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Procedure Name: Service Monitoring, Re-Assessment and Service Authorization Procedure

Procedure Number: OP BC 1015

Revision #/Date: (1) 11/21/2012, (2) 3/15/2017, (3) 04/02/2021
(4) 3/23/2026

Effective Date: 02/20/2009, 3/23/2026

Applicable to: Family Partnerships of Central Florida Staff

SUBJECT: Service Monitoring, Re: Assessment and Service Authorization Procedure

PURPOSE: The purpose of Service Monitoring, Re-Assessment and Service Authorization Procedure is to maximize available resources while supporting families' efforts to build long term sustainability and to provide service monitoring to ensure continuity of service and care as well as timely adjustments to service provision as the family's needs and circumstances change.

PROCEDURE:

References:

Florida Statute 39.201
CARES Strength and Cultural Discovery
CARES Care Plan
CARES Flex Fund Procedure 1019
Family Functioning Assessment-Ongoing

Definition of Terms:

- a. **CARES Care Coordinator** – Employed by .FPOCF to oversee the authorization and utilization of services and coordinate and facilitate Family Team Conferences.
- b. **Strength and Cultural Discovery** - Tool used to learn about the family's history, needs, traditions, culture, resources and norms. The Strengths Discovery sets the tone for family goal planning and Family Team Conferencing, by identifying informal supports and natural resources available to the family.



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- c. **Care Plan** – Tool utilized by the Coordinator to identify family strengths and needs. This plan is submitted to service providers with the service authorization to authorize and guide service provision.
- d. **Family Functioning Assessment** -- process the by which information is gathered, analyzed and assessed to determine child safety in the household where the alleged maltreatment occurred.
- e. **Family Team Conference (FTC)** – The group of individuals that meet for the primary purpose of coordinating services with the family and discussing care plan progress. The team includes the identified family member, extended family members, service providers, informal and natural supports such as neighbors, coaches and teachers and any other party identified by the family that they wish to invite as part of the team.
- f. **By-Pass referral** – Service authorization provided for a family not participating in the FTC process that may not exceed twelve weeks of service delivery.
- g. **Flex Support Provider** – Agency contracted by Family Partnerships of Central Florida and identified as part of the network of service providers to provide flexible services.
- h. **Utilization Management System** – Web based database and mechanism to track authorizations, census and actualization of units utilized per family. The system is also used to submit initial service authorizations and subsequent reauthorizations. Providers are required to enter notes ongoing on family progress.
- i. **Utilization Review/Family Team Conference** – Each subsequent review (after the initial Family Team Conference) is a utilization review of the family's progress whereby the family reaches consensus around the modification of services that result in the modification of the care plan and to discuss the effectiveness of the current providers. This also includes frequency and duration of service delivery that is adjusted based on changes in family circumstances (when increased or decreased service provision is warranted.)

Care Coordinators authorize services and facilitate the Family Team Conference process for families. CARES provides an array of services designed to assist families in regaining optimal functioning and to alleviate family crises that may lead to placement disruption or out of home placement of children. These services are a resource for families that want to prevent the removal of their children and/or increase long-term sustainability for their family. The services within the system of care are family-focused and responsive to the unique needs of families as well as delivered in the home (or as close to home) as possible.

Service Authorization Procedure: The initial service authorization and reauthorization occurs through a web based interactive database) in which the Coordinator authorizes a service with duration and frequency of service dictated by unit of services delivery. The service authorization is electronically submitted to the provider through the web based automated system which provides a confirmation that the provider has received the service authorization and services are started no later than one to two days of authorization. After initial contact is made by the provider, progress notes are entered into Mindshare and monitoring takes place through the receipt of provider progress reports, provider contacts and service provider's participation in the Family Team Conferencing process. The service provider verifies within the first two weeks of service delivery that the service is appropriate. If there are any complaints or problems that develop in the delivery of services or with the person that is receiving services, every effort is made for expeditious resolution at the lowest level possible. Additional processes are ensued as outlined in RQ BC 1002. FPOCF tailors the type and frequency of services according to the family's need, level of acuity, risk

and intensity of service provision required. Flexible supports and the use of in-home supports are inclusive of the following:

1. In home support services are offered on a continuum service array in order to meet the evolving needs of families in complex situations. These support services are designed to assist families in times of stress or acute crisis.
2. FPOCF goal is to use a range of supportive and therapeutic services that are customized and individualized to the unique culture and strengths of a particular child and/or family.
3. In general, In-home services are designed to alleviate family stress and child safety risk factors, to promote parental competence and protective capacity, and to enable families to access resources and natural support networks to develop long term sustainability.
4. In-home services are family-focused, community and home-based and are designed to support families to alleviate crises that may lead to out-of-home placement for children.
5. Families receiving In-home support services may be birth families, adoptive families or relative/non-relative caregiver families. The goals of these family-focused services are to:
 - a. Maintain children safely in their own home,
 - b. Support and strengthen family unit for Family Preservation,
 - c. Assist families in obtaining services and supports in a culturally sensitive manner,
 - d. Maintain or stabilize placements.
 - e. To create natural supports and linkages that will sustain the family upon discharge.
6. All referrals for In-home support services must be made through the Care Coordinator. The Care Coordinator prioritizes the referrals based on need and availability of the service and available funding.

