



Substitute Care Funds for Emergency Assistance

Department Name		
Utilization Management Unit		
CHAPTER:	SUBJECT: Substitute Care Funds for Emergency Assistance	POLICY NUMBER: UM-005
APPROVAL: DCF	EFFECTIVE DATE: July 1, 2005	REPLACES (policy # and date): CFOP 175-16 March 4, 1997

- I. **PURPOSE:** This policy was developed in order to either divert children from out of home care or to shorten the length of stay in out of home care by providing funds for services and/or equipment which keeps children in their own homes or allows them to return to their homes.
- II. **REVIEW HISTORY:** New policy.
- III. **CONTACT:** Director of Utilization Management.
- IV. **PERSONS AFFECTED:** The Children's Network of Southwest Florida and its contracted providers.
- V. **POLICY:** This policy describes the process to obtain flex dollars – funds to prevent placement into foster care and to facilitate reunification – and assures that all applicable laws and rules are followed. It is the responsibility of the Children’s Network of Southwest Florida to ensure that the expenditure of financial resources is in compliance with the Department of Children and Families contract to deliver foster care and related services. Acceptable services for the expenditure of these funds are found in the Utilization Manual.
- VI. **RATIONALE:** By using flex funds, children can remain in the least restrictive placement. In order to assure the funds are used correctly, the Utilization Management unit will track and approve all expenditures in this category.
- VII. **CROSS REFERENCES:** Contract between Camelot Community Care, Inc. and the Florida Department of Children and Families for foster care and related services; Florida Statute Chapter 409.165, DCF CFOP 175-16.
- VIII. **DEFINITIONS:**

Case Management Organization (CMO) – An agency with which the lead agency contracts to provide case management services within the child welfare system.

Case Plan – A document, as described in s. 39.601, F.S., prepared by the department or contracted community based care agency, with input from all parties, and approved by the court. The case plan

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specifies the permanency goals while ensuring the child's safety and well-being and follows the child from the provision of services through any dependency, foster care, and termination of parental rights proceeding, or related activity or process.

Child Welfare Case Manager - a certified child protection professional who is responsible for the coordination of services, completion of court reports and supervision of families and children who have been adjudicated dependent and require protective supervision.

Department – The Florida Department of Children and Families.

District – The Florida Department of Children and Families territorial division pertaining to a geographical service area.

Flexible Funds – The temporary provision of cash or in-kind assistance when there is an identified unmet need that affects the child's permanency, safety and well being. They are also called flex funds.

Service Authorization Request- A form submitted in writing or electronically by case managers to request services.

Service Authorization-The written approval of service prepared by the Utilization Management Unit.

Utilization Management Unit- A unit designated by the Children's Network of Southwest Florida to authorize services, manage service utilization and refer a child for placement.

IX. PROCEDURES:

1. The Child Protective Investigator or Child Welfare Case Manager identifies a family in need of assistance. It must be determined by the staff member that a request for Flex Funding will prevent the *removal of the child* and will provide immediate remedy to the circumstance for which the funds are sought. The intervention proposed must be goal-oriented and time-limited and cost less than the projected cost of out-of-home care,
2. The Child Protective Investigator or Child Welfare Case Manager must document attempts to obtain the needed funding or assistance from at least two alternative sources (i.e. Salvation Army, food bank, utility company, etc.)
3. The Child Protective Investigator or Child Welfare Case Manager discusses the case with the supervisor who must also review the request. The supervisor may divert the request for the following reasons.
 - Use of funding will not minimize the likelihood that the safety concerns can be addressed to prevent removal.
 - Family has requested the same or similar assistance in the past and/or has not complied with the case plan or benefited from the assistance.
 - Child Protective Investigator or Child Welfare Case Manager did not attempt to obtain two alternative community resources.
 - Placement is an unlicensed non-relative placement
4. If the supervisor agrees the request should be submitted, the Child Protective Investigator or Child Welfare Case Manager will complete a Request for Flex Funds Packet (See Exhibit A) and forward

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to the UM Liaison assigned to the CMO, maintaining a copy in the child's case file. Child Protective Investigators will forward their request directly to the UM Unit at the Children's Network of Southwest Florida after supervisor approval.

