



DISTRICT OF COLUMBIA

FACES.NET

CHILD AND FAMILY SERVICES AGENCY

FACES.NET FAMILY FIRST GUIDE

September 2020

Volume 2.2

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PREFACE

Course Objectives

- Course Overview
- Course Objectives



Course Overview

Welcome to the FACES.NET Family First and Collaborative/Service Referral training. This course is designed to give staff members an understanding of the functions in FACES.NET creating Prevention Plans pertaining to Collaborative Case Transfer and Service Programs referrals. A FACES.NET Scenario has been constructed to mimic the way FACES.NET will be used for Social Workers to refer child and/or caretakers for prevention services with a Collaborative and/or Service Provider following the practice business process. This includes processes and functions related to connecting a child/family with the best service to benefit and address the child's overall needs within their home ward. Social Workers will also learn how to determine if child or caretaker meets Family First candidacy eligibility. In the classroom, staff will participate in a guided walkthrough of the FACES.NET scenario in order to practice activities.

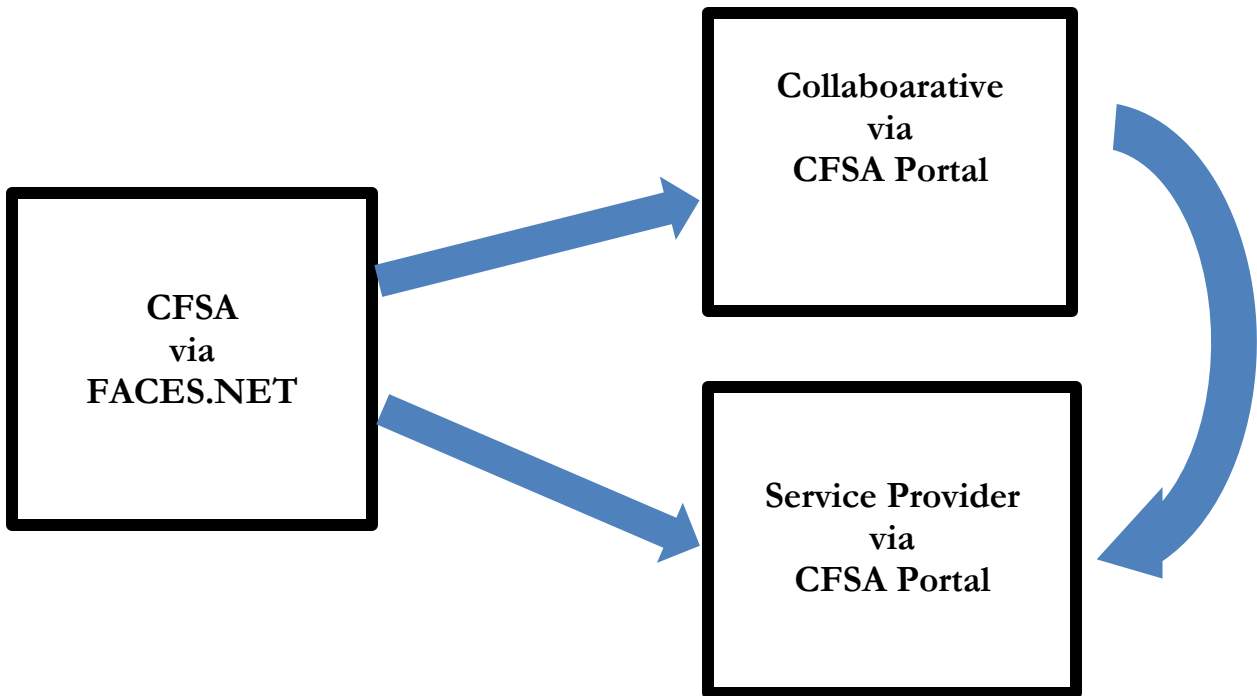
Course Objectives

Upon completion of this course, the student will understand how CFSA Family First Collaborative and Service Plan referral business practice processes correlate with FACES.NET data entry. By giving students practice time in the classroom, they will build confidence in their ability to properly enter and access data in the FACES.NET system.

Remember that a system is only as good as the information it receives. "If it's Not entered in FACES.NET, it DIDN'T happen."

