

Wisconsin's In-Home Safety Services (IHSS) Program

Balance of State Program Manual for Tribes: Calendar Year January-June 2019

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Program Background:

The Wisconsin Department of Children and Families (DCF), along with the 2010 Federal Children and Family Services Review (CFSR) in Wisconsin, recognized the variability among counties regarding the types of cases eligible for in-home services and the differences in case practice across the state pertaining to in-home safety service delivery. In response to the CFSR as well as findings of other reviews of case practice, Wisconsin's Program Improvement Plan included an action step to develop a competitive award process to select demonstration sites to target improvements in information collection, safety decision-making, and in-home safety service delivery.

As a result, In Home Safety Services (IHSS) began as a competitive award process in 2011. Since 2011 the program has undergone refinements as workers and the state continued to learn about safety and relevant evidence-based practices. The information below provides the program framework for tribes in Wisconsin's specific IHSS Program in 2019.

The IHSS program framework reflects the updated Wisconsin Child Welfare Model for Practice. As stated in the Model for Practice, the purpose of the Wisconsin Child Welfare System is to keep children safe and to support families to provide safe, permanent, and nurturing homes for their children. The system does this by safely keeping children and youth in their own home, family, tribe, and community whenever possible. The system strives to engage with children, youth, and families to expand healthy connections to supports in their community and tribes and bolster resiliency in families to help them thrive.

Program Purpose and Goals:

Purpose:

IHSS reduces trauma to children by keeping children safe with their families, providing support and resources to build on family strengths, and preventing future maltreatment. The purpose of the IHSS Program is to prevent the breakup of families.

Primary Goal:

The primary goal of the IHSS program is to keep families intact by:

- Increasing parental protective capacities
- Decreasing out-of-home placements
- Helping families develop formal and informal supports
- Reducing maltreatment to children

Program Description:

The IHSS Programs serves families when children are assessed unsafe and at-risk of removal from their home. Intensive and short-term services are provided to the family to keep children safe while keeping the family intact.

The IHSS Program is appropriate when the tribe determines that a child is unsafe but safety can be controlled in their home through planning and services. The IHSS Program funding is provided for up to four months with a possible one month extension.

Eligibility Requirements:

Program eligibility is related to both child and case specifics. Details are outlined below. If one child in the family qualifies based on the criteria below, siblings may also be enrolled as long as the sibling is either subject to the same Initial Assessment/Investigation or is in the same home at least 51% of the time.

To qualify for the IHSS Program the following is required:

- The case is a Child Protective Services case or the case is open with the tribe's Indian Child Welfare department.
- The case is within the first 60 days of a screened-in CPS report or comparable time frames as outlined by tribal code or ordinance.
- The child must be at risk of removal from the home.
- The Tribe must track and report on outcomes for cases involved in IHSS. Outcomes will include if there were new referrals on the case and if the children went into OHC following the IHSS Program closure. Tracking can be submitted by email or fax.
- The child had no out-of-home care placement or equivalent as defined by tribal code or ordinance or the out-of-home care placement or equivalent lasted no more than 72 hours. The child may have had a prior out-of-home care placement over 72 hours as long as it ended prior to the current screened-in report.
- The child is eight-years-old or younger OR the child has a documented disability.
- If one child in the family qualifies based on the criteria above siblings can qualify too as long as the sibling is either subject to the same Initial Assessment/Investigation or is in the same home at least 51% of the time.

Program Requirements:

In addition to the program requirements below CPS must follow all requirements in Wisconsin's Child Protective Service's Access and Initial Assessment Standards, Ongoing Service Standards, and Safety Intervention Standards.

- The Safety Plan must include an after-hours emergency contact to meet the critical needs of the family.
- Safety service providers or agency staff must meet face-to-face with the family within 24 hours of program assignment.
- Family Teaming is required at the start of the IHSS Program and is recommended during case planning and safety planning. See [Appendix A](#) for more information.
- A Safety Management Meeting between the CPS caseworker, CPS supervisor, and any safety service providers is required at the start of the IHSS Program and when any new staff begins working with the family. See [Appendix B](#) for more information.
- A reassessment of safety and if needed a new Safety Plan must be completed immediately if there is a change in family or household composition.

- Cost reporting must be submitted quarterly. See the [Cost Reporting and Outcome Tracking](#) section on page 6 for more information.