5. The UM Liaison must verify that the request is an appropriate expenditure, obtain pertinent information to process the request, including a check of ICWSIS, ensure a service authorization is prepared and send the "Letter of Intent", to the provider indicating the terms and when payment will be made.
6. If the child is not in ICWSIS, the packet will be given to the Revenue Maximization Unit (Rev Max) to determine the status of the child's eligibility. Within three days of receipt of the packet in Rev Max, if the child can not be entered into ICWSIS because of lack of documentation, the packet will be returned to the UM liaison who will return the packet to the *requestor* with a denial letter.
7. If the child is in ICWSIS and the packet is complete with appropriate documentation attached with the Supervisor's signature, the UM Liaison will forward the entire Request for Flex Funds packet , including the service authorization and letters to the Finance Unit who will process the payment within seven to ten business days. If a shorter processing time is necessary, the UM liaison will be responsible for advising the Finance Unit. No payment can be processed in less than three business days without the permission of the UM Director, Chief Operating Officer or Chief Executive Officer.
8. It is the Child Protective Investigator's and Child Welfare Case Manager's responsibility to ensure that goods and services purchased on behalf of the client are delivered to the client in need. A copy of all receipts which verify that Flex Funding was utilized must be forwarded to the UM Unit for further verification and audit by the Financial Unit within 2 working days of receiving the receipts.

X. EXHIBITS:

Exhibit A: Request for Flex Funds Packet.



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REQUEST FOR FLEX FUNDS

DATE _____

- Request is: (check one)
 URGENT (funds needed within 3 days)
 ROUTINE (funds needed within 7 days)

1. Child: _____ Child's SSN _____

Child's DOB _____ Placement Parent (Check one)
 Relative

2. Parent/Relative) Name: _____

3. Address (1): _____
 Address (2): _____

4. Identify all household members who may receive services:

Name	SSN	DOB	Relationship to child in #1
A.			
B.			
C.			
D.			

TO BE COMPLETED BY THE INVESTIGATOR/CASE MANAGER:

1. Describe the emergency situation or episode of need which places the child(ren) at *risk of removal* or need of flex dollars: *Also may be used for reunification assistance.

2. Have Flex Funds been used within this fiscal year? Give details:

3. What other community resources or agencies have been contacted to assist in this situation?
 - A. What were the outcomes?

 - B. Why weren't these services utilized?

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List monthly benefits received by each household member:

TANF	SSA	SSI	FOOD STAMPS	MEDICAID	CHILD SUPPORT
A.					
B.					
C.					
D.					

HOUSEHOLD BUDGET

Household Income:

Total Monthly Net Income: _____

Source: _____ Source: _____

Total Monthly Household Income: _____

Monthly Expenditures:

Rent: _____ Transportation: _____
 Electric: _____ Incidentals: _____
 Water: _____ Child Care: _____
 Food: _____ Telephone: _____
 Other: _____ Other: _____

Total Monthly Expenses: _____

Total Household Income _____

Less Total Expenses: - _____

Balance: _____

****Can the client maintain ongoing cost? _____**

If rental assistance is needed, please include "Shelter Verification" form, lease or mortgage papers.

COST AVOIDANCE CALCULATION: **MUST COMPLETE**

List separately if you estimate that some of the children would have unequal projected placement cost.

- A. Projected length of stay or extension (#of days or months). _____
- B. Number of children in family at risk of placement. _____
- C. Unit costs of placement for each child (indicate daily or monthly rate). _____
- D. Total projected costs of placement or extension of placement. (Formula: A x B x C =D "projected placement costs avoided") _____


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Indicate the service(s) necessary to alleviate the emergency:

SERVICE(S)	LENGTH OF SERVICE	COST

****TOTAL COST OF SERVICE(S) REQUESTED** _____

Provider information:

Provider Name, Address, Telephone Number and Federal I.D. Number (FEIN)	Paperwork Attached 

TOTAL ANTICIPATED PLACEMENT COSTS (D, Page 2) _____

LESS TOTAL COST OF SERVICES REQUESTED _____

BALANCE: _____

IS THE PLACEMENT COST GREATER THAN THE REQUESTED SERVICE COST?

YES NO

Signature of Investigator/Case Manager/Telephone Number

DATE

Signature of Supervisor/ Telephone Number

DATE

COUNTY/CMO: _____ CPI UNIT: _____

MUST RETURN THE RECEIPTS FOR ALL FLEX FUND PURCHASES TO THE CHILDREN'S NETWORK OF SOUTHWEST FLORIDA

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