Family First Initiative Referral Flow Chart

The flow chart below provides a high level overview of a child/family referral process flow from CFSA (via FACES.NET) to a Collaborative and/or a Service Referral for services. The flow chart also shows child/family referral process flow from a Collaborative (via CFSA Portal) to a Service Provider (via CFSA Portal) for services.



SECTION 1: Introduction

- Practice Overview
- What is Family First
- Service Provider Types
- How to Get Help



Introduction

What is Family First?

The Family First Prevention Services Act (a.k.a. Family First) was signed into law by the President of the United States on February 8, 2018. This law allows for the amendment of certain foster care funding to be shifted to preventive care for children and families who are potential candidates of foster care placements albeit for community support services. The overall goal is to provide qualified community-based services to families with the goal of keeping families safely together, at home by strengthening and stabilizing families with the support services leveraged through new opportunities.

Enactment of the Family First Prevention Services Act provided an opportunity for CFSA to provide a foster care prevention strategy coupled with a broader primary prevention plan.



Practice Overview

Once it appears that preventative community services are needed to prevent out-of-home placement, the Social Worker should assess the parent and child's (ren) needs to determine appropriate community resources as well as determine candidacy for Family First through the development of a Prevention Plan. If continued community support is needed after case closure, a referral for community services through a Collaborative can be completed. If support services are needed, a service referral can be completed. The goal is to maintain family cohesiveness and family well-being.

Family First candidacy eligibility status should not determine service referral options to families in need.

Planned community-based preventative services allow the Social Worker to assure the best possible service match for the parent and/or child and allows for the efficient delivery of services to ease any family stressors.

Social Workers are involved in planning for various community-based services during the casework process. For example, a parent may be referred to parenting class through a Collaborative, or a teenager, who becomes pregnant, may require a referral to a teen mother community program..

The Social Worker shall consult with his or her supervisor on all referral service requests. Assessment of the parent and/or child's needs is used to match with providers.

Service referrals are driven by the household structure as documented in the Referral or Case in FACES.NET on the Household screen.

What are Types of Service Providers?

Referral Service Provider Type and Service Options

CFSA offers follow-up preventative services through:

1. **Collaboratives** - Neighborhood based service providers in the District of Columbia participating in the Healthy Families Thriving Communities. Collaboratives are catalysts to develop, nurture and sustain partnerships of residents, agencies, and institutions within their communities through which every child and family has an opportunity to achieve their maximum potential and to lead a productive life.
2. **Service Referral** - A services process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services.

How to Get Help

If you still have question after consulting this resource, please contact the FACES.NET Helpdesk. Helpdesk staff members are available from 8:00AM - 5:00PM every weekday to assist with FACES.NET and technical questions. The FACES.NET Helpdesk can be reached at (202) 434-0009.

SECTION 2: Record a Prevention Plan – Collaborative Case Transfer

- Navigate to Client Record
- Review Community Based Prevention Services History
- Identify Collaborative
 - Change Collaborative
- Identify Services
 - Family First Eligible
 - Family First Non-eligible
- Complete Case Transfer to Collaborative





Practice Overview

During this exercise example, Social Worker will transfer responsibility of the case to the appropriate Collaborative for case management and request appropriate services.

For this example, we will be using the FACES Case record.

Record a Community-Based Prevention Plan Service Referral

Create New Case Transfer Referral and Show History

This section will cover how to view details regarding history of Referrals.

After placing the Case record in Focus, follow the next set of steps.

Steps Include:

Step 1: Place cursor over the **Case** module, then click **Community Based Prevention Services**.