Eligibility for In-Home Support Services (All criteria must be met)

1. Families in need of secondary or tertiary prevention services. Secondary prevention are those families with the presence of one or multiple risk factors (such as poverty, young parent, substance abuse) and are considered high/very high risk, and Tertiary prevention includes those families that have current verified maltreatment served in a wraparound prevention mode and families who are transitioning from the child welfare system that require aftercare support. For the Neighborhood Partnership Program, any family experiencing a crisis can receive coordination through this program to include self and community referrals. For the Brevard Behavioral Health Expansion Team, the child must have a mental health, or behavioral health diagnosis in order to qualify for this coordination program.
2. Families must include one or more children, birth through 17 years and reside in Brevard County For families involved in the Brevard Behavioral Health Expansion Team, the client can be from age 5 to 21 years old.
3. The Coordinator making the referral must have discussed the support services with the family, and at least one parent or other primary caregiver (custody established through a POA or court order) indicates that he/she is willing and able to participate. Families are

provided the opportunity to have voice and choice over the providers they are referred to. This discussion will be held at Family Team Conference (FTC.)

4. The FTC members may also recommend services that meet the needs of the family for consideration by the family.
5. When a service is requested there should be an indication that the service will address the needs of the family and result in positive outcomes.
6. Families have the capacity to participate and can be expected to benefit from community or home-based services.
7. Without provision of the service the child(ren) are at risk of removal/placement disruption.
8. Alternate, less intensive intervention strategies have been tried, without success or were considered but determined not to be in the best interest of the family or child/adolescent.

Continued Review of Criteria:

1. Service provision is reassessed at each Family Team Conference, and at any critical juncture which is defined as a major change in the individual or family status. Since this process is ongoing, it continues throughout the duration of service delivery,
2. In-Home Support Services are authorized incrementally not to exceed twelve weeks per authorization. This is intended to ensure the services meet the needs of families and are tailored to meet the changing needs of the family as they arise.
3. The service duration may be extended by agreement of the FTC members. If the initial service was authorized without an FTC then a FTC will be required to re-authorize the service (see By-Pass Referral below).
4. There are measurable goals and outcomes outlined in the referral to the provider.
5. The assigned Care Coordinator, Supervisor and Peers participate in the Case File Review process as outlined by BC OP 1012 on a quarterly basis to review and assess service plan implementation, family's progress toward achieving goals, desired outcomes and the continuing appropriateness of agreed upon service goals. Peer reviews occur in a group forum and supervisor reviews and consultations may take place during individual supervision meeting with the assigned Care Coordinator and Supervisor.

Termination of Service Criteria:

1. The children and/or family's documented goals and objectives have been substantially met.
2. The child's and/or family are not making progress toward the initially stated goals and there is no reasonable expectation of progress.
3. The child's and/or family, guardian, and/or custodian are not vested in achieving the stated goals, despite the provider's attempts to address non-compliance issues.

4. The provider is not successfully engaged with the family in the process.

Care Coordinator and In-Home Support Services Provider Roles:

1. Care Coordinators and providers always treat families with dignity and respect while coordinating visits to the home. Barriers to successful engagement will be considered and responded to. The assigned Coordinator and family regularly review progress toward the family achieving goals and desired outcomes and discuss the continued appropriateness of agreed upon service goals.
2. The family signs the original care plan developed during the Family Team Conference and with the identified Family Team. Any revisions to the Care Plan or subsequent Care Plans that are developed are signed by the family and team.
3. Service providers exercise vigilance in observing children, ensuring that they are seen as often as indicated on the service referral and that the home appears free of hazards, the children appear free of injury, identifying safety risk factors and document the outcome of the interaction in the Mindshare system. Providers are required to report Child Abuse when abuse is observed or reported to them by a family member in accordance with Florida Statute 39.201 mandatory reporting laws.
4. Continually explore and assess informal resources and supports to be included in the FTC to support and sustain the family upon exit from the program.

Referral for Services:

FPOCF refers children and their families for appropriate services as a result of care plan development and individual needs. Referral for services shall be solely based on professional and ethical determinations of the needs of the family and to every extent possible family choice.

