

**DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES ADMINISTRATION  
311 WEST SARATOGA STREET  
BALTIMORE, MARYLAND 21201**

**DATE:** November 1, 2016

**POLICY#:** SSA-CW #17-10

**TO:** Directors, Local Departments of Social Services  
Assistant Directors, Local Departments of Social Services  
Fiscal Officers

**FROM:** Rebecca Jones Gaston, MSW   
Executive Director  
Social Services Administration  
Stafford Chipungu, Chief Financial Officer   
Budget Management and Finance

**RE:** Utilization of Family Blossoms/IV-E Waiver Funds

**PROGRAMS AFFECTED:** In-Home Services; Out-of-Home Placement Services

**ORIGINATING OFFICE:** Families Blossom/Title IV-E Waiver Unit

**ACTION REQUIRED OF:** All Local Departments of Social Services

**ACTION REQUIRED:** Implementation of Family Blossom/IV-E Waiver Funds

**ACTION DUE DATE:** November 1, 2016

**CONTACT PERSONS:** Sandra Pinkney  
Analyst, IV-E Waiver  
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**PURPOSE:**

The purpose of this policy directive is to provide guidance to the Local Departments of Social Services (LDSSs) on the utilization and reporting requirements for Families Blossom/ Title IV-E Waiver funds. DHR's budget office will provide each LDSS an allocation for SFY 2017 for Family Support Funds and, to specific jurisdictions, an allocation for Evidence-Based Practices. The amount of Family Support Funds allocated to each LDSS is based on the total number of children served (beginning of the year plus all new entries), in CPS, In-Home, and OOH program assignments, as reported in Child Welfare Data file/Trends (calendar year 2015). The amount of Evidence-Based Practice funds is based upon request by and negotiation with each LDSS.

**1. FAMILY SUPPORT FUNDS****1.1 ACTION:**

Each LDSS is allocated a specific amount of Family Support Funds. These funds are to be utilized for needed goods or services which are named in individual clients' service plans, and are to be used to provide goods or services which prevent entry or reentry into OOH care, and/or improve the child/youth's safety, permanency, and well-being.

**1.2 Requirements**

**Children and families must meet the following Maryland Title IV-E Waiver requirement to be eligible for Family Support Funds:**

- Children, youth, and/or families are eligible for Family Support Fund-paid services only while they have an open DSS child welfare case (Child Protective Services, In-Home, or Out of Home):
  - a. Children or youth must be in program assignment Child Protective Services (Auxiliary Services/Investigative Services Provided) or Out of Home at time of referral to Family Support Funds-paid service; OR
  - b. Children or youth must be in program assignment In-Home Services AND assessed to be only "conditionally safe" per the SAFE-C AND/OR score at "moderate" or "high" risk on the MFRA at time of referral to Family Support Fund-paid service; OR
  - c. Children or youth must be program assignment In-Home Services AND exited from Out of Home care within the last 12 months at time of referral to Family Support Fund-paid service.

**1.3 Action Plan**

Each LDSS must submit a fully detailed action plan by January 13, 2017. The plan must provide the LDSS contact name and phone number for monitoring purposes. **Failure to submit a plan by the established deadline will result in the total allocation for that LDSS being withheld and redirected by the Social Services Administration (SSA).** The action plan must provide an adequate description of the planned expenditures based on the total allocation and the approximate number of families and children to be served. If the action plan cannot realistically utilize the total allocation, the plan should clearly state the funding needs of the LDSS and identify any remaining amount that can be returned to the SSA.

**1.4 Case Record Document**

All client expenditures must be recorded in MD CHESSIE in the client's record using the Service Log.

**1.5 Quarterly Report**

Expenditures, obligated funds, number of families and children served, and types of goods/services provided with Family Support Funds must be reported quarterly on the attached Family Support Funds Quarterly Program Report forms (Attachment A). This program report must be submitted to Sandra Pinkney, Waiver Analyst, SSA. The first quarterly report is due January 13, 2017 covering the period July 1, 2016 – December 31, 2016.

The report submission dates and periods covered are as follow:

<u>Submission Dates</u>	<u>Periods Covered</u>
January 13	July 1- December 31
April 15	January 1- March 31
July 15	April 1- June 30

**1.6 Monitoring**

The allocation for SFY 17 and all expenditures for services rendered between July 1 and June 30 must be liquidated (services provided and paid for) by June 30, 2017. Financial reports will be used to monitor expenditures.

SSA will be closely monitoring the expenditures of each LDSS at the end of each quarter. If one-half (1/2) of the LDSS allocation is not spent by January 2, 2017, the remaining funds may be reallocated to another LDSS that is spending their Family Support Funds. In addition, an LDSS that fails to submit their quarterly reports will risk reduction and reallocation of their Family Support Funds to another LDSS.