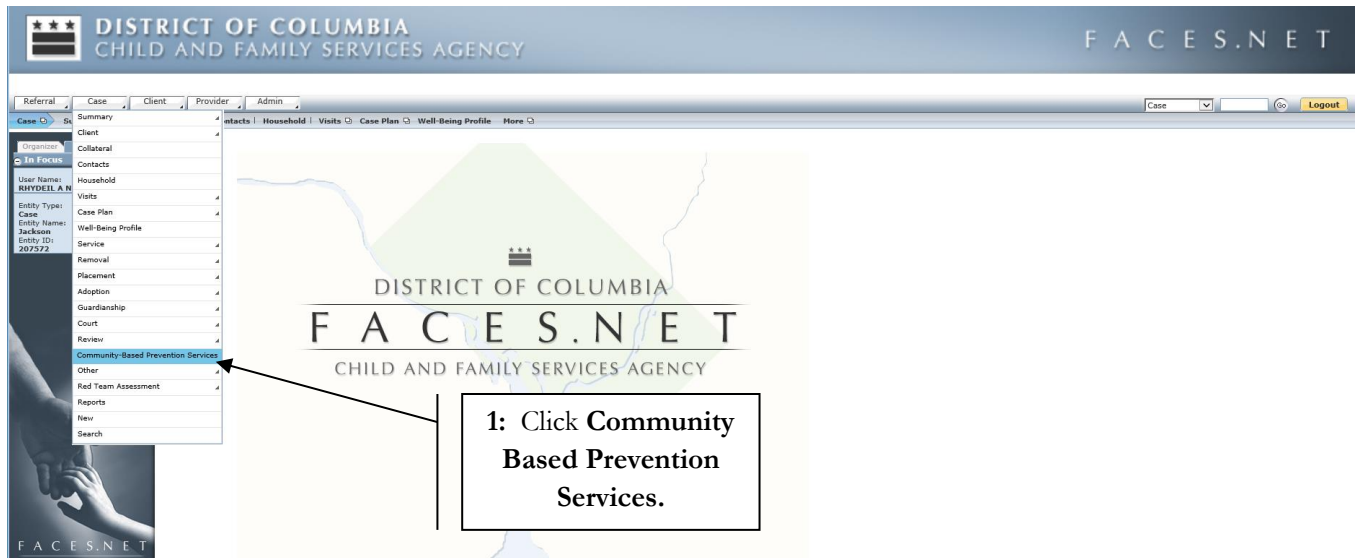


Figure 2.1

Step 2: Select **New Case Transfer Referral** to begin the referral to a Community-Based Prevention Services program.

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Community Resource Directory Search

Community-Based Prevention Service Referral

Include Voided Referrals

Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status
0 records to display.					

Buttons: Show, New Case Transfer Referral, New Prevention Service Referral, New Teaming Case, Extension, View Notes, Withdraw, Void, Cancel

2: Select New Case Transfer Referral.

Figure 2.2



Notes:

- History screen will contain a history view of all previously saved or submitted Community-Based prevention services referrals.
- If a prior Household referral was never conducted, the inset grid will show “No records to display”.
- From the History screen, new referrals can be created, or view previously saved or submitted referrals.
- Service referral based on the Household structure will display details on the inset grid regarding the Referral Date, Referral Time, Referral Provider, Referral Type, and the Referral Status.
- If more than one Household has been created for the family, and multiple saved or submitted referrals were made, all will display in inset grid.
- The system will automatically default to or highlight the most recent active household listing with a documented address, first.
- Only active Households can be select to begin the Case Transfer.
- Clicking the **Cancel** button will return to the previous screen.

Household List

This section will cover how to select the Household to be referred for Collaborative Community-Based services.

Steps include:

Step 3: Select Household from **Household List**.

Step 4: Click **Next**.

3: Select Household.

4: Click Next.

Figure 2.3



Notes:

- If multiple Households have been created, and different children are listed in each, separate referrals for Community-Based Services must be completed.
- Radio button option is available to display Active Household(s) or All Household(s).
- Household Members will display based on Household selected from Household List.

Household and Eligibility Information and Request Services

This section will cover how to view Household member details, view Collaborative, view Assessments, determine Family First Eligibility, and Request Services.

Household and Eligibility section

Steps include:

- Step 5: Review Household **Primary Caregiver** and **Secondary Caregiver** (if applicable) general information.
- Step 6: Review designated **Collaborative** based on Primary Caregiver's primary address and ward information documented in FACES. *See Addendum on how to **Change a Collaborative**. Only unit Supervisors/Managers may perform this function.*
- Step 7: Click on either **View Assessments** hyperlink to access the Family First Profile document which lists the latest approved Risk Assessment (Referral Records), Risk Reassessment (Case Records), Caregiver Strengths and Barriers Assessment (CSBA),

Risk Assessment, Danger and Safety Assessment, and CAFAS/PECFAS. *See Addendum for at the end of this section for example of the **View Assessment: Family First Profile** document.*

Step 8: Review Household **Child** member general information.