Contracting Requirements:

There is no delegation of responsibility of safety if using contracted providers in the IHSS Program. Rather it becomes a shared responsibility between the Tribe and IHSS contracted staff. If contracting is part of your IHSS Program delivery, the following requirements apply:

- The CPS caseworker must have at least weekly contact with the IHSS contracted provider(s).
- IHSS contracted providers must attend all Safety Management Meetings. See [Appendix B](#) for more information.
- Tribes must create procedures to ensure for adequate and accurate documentation of all contacts made by each provider and ensure that all documentation, family information, and family involvement in the program remains confidential.
- CPS must confirm that professional, para-professional, and volunteer staff have specific position descriptions that include the qualifications, roles and functions, training, and supervision specific to the provision of the IHSS Program.
- Cost reporting must align with identified service cost categories. See [Appendix C](#).

Funding Structure:

Participating tribes are awarded a number of slots and a related dollar amount based on \$36/day or \$1,100/month for up to four months per child. These funds are made available to tribes in two separate allocations (Jan-April/May-November) to serve all enrolled children in the given enrollment period. The Program Coordinator may grant an additional month of funding beyond the four month enrollment period. To request a one month extension the agency needs to email the Program Coordinator at least one week prior to the four month end date and explain the extenuating circumstances which led to the request.

To accommodate variance in timing between the TANF funding cycle and the state fiscal year, the 2019 6-month calendar year enrollment award is broken into two funding allocations, totaling the full award amount. Each agency will be awarded a January-April allocation, and a May-November allocation within their contract. Funds are available to cover associated costs for enrolled children in that given program period (January-April/May-November). Costs for an enrolled child will count towards the program period for the month in which the expense was incurred. Please note, the date of a child's initial enrollment determines which contract they would be reported under. All children with an original enrollment date between January 1, 2019 and June 30, 2019 will fall under the January-November CY 2019 contract and these new fiscal requirements. These changes will not impact children initially enrolled in the program prior to December 31st, 2018 who may continue to receive services in 2019 under the prior year's contract.

To illustrate this point, a child with an original enrollment date in April 2019 can have costs for April-August 2019, based on the four-month enrollment window. The costs related to this child's services will

be tracked against the January-June CY 2019 contract, but these costs will also be restricted by the 2 separate allocations depending on the month of incurred costs. Costs incurred for that child in April would be considered part of the January-April allocation. Costs incurred for that child in May-August would be considered part of the May-November allocation. Funds in the January-April allocation that have no associated costs in that time period will be considered unused, and will be inaccessible to the agency for the subsequent time period of May-November.

The tribe will report actual program costs in SPARC (9642B) on a monthly basis. Program funding can be spent on allowable program services. DCF will calculate a maximum monthly reimbursement amount based on county program enrollment. DCF will reimburse actual program costs monthly on SPARC (3612B), up to the calculated enrollment based amount for the same time period. Total reimbursement cannot exceed the total allocation amount nor exceed the total reported actual program costs.

Referral Process:

1. Tribe identifies children who would benefit from the IHSS Program.
2. Tribe confirms that the child is eligible based on [eligibility criteria](#). If a tribe has a question regarding the eligibility of a child it should reach out to the IHSS Program Coordinator prior to enrolling the child.
3. Tribe will internally track the IHSS Program start date and end date.
4. Tribe will submit a list of enrolled children quarterly as part of their outcome tracking on a form provided by DCF ([see Cost Reporting/Outcome Tracking for details](#)). Tribes can choose to identify children on form using name or a different unique identifier.
 - a. Outcomes tracked will include information such as if there were new referrals on the case and if the children went into OHC following the IHSS Program closure.

Program Closure:

IHSS Program funding will automatically end for children after four months of program participation. To request a one month extension the tribe must email the IHSS Program Coordinator with the extenuating circumstances at least seven days prior to the planned four month program end date.

If a child should no longer be enrolled in the IHSS Program and they have not yet been enrolled for four months the tribe should note this on the outcome and cost reporting sheet (see Cost Reporting/Outcome Tracking for below). Examples of reasons to end the IHSS Program early include:

- Child is safe and services are no longer needed.
- A change of venue occurred and the child moved to a non-IHSS jurisdiction.
- Child entered out-of-home care.
- The parent/caregiver is no longer cooperative with the IHSS Program.

Cost Reporting :

- Tribes should submit costs monthly via SPARC.
- Only services from the allowable service categories will be paid for with IHSS Program funding.
- Contracted providers are required to provide to the tribe cost reporting information that aligns with service cost centers detailed in [Appendix C](#).