**1.7 Charge Codes for Family Support Funds**

In order to track and report the use of these funds, please use the following charge codes:

- All child and family-specific expenses should be requested through the MD CHESSIE Service Log choosing Category Code **2113** for IV-E Waiver Project Interventions.
- Local Child Welfare Administrative Account for non-child specific charges – G2980 for IV-E Waiver Projects.

**2. EVIDENCE-BASED PRACTICE FUNDS****2.1 ACTION:**

Specific, selected LDSSs are allocated a specific amount of Evidence-Based Practice funds, based on the SFY 2016 Waiver Concept Paper selection process. These funds are to be utilized for the development and implementation of the specifically approved evidence-based or promising practice as described in the submitted LDSS concept paper and/or in subsequent negotiations with DHR/SSA. All EBPs/promising practices should be geared toward reducing entry or reentry into OOH care, improving children/youths' safety, permanency, and well-being, building a trauma-informed care, and/or addressing parental substance abuse.

## 2.2 Requirements

**Children and families must meet the following Maryland Title IV-E Waiver requirements to be eligible for Evidence-Based Practice funds:**

- Children, youth, and/or families are eligible for Evidence-Based Practice funds while they have an open DSS child welfare case (Child Protective Services, In-Home, or Out of Home).
  - a. Children or youth must be in program assignment Child Protective Services (Auxiliary Services/Investigative Services Provided) or Out of Home at time of referral to the evidence-based practice; OR
  - b. Children or youth must be in program assignment In-Home Services AND assessed to be only “conditionally safe” per the SAFE-C AND/OR score at “moderate” or “high” risk on the MFRA at time of referral to Waiver-funded (EBP/promising practices) service; OR
  - c. Children or youth must be program assignment In-Home Services AND exited from Out of Home care within the last 12 months at time of referral to Waiver-funded (EBP/promising practices) service.

## 2.3 Action Plan

Each LDSS must submit a fully detailed implementation plan by January 13, 2017. The plan must provide the LDSS contact name and phone number for monitoring purposes. **Failure to submit a plan by the established deadline will result in the total allocation for that local being withheld and redirected by SSA.** The implementation plan must provide an adequate description of the planned expenditures based on the total allocation, implementation activities and timelines, and the approximate number of families and children to be served. If the action plan cannot realistically utilize the total allocation, the plan should clearly state the funding needs of the LDSS and identify any remaining amount that can be returned to the SSA.

## 2.4 Case Record Document

All client expenditures and services must be recorded in MD CHESSIE in the client’s record using the Service Log, using the EBP designation.

## 2.5 Quarterly Report

A quarterly implementation report specifying expenditures, obligated funds, vendor and consultants (if applicable), number of families and children served, implementation activities and challenges, and technical assistance needs must be submitted to Sandra Pinkney, Waiver Analyst, SSA (see Attachment B). The first quarterly report is due January 13, 2017 covering the period July 1, 2016 – December 31, 2016.

The report submission dates and periods covered are as follows:

<u>Submission Dates</u>	<u>Periods Covered</u>
January 13	July 1- December 31
April 15	January 1-March 31
July 15	April 1-June 30

## 2.6 Monitoring

The allocation for SFY 17 and all expenditures for services rendered between July 1 and June 30 must be liquidated (services provided and paid for) by June 30, 2017. Financial reports will be used to monitor expenditures.

SSA will be closely monitoring the expenditures of each LDSS at the end of each quarter. If one-half (1/2) of the LDSS allocation is not spent by January 2, 2017, the remaining funds may be reallocated to another LDSS. In addition, an LDSS that fails to submit their quarterly reports will risk reduction and reallocation of their EBP funds to another LDSS.

## 2.7 Charge Codes for EBPs

In order to track and report the use of these funds, please use the following charge codes:

- All child and family-specific expenses should be requested through the MD CHESSIE Service Log choosing Category Code **2113** for IV-E Waiver Project Interventions and the specific EBP based on the chart below:

EBP	SERVICE CATEGORY	SERVICE	DESCRIPTION FOR USE
SafeCare	Basic Living	SafeCare Parent Skills Training EBP	Used for families referred to SafeCare as an agency provided service
SafeCare	Basic Living	Infant and toddler Program (4-5) EBP Paid	Used to pay for SafeCare support services listed in service plans (i.e. cribs, socket covers, car seat, etc) for families receiving SafeCare services regardless of the age of the child
PCIT	Counseling	PCIT EBP	Used for families referred to PCIT as a non-paid service
Incredible Years	Counseling	Incredible Years Parenting Skills Training EBP (paid)	Used for families referred to Incredible Years in order to pay for service
Nurturing Parenting	Counseling	Nurturing Parenting Parent Skills Training EBP (paid)	Used for families referred to Nurturing Parenting in order to pay for service or as nonpaid service
FFT	Mental Health	Functional Family Therapy (FFT) EBP (paid)	Used for families referred to Nurturing Parenting in order to pay for service or as nonpaid service
STEPS	Mental Health	STEPS EBP (paid)	Used for families referred to STEPS in order to pay for service or as nonpaid service
FAST	Mental Health	FAST EBP (paid)	Used for families referred to FAST in order to pay for service or as nonpaid service
Wraparound	Mental Health	Wraparound EBP (paid)	Used for families referred to Wraparound in order to pay for service or as nonpaid service
All EBPs	Transportation	Transportation Assistance EBP (Paid)	Used to pay for transportation assistance provided to families referred to Families Blossom/IVE Waiver EBP services

- Local Child Welfare Administrative Account for non-child specific charges – G2980 for IV-E Waiver Projects.