Step 9: Enter **Eligibility Information** by selecting all picklist values which describes the child/youth at the current time. *Select all applicable options. Family First eligibility is based on at least one selected option. See Addendum on how to select **Non-Family First Eligible Service** referral.*

Step 10: Select **Service Goals** from pick list. Select all applicable.

If needed, manually enter any additional **Other Service Goals** and **Relevant Family Information** in text boxes.

Step 11: Click **Requested Services** tab to enter specific recommended prevention services to the Collaborative on behalf of the caregiver(s) and child/youth.

The screenshot displays the 'CASE TRANSFER' form for Case ID 211962. The form is divided into several sections with callouts indicating specific steps:

- Callout 5:** Review Primary Caregiver details. Points to the Primary Caregiver information section.
- Callout 6:** Review designated Collaborative. Points to the Collaborative dropdown menu.
- Callout 7:** Click View Assessment. Points to the 'View Assessment' link.
- Callout 8:** Review Child Household details. Points to the 'Household and Eligibility Information' tab.
- Callout 9:** Select option(s) which currently describes child/youth. Points to the 'Which of these describe the child/youth at this time' dropdown.
- Callout 10:** Select Service Goals. Points to the 'Service Goals' dropdown.
- Callout 11:** Click Requested Services tab. Points to the 'Requested Services' tab.

The form includes fields for Primary and Secondary Caregivers, their contact information, and addresses. It also features a 'Household and Eligibility Information' section with tabs for 'Household and Eligibility Information' and 'Requested Services'. The 'Household and Eligibility Information' tab contains fields for Name, Gender, DOB, and a dropdown for 'Which of these describe the child/youth at this time'. There are also text boxes for 'Other Service Goals' and 'Relevant Family Information - Service Needs'. At the bottom, there are 'Save', 'Approval', and 'Cancel' buttons.

Figure 2.4

Requested Services section

This section will review an example of how to select service area to address child/ caregiver needs.

Steps include:

Step 12: Select **Education/Child Care** service needs.

Step 13: Select **Health (Mental Health, Substance Abuse Treatment, Medical)** service needs.

Step 14: Select **Parent/Family Supports** service needs. *Motivational Interviewing is a standard practice and service has been automatically selected for Collaborative service referrals.*

Step 15: Select **Concrete Social and Family Supports** service needs.

Step 16: Select **Financial Assistance** service needs.

Step 17: Click the **Save** button to save the record.

Step 18: Click the **Approval** button to request supervisory approval.

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* Denotes Required Fields ** Denotes Half-Mandatory Fields * Denotes AF-CARS Fields

CASE TRANSFER Case ID - 211962

Primary Caregiver MALE FATHER JACKSON Client ID 1193391 Date of Birth 11/27/1990 Gender Male Race Black or African American	Phone (571)-305-3861 Address 200 I Street SW, WASHINGTON, DC 20001 Ward WARD 6 Collaborative Collaborative - Edgewood/Brookland FS View Assessment	Secondary Caregiver SHANTE JACKSON Client ID 1187064 Date of Birth 02/25/1990 Gender Female Race Black or African American	Phone (202)-749-2734 Address 200 I Street SW, WASHINGTON, DC 20001 Ward WARD 6 Collaborative Collaborative - Edgewood/Brookland FS View Assessment
---	--	--	--

Change Collaborative ☐ Preferred Collaborative ☐ Reason(Max Characters: 500)
Number of characters entered: 0

Household and Eligibility Information **Requested Services**

Education/Child Care
☒ Caregiver Education ☐ Child Care ☐ Children's Education ☐ Educational Workshops ☒ Tutoring ☐ Youth Recreational Activities

Health (Mental Health, Substance Abuse Treatment, Medical)
☐ Medical Health (Adult) ☐ Medical Health (Child) ☐ Mental Health (Adult) ☐ Mental Health (Child) ☐ Substance Abuse