Local Agency Match:

In accordance with [Wis. Stat. § 49.175\(1\)\(t\)](#), beginning in calendar year 2018, the IHSS Program requires a 9.89% match from local agencies for the receipt of IHSS Program funding. Agencies will report IHSS match costs in SPARC on the IHSS match line **(9632B)**. The definition for this match is as follows: costs reported on the match line may include services, contracts, staff time, concrete resources and other expenses to support children to remain safely in their homes, excluding those costs claimed and reimbursed through the IHSS contract. The county/tribe will have to maintain an audit trail to support the match costs reported.

Match costs could include eligible contracts (excluding costs reimbursed by the IHSS contract); case management time on in-home cases not enrolled in the IHSS Program; payments for appropriate services for any in-home case that is not enrolled in the IHSS Program, and payments spent on IHSS enrolled families beyond the total award amount (including case management), and any other expenses that meet the description of match.

Reported match should exclude costs reimbursed by IHSS Program funding, costs reported on the 9612 series, and costs reported on CFA lines 3561, 3681, and 9681.

Allowable Services:

The following services can be funded by IHSS dollars when included on a Safety Plan. Services can be provided by either formal or informal supports. Both formal and informal supports can be paid for using IHSS Program funding.

Separation:

Recreational Activities: Any activities a child or parent participates in during times of separation to control for safety. This could include having a mentor take a child or parent out of the home for periods of time.

Daycare: The paid care of a child by a person other than the child's legal guardians or custodians to create separation between the children and their caregivers and control for safety. This includes both payment to established centers and informal supports.

Respite: Respite services include services such as temporary care for children to relieve a primary caregiver who may be experiencing severe distress or who may be in a state of crisis. This may be used in circumstances where the accumulation of caregiving responsibilities results in threats to safety.

Concrete Resources

Food/Clothing Services: Services to connect a family with food and/or clothing that are necessary to control for safety.

Housing Assistance: Emergency assistance to help families access safe housing when it is necessary to control for safety. This includes providing rent or a stay in a hotel.

Transportation: This may include bus passes, gas vouchers, taxis, professional drivers, and providing rides to family members to access services identified on a protective plan or safety plan.

Household Support: Assistance from the agency in obtaining services or household items needed to maintain safety. This includes but is not limited to utility assistance and household items including car seats, safety gates, door alarms, and safety monitors, etc. as well as repairs to the home so that it is safe.

Social Connection and Emotional Support

Social Supports: Supportive resources by family, friends, neighbors, coworkers, or others used to control for safety threats. Social connection and emotional support is an appropriate safety response for a parent whose isolation and unmet emotional needs result in threats to child safety. This is only an appropriate safety response if the planned connection and support has an immediate impact on the parent's behavior toward the child.

Supervision and Monitoring

Supervision/Observation: Supervision and observation may involve informal or formal providers whose primary focus is to oversee interactions between parents/caregivers and children and intervene if safety threats arise. Informal providers, such as friends, neighbors or relatives, may be especially effective for providing supervision during critical times of day when safety threats may become active and result in harm to the child. For example, this could include observing/supervising a parent at bed time if this has been identified as a critical time for the family. Formal providers may include, but are not limited to: in-home safety teams, agency paraprofessionals, other contracted workers, and CPS workers. Payment for supervision and observation can be made to both formal and informal supports.

Parenting and Home Management

Basic Home Management: Controlling for safety by assisting with budgeting, household schedules, and daily tasks or any other activities needed to maintain a household.

Unique Child Condition Service: Services used to address safety issues specific to one child in the family that may be related to a special need or circumstance.

Basic Parenting Assistance: Basic parenting involves compensating for the parents inability to perform basic parenting and other life skills that affect child safety. It could include functions such as feeding, bathing, and supervision. The provider is responsible for seeing that these functions are performed.

Medical Services

In-Home Health Care: Providers that assist the family in the health care of family members to control for safety issues. This includes both providing health care, modeling for the family how to provide care for the child, and provision of medical equipment and supplies. If services are eligible for Medicaid funding, Medicaid should be billed first.

Crisis Management

Crisis Services: Crisis stabilization or inpatient diversion services specifically focused on safety intervention. This could be related to AODA, emergency medical care, emergency mental health care or other family stressors. If services are eligible for Medicaid funding, Medicaid should be billed first.

The following services can be funded by IHSS dollars when offered in relation to safety management or the provision of safety related services. The below categories will not be on a Protective or Safety Plan, but will be reflected in quarterly cost reporting.

Case Management

Case Management Services: Working with families, youth, children, providers and others for provision of tasks and activities to support, develop, implement, monitor, and manage Protective and Safety Plans.