**3. ADDITIONAL WAIVER FUNDS AND PROGRAMS**

- If a jurisdiction is implementing an identified Family Blossoms/IV-E Waiver EBP, with any IV-E Waiver funding, please see Section 2.7 for guidance on charge codes.
- Any additional use of Title IV-E Funds besides those outlined in Section 1 (Family Support Funds – linked to individual client service plans) or Section 2 – (Evidence Based Practice funds allocations) must be approved in writing, prior to use, by DHR/SSA.

**Families Blossom Action/Implementation Plan**

<b>LDSS:</b>		<b>Report Date:</b>
<b>Funding Source:</b>	<input type="radio"/> Evidence Based Practice <input type="radio"/> Family Support Funds	<b>Amount Allocated:</b>
<b>Submitted by:</b> <i>name, title, email</i>		
<b>Action/Implementation Plan</b>		
Service(s) to be implemented <i>(provide full description)</i>		
Number of children and families expected to be served in SFY17		
Goal(s) of planned services <i>(i.e. will this reduce entries, reentries, reduce recurrence of maltreatment, etc?)</i>		
Target population of planned services (describe population, eligibility criteria, etc.)		
List intended outcome(s) to be achieved as a result of implementing the intervention/services		
Planned provider <i>(or direct DSS staff)</i>		
SFY 17 proposed budget		
Planned implementation date <i>(i.e. date of first client to be served)</i>		
Describe your rationale for choosing intervention/service. <i>(Include: is the need addressed, does it fit with other initiatives/priorities, are the resources needed available, is there evidence to support effectiveness, is your agency ready, do you have the capacity to implement, how does this service align with known needs/data?)</i>		
Implementation Team members (agencies) and frequency of meetings		
Process/progress goals – how will you measure success of implementation?		
Sustainability plan <i>(i.e. what resources are/will be in place after September 2019 to continue this service, if there is an expectation that the need for this service will continue?)</i>		
Technical assistance needed from DHR		



**FAMILIES BLOSSOM  
FAMILY SUPPORT FUNDS  
QUARTERLY PROGRAM REPORT –SFY 2017**

<b>Local Department</b>			
<b>Contact Name</b>			
<b>EMAIL and Phone Number</b>			
<b>Report Period</b>	<input type="checkbox"/> July 1 – September 30	<input type="checkbox"/> October 1 – December 31	
	<input type="checkbox"/> January 1 – March 31	<input type="checkbox"/> April 1 – June 30	

Category Code	Expenditures Current Quarter	Expenditures Year to Date	Obligated Funds to Date
2113			
G2980			

<b>Allocation</b>	
<b>Total Year-to-Date Expenditures</b>	
<b>Remaining Balance</b>	

Program Assignment	Current Quarter		Year To Date	
	# Families Served	# Children Served	# Families Served	# Children Served
CPS - AR				
CPS - IR				
In-Home				
OOH				

<b>List types (examples) of services/goods provided with Family Support Funds:</b>	
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**EMAIL Report to:**  
Sandra Pinkney  
Social Services Administration  
[Sandra.pinkney2@maryland.gov](mailto:Sandra.pinkney2@maryland.gov)  
410-767-7502

**FAMILIES BLOSSOM  
EVIDENCE-BASED PRACTICE FUNDS  
QUARTERLY PROGRAM REPORT –SFY 2017**

<b>Local Department</b>	
<b>Contact Name</b>	
<b>EMAIL and Phone Number</b>	
<b>Report Period</b>	<input type="checkbox"/> July 1 – September 30 <input type="checkbox"/> October 1 – December 31 <input type="checkbox"/> January 1 – March 31 <input type="checkbox"/> April 1 – June 30

Code	Expenditures Current Quarter	Expenditures Year to Date	Obligated Funds to Date
2113			
G2980			

<b>Allocation</b>	
<b>Total Year-to-Date Expenditures</b>	
<b>Remaining Balance</b>	

Program Assignment	Current Quarter		Year To Date	
	# Families Served	# Children Served	# Families Served	# Children Served
CPS - AR				
CPS - IR				
In-Home				
OOH				

<b>List types (examples) of services/goods purchased:</b>	
<b>Implementation Activities this quarter (team meetings, events, trainings, # of staff/providers trained, etc.)</b>	
<b>Implementation Successes/ Client Outcomes</b>	
<b>Implementation Challenges</b>	
<b>Technical Assistance Needs</b>	
<b>Other comments/updates</b>	



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