Parent/Family Supports
☐ Family Group Decision Making ☐ Mentoring ☒ Parenting Support ☒ Motivational Interviewing ☐ Partner Relations ☐ Respite Services ☐ Support Groups ☐ Whole Family Enrichment
☐ Fatherhood Services ☐ Parent/Child Interactions

Concrete Social and Financial Supports
☐ Clothing ☐ Employment/Job Supports ☐ Food ☐ Homemaker Services ☐ Legal Assistance ☐ Rental Assistance ☐ Transportation ☐ Utility Assistance
☐ Eligibility/Benefits (TANF, SNAP, Medicaid, SSI, etc.) ☐ Financial Management ☐ Furniture ☐ Housing and/or Housing Supports

Financial Assistance
☐ Emergency Financial Assistance / Flex Funds

17: Click Save. **18: Click Approval.**

12: Select Education/Child Care services. **13: Select Health services.** **14: Select Parent/Family Supports.** **15: Select Concrete Social and Financial Supports.** **16: Select Financial Assistance.**

Save **Approval** **Cancel**

Figure 2.5

Step 19: Click **Yes** to acknowledge that consent and authorization from the client was received to complete the Collaborative referral. *This step may also include additional actions/ documentation outside of FACES. Completed Consent Form should be uploaded to the FACES File Cabinet.*

The screenshot shows the FACES system interface. At the top, there are two client profiles. The first client has ID 850038, Date of Birth 07/27/1989, Gender Female, and Race Black or African American. The second client has ID 1152294, Date of Birth 07/04/1987, Gender Male, and Race Black or African American. Below the profiles, there are tabs for 'Household and Eligibility Information' and 'Requested Services'. A 'FACES Confirm' dialog box is open, asking 'Did you get consent and authorization from the client to refer and disclose information to the service provider?'. The 'Yes' button is highlighted with a callout box that says '19: Click Yes.'.

Figure 2.6

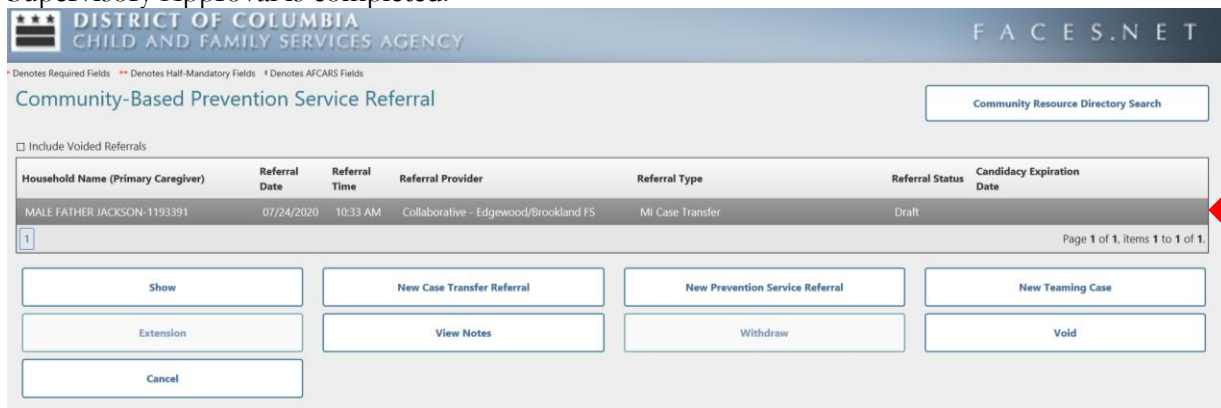
Step 20: Select **Request** check box to request approval from supervisor.

Step 21: Click **Ok**. *Navigate back to Service Referral Screen.*

The screenshot shows the FACES system interface with the 'Approval' dialog box open. The dialog box has a table with columns: 'Requesting Worker', 'Request Date', 'Approve/Deny/Send Back Worker', and 'Approve/Deny/Send Back Date'. The first row shows 'BELINDA BARTON' as the Requesting Worker and 'Friday, July 24, 2020' as the Request Date. Below the table, there are checkboxes for 'Request', 'Deny', 'Approve', and 'Send Back'. The 'Request' checkbox is selected. A callout box points to the 'Request' checkbox with the text '20: Select Request.' Another callout box points to the 'Ok' button with the text '21: Click OK.'.

