth in the Service Goals section of the Service Referral.
- FIN will reach out to you with the referral information and let you know the family needs telehealth services.

### Telehealth Training Requirements

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- Prior to providing telehealth services, one of the below trainings must be taken and documentation of completed training submitted to the FIN Compliance Team.
- The Medical Healthcare Professional Telemedicine Training hosted by the Northwest Regional Telehealth Resource Center's Canvas training platform. Access the training [here](#); or
- The Telehealth Collaborative and UW's Behavioral Health Institute collaborated to create the TeleBehavioral Health 101 Training. Access the online self-guided TeleBehavioral Health 101 training [here](#).

**Telehealth Pivots:** The contractor/provider is allowed to pivot to a telehealth format for any of the following reasons without pre-approval from the DCYF Social Service Specialist:

- Isolation period required by the family's exposure or infection to COVID-19, Influenzas, RSV or other respiratory virus.
- Other circumstances that would impede access to a family's residence.
- Severe inclement weather that impedes access to a family's residence by snow, flooding, rockslides, or road closures.