1. Referrals for services will occur as a direct result of care plan development within the FTC.
2. Whenever possible, families will be given options for providers and allowed to exercise voice, choice, and ownership.
3. Referrals for services will be made on the family's behalf by of the Care Coordinator.
4. If child(ren) or family members have Medicaid, the Care Coordinator will identify a provider that can invoice these insurers directly. The Coordinator will ask the identified . FPOCF staff to check whether a child or adult has Medicaid. All referrals for services will be checked by the designated staff member to determine whether they have Medicaid coverage. All referrals for Medicaid funded services will be tracked. If a child (ren) or family member does not have Medicaid and a referral is made to a provider, then FPOCF . will fund the service. However, in cases of substance abuse treatment or batterer's intervention programs a third party and or/the client may be directly responsible for payment.

5. The Care Coordinator will monitor all referrals to ensure the family is receiving the service as authorized and will maintain regular communication with the provider to assess the family's participation and progress made regarding the service delivered.
6. In cases requiring transition of services every effort will be made to ensure the service being transitioned is linked to a new provider of the same clinical orientation and expertise.
7. As part of the continuous quality improvement process Care Coordinators ask families to rate their satisfaction with the service referral process including availability of appropriate services and information regarding how helpful the services were/are to the family as part of the FTC process.

The primary types of funding available to support families in meeting their needs are through prevention service funds and include Flexible funding (reference. Operating Procedure 1019) and Flex Support funds (reference. Operating Procedure 1016). The Care Coordinator will determine which funds to access to provide services for clients.

If a family is not engaged in the Family Team Conference process the following outlines steps to take:

1. By-Pass-Referral Process: If a family has not been engaged through the FTC process, the Staffing Specialist can request In-Home Support Services through a By-Pass referral. Upon determination that a service is warranted, the CARES. Staffing Specialist will complete the following steps to request flex support services:
 - a. Complete Service Request Form in utilization management system;
 - b. The Staffing Specialist will submit the request to the Wraparound Supervisor or designee for approval.
 - c. All By-Pass referrals will be approved by the Wraparound Supervisor.
2. Limits of the ByPass Referral: If the family, provider, or . Staffing Specialist wish to re-authorize the initial By-Pass Referral, or authorize a second service then the family must engage in the FTC process. Generally, the By-Pass Referral Process can only be accessed one time per. referral not to exceed 12 weeks of services. However, upon further review, the Wraparound Supervisor or designee can authorize a re-authorization of the initial By-Pass Referral, or approve a second authorization.

Flex Support Provider:

Upon receipt of the Service Request, the provider will assign the appropriate personnel and initiate services. These supports will be provided based on the identified needs of the family with a focus on the identified goals and tasks within the Care Plan. To modify the Care Plan goals, the provider must contact the Coordinator to update the Care Plan. This modification will be completed following consultation with the Coordinator and when possible at the FTC or the next scheduled FTC.

- a. Weekly/Monthly CARES Reports - The provider completes a weekly progress report in the UM system for the assigned Coordinator ongoing, unless the provider's contract calls for monthly submission of reports.



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- b. Weekly/Monthly CARES Census – The provider will submit to the identified staff the census report as determined by their contract. The census report is due by Tuesday 12pm for the previous week of actualized services.
- c. Over-Utilization – If the provider encounters a crisis situation that warrants immediate over-utilization above the current authorized amount of units, the provider will address the crisis. Immediately following the crisis (within 24 hours), the provider will provide a written Request for Additional Units request to the Care Coordinator including a summary of the crisis. The Care Coordinator will review this request, authorize additional units, and enter the authorization in the Utilization Management system. FPOCF may choose to track all over utilization requests per provider to identify trends. The Wraparound Supervisor or designee may choose to authorize any Request for Additional Units at any time.
- d. Informal Supports – During the provision of services, the Provider will work with the family to link the family to informal supports within the community to continue to support the family following closure. This work should occur each time the provider meets with the family and must be documented on the weekly/monthly note. This is a critical piece in developing long term family sustainability.
- e. Utilization Review/FTC – During on-going FTC's the Care Coordinator, provider, family, and anyone the family invites to the FTC will meet to review the progress. At that time, the team will determine if services will be re-authorized, terminated or modified. This step is critical to ensure the family continues to drive the process in meeting their needs and ensuring family voice and choice.

Procedure Review:

For ongoing review, the Care Coordinator, Supervisor, the Flex Support Providers, and any other FPOCF staff may identify a gap in services or potential improvement that can enhance the process; this must be communicated to the Director of Family Safety and Support for review and potential process modification.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

PHILIP J. SCARPELLI

President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: March 26, 2026