Change Services

Control is the primary function in all contacts with the family that are contained in the Protective or Safety Plan. Assuring child safety is always the priority for these services. Change services may be included only if they do not detract from this primary goal. If it is determined that control and child safety can be fully maintained during a visit the following change services may also be provided. Change services are time limited and focused on transition to safety and independence or a case plan in Ongoing Services.

Parenting Education: Parenting education is provided to teach parents appropriate parenting techniques and is used to enhance parental protective capacities. This service may only be provided if safety can be fully maintained and may never compromise child safety. If safety is a concern during parenting education the provider must be willing to provide the needed service to the child. For example, the provider must step in and provide food to the child if the parent is unable or unwilling to do so.

Mental Health and AODA Services: Counseling or other therapeutic services that focus on increasing protective parental capacities to eliminate the identified safety threats in the home. This service may only be provided if safety can be fully maintained and may never compromise child safety. IHSS should be used to fund these services if using IHSS funds would allow for the service to begin sooner or would not otherwise be funded through MA or insurance.

Appendices:

[A. Family Teaming](#)

[B. Safety Management Meeting](#)

[C. Cost Reporting and Outcome Tracking Forms](#)

[D. IHSS Program FAQ](#)

[E. Safety Assessment at IHSS Closure](#)

[F. Contact Information](#)

Appendix A: Family Teaming

Family Teaming is required at the start of the IHSS Program. It can also be used during Safety Planning, case planning, and at program closure.

Family Teaming is an evidence-based practice technique used to facilitate family engagement in the case planning process and throughout CPS involvement. It is a method that brings together family members, informal and formal supports, and CPS professionals, with the shared goal of strengthening and preserving the family. Family Teaming enhances core casework functions of engagement, assessment, service planning, monitoring, and coordination and uses a solution-focused strength and needs based approach to help families resolve issues that brought them into the IHSS Program.

Frequent and continuous communication is important for successful case progression and timely safe case closure. Family team meetings must occur at the beginning of the IHSS Program and can be offered as needed throughout the life of the case. In addition to the initial Family Team Meeting, the following opportunities may be considered for Family Team Meetings:

- Modification of the Safety Plan
- Family or team members request meeting
- Safe case closure during the IHSS Program

Appendix B: Safety Management Meeting

A Safety Management Meeting is held between the CPS caseworker, CPS supervisor, and any safety service providers. It is required at the beginning of the IHSS Program and when new staff begin interacting with the family. This could include (but is not limited to):

- The start of the IHSS Program
- Case transitions
- Staff transitions
- When new services are accessed

The purpose of the Safety Management Meeting is to ensure the CPS caseworker, supervisor, and any safety service providers share a thorough understanding of threats to child safety. The meeting focuses on Safety Plan controls for identified danger threats, as well as expected roles and responsibilities related to safety management. This includes a conversation regarding the identified danger threats and safety actions to ensure all controls are sufficient, feasible, and sustainable to maintain child(ren) safely in the home. It is critical that the meeting focuses on a transparent and honest conversation about the conditions and behaviors within a family causing threats to child safety, as well as discussion about parental protective capacities present in the home that allows for in-home safety management. If considered appropriate by CPS, families may participate in the Safety Management Meeting.

If decisions are made in the Safety Management Meeting that result in revisions to the Safety Plan, a face-to-face discussion must occur between the CPS and contracted IHSS workers (if applicable), caregivers, family members and providers in the Safety/ Protective Plan. This interaction must be immediate to ensure the Protective or Safety Plan controls for all identified safety threats and the child(ren) remain safe and protected.

The Safety Management Meeting includes the discussion of:

- Identified present or impending danger and the family conditions and/or behaviors which support the identified safety threat(s).
- The appropriateness of a Safety Plan and that the plan is the least intrusive, sufficient, feasible, and sustainable.
- The identified safety services/actions and whether they continue to be available at the needed frequency to control each Present or Impending Danger Threat.
- The continued suitability, role, and commitment of contracted providers.
- Existing parent/caregiver protective capacities and general family strengths.
- The status of parent/caregiver involvement in the Safety Plan.

