Practice Alert



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Issued by: Prevention and Safety Unit

Revisions to the Preventative Service Referral Process

The purpose of this Practice Alert is to notify staff of revisions to the Preventive Service Referral (P Referral) process Practice Alert that was issued in December 2017. It was the intention at that time that with P Referrals with an open case, would conclude automatically in FACES. A Systems Change Request (SCR) was submitted, but the changes have not been made to date due to other federal and legislative priorities.

The following is revised policy on concluding P Referrals when there is an open Family Centered Service (FCS) or Alternative Care (AC) function:

If a P Referral is received and the family of concern has an open FCS or AC function, the referral will be assigned to the worker that is assigned to the open function.

Staff will address the concern with the family through a phone call or a home visit within 48 hours based on policy. Staff will document the concern and any actions taken in FACES within the open FCS or AC function in Contacts. Supervisors are to discuss and document actions taken in supervisory consults. Staff will then put a short summary in the FACES Conclusion Screen documenting that the P Referral was addressed within the FCS or AC case file.

If a P Referral is received by Children's Division (CD) on a case that is managed by a contracted agency, CD will promptly contact the case manager and inform them that a P-Referral has been received and the nature of the allegations. It is the responsibility of the contracted case manager to address the allegations with the family and document in case management contacts. CD will enter a contact in the P-Referral stating that the case manager was contacted and made aware of the concerns. Nothing further from CD is required. Contracted staff are expected to address the referral within their case management documentation. Contracted staff will then put a short summary in the FACES Conclusion Screen documenting that the P Referral was addressed within the case management case file.

A field report should be made through the <u>Online System for CAN Reporting (OSCR)</u> if further concerns are noted when following up on the initial referral concern.

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