Appendix C: Cost Reporting and Outcome Tracking Forms

The IHSS Fiscal Manual is available online at: <https://dcf.wisconsin.gov/cwportal/safety/ihss>. Below is a crosswalk between IHSS Service Categories and SPC Codes.

| Service Categories | DCF Crosswalk Code | SPC Code and Description |
|--------------------------------|--|--|
| Case Management | 1-Case Management | 604: Case Management Services |
| | | AMSO: Agency Management Support and Overhead |
| | | |
| Basic Home Management | 2- Parenting Skills and Family Functioning | 104: Supportive home care |
| Unique Child Condition Service | | 110: Daily living skills training |
| Parenting Education | | 111: Family support |
| Supervision and Observation | | 113: Consumer education and training |
| Basic Parenting Assistance | | 404: Family Planning |
| | | |
| Daycare | 3- Childcare Services | 101: Child day care- crisis/respite |
| Respite | | 103: Respite |
| | | |
| Crisis Services | 4- Psychosocial/ Psychiatric Interventions | 501: Crisis intervention |
| Mental Health/AODA Services | | 503: Inpatient AODA treatment |
| | | 507: Counseling/therapeutic resources |
| | | 510: Comprehensive community services |

| | | |
|-------------------------|---|--|
| | | 511: Community recovery services |
| | | 603: Intake assessment |
| | | 703: Detoxification: hospital setting |
| | | 705: Detoxification: social setting |
| | | |
| Transportation | 5- Financial Support/ Direct Assistance | 106: Housing/energy assistance |
| Housing Assistance | | 107: Transportation and escort |
| Household Support | | 609: Consumer directed supports |
| Food/Clothing Services | | 610: Housing Counseling |
| | | 205: Shelter care |
| | | 402: Home delivered meals |
| | | |
| In-Home Health Care | 6-Physical/ Developmental Health Services | 606: Health screening and accessibility |
| | | 710: Skilled nursing services |
| | | |
| Recreational Activities | 9- Advocacy and Personal Supports | 112: Interpreter services and adaptive equipment |

| | | |
|-----------------|--|---|
| Social Supports | | 403: Recreational/ alternative activities |
| | | 509: Community support |
| | | 513: Mentoring services |
| | | 601: Outreach |
| | | 602: Information and referral |

*Crosswalk categories 7 and 8 had no applicable services for IHSS

Appendix D: IHSS Program FAQ

Q1: Can I apply to the IHSS Program as a consortium (group of counties/tribes) or as an individual tribe?

A. Yes, you can apply and submit your budget as either a consortium or individual tribe. If you choose to apply as an individual tribe, you can still have meetings with other counties or tribes for practice and case discussion.

Q2. Can the IHSS Program be used for cases on the Alternative Response Pathway?

A. Yes, the IHSS Program is appropriate as long as a child meets the initial referral qualifications (see [IHSS Eligibility Requirements](#)). The case must also have confirmed Impending Danger Threats and the children must be assessed as unsafe.

Q3: Can children be enrolled in the IHSS Program if they were in out-of-home care prior to IHSS?

A. Yes, the child can have been in out-of-home care for up to 72 hours prior to enrolling in IHSS. Additionally, if child was in out-of-home care and that placement closed prior to the new access report then the child could also qualify for IHSS.

Q4: Are tribes required to provide a funding match?

A. Yes, please see [Local Agency Match](#) for more information.

Appendix E: Safety Assessment at IHSS Program Closure

All cases involved in the IHSS Program must have a final safety assessment at program closure that addresses and confirms the absence of Present and/or Impending Danger Threats or the decision of the agency to address the safety threats in an alternate manner.

Reasons for IHSS Program Closure:

1. Parental Protective Capacities were adequately enhanced and the child is safe.
2. Allowable IHSS Program duration has been exceeded.
3. The child was placed into out-of-home care.
4. A change of venue occurred and child moved to a non-IHSS jurisdiction.
5. The parent/caregiver is no longer cooperative with the IHSS Program.

It is possible for the IHSS Program to end and the child to remain unsafe. When that occurs the case must receive continued case management by the agency until the child is assessed to be safe.

Steps Required Prior to IHSS Program Closure

1. Complete a final safety assessment that addresses and confirms the absence of Present and /or Impending Danger Threats OR explains the agency's plans to address safety threats in an alternate manner.
2. Assemble a final family team meeting to discuss case closure.
3. Ensure all service linkages are addressed and in place for the family including any transitions to Ongoing services.

Documentation Required at Case Closure:

1. Safety Assessment
2. Justification for the decision to close the case, including the reasons why previously identified danger threats are no longer active, how the danger threats are managed successfully by the family, or how CPS will manage safety in an alternate manner.
3. Description of future service needs and linkages to those services

Appendix F: Contact Information

For questions related to the IHSS Program including outcome tracking and cost reporting please contact the IHSS Program Coordinator:

DCFIHSSProgram@wisconsin.gov

608-422-6959