Figure 2.7

Upon Social Worker Request, The Collaborative **Referral Status** will be in **Draft** form until Supervisory Approval is completed.



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Denotes Required Fields Denotes Half-Mandatory Fields Denotes AFCARS Fields

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Include Voided Referrals

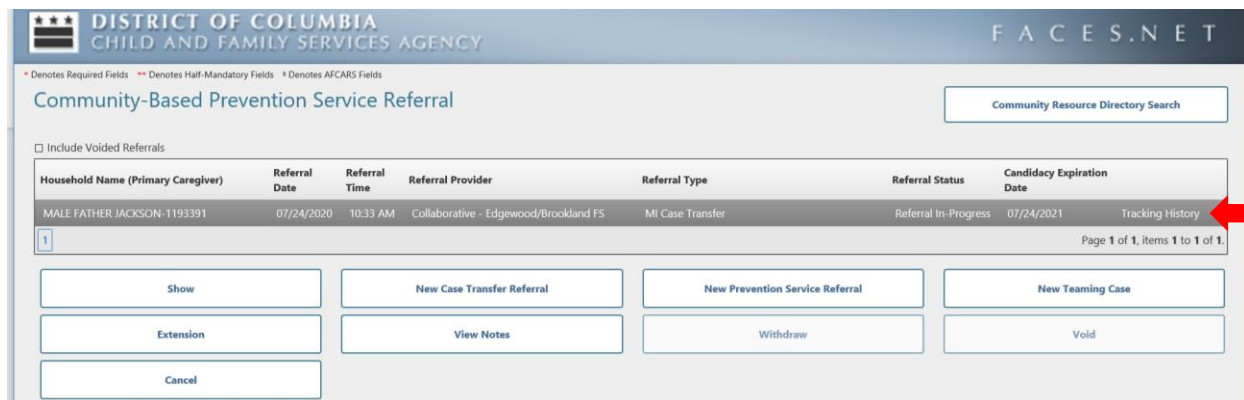
Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status	Candidacy Expiration Date
MALE FATHER JACKSON-1193391	07/24/2020	10:33 AM	Collaborative - Edgewood/Brookland FS	MI Case Transfer	Draft	

Page 1 of 1, Items 1 to 1 of 1.

Buttons: Show, Extension, Cancel, New Case Transfer Referral, View Notes, New Prevention Service Referral, Withdraw, New Teaming Case, Void.

Figure 2.8

Upon Supervisory Approval, Collaborative **Referral Status** will change to **Referral in Progress**.



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Denotes Required Fields Denotes Half-Mandatory Fields Denotes AFCARS Fields

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Include Voided Referrals

Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status	Candidacy Expiration Date
MALE FATHER JACKSON-1193391	07/24/2020	10:33 AM	Collaborative - Edgewood/Brookland FS	MI Case Transfer	Referral In-Progress	07/24/2021

Page 1 of 1, Items 1 to 1 of 1.

Buttons: Show, Extension, Cancel, New Case Transfer Referral, View Notes, New Prevention Service Referral, Withdraw, New Teaming Case, Void.

Figure 2.9



Notes:

- Once the referral has been accepted by the identified Collaborative, the Collaborative **Referral Status** will change accordingly to the Collaborative business process flow.
- The FACES **Referral Status** will automatically update via a system link/interface with the CFSFA Portal which is used by Collaboratives.

Addendum:

View Assessments: Family First Profile

This section will cover how to access and view the Family First Profile which includes the latest approved Caregiver Strengths and Barriers Assessment (CSBA), Risk Assessment, Danger and Safety Assessment, and CAFAS/PECFAS in FACES for family

For this example, the Risk Assessment will be used.

Steps include:

Step 1: Follow steps 1 – 7 above.

Step 2: Click **View Assessments** hyperlink. *Applicable assessments can be accessed for caregiver(s) and child.*

Step 3: View **Family First Profile**.



Referral ID: 819563

Client Information

Client: CAREGIVER NAME Client ID: 1193219 Member type: Primary Caregiver

Social Worker: WORKER NAME Supervisor: SUPERVISOR NAME

Household Information

Primary Caregiver: CAREGIVER NAME Client #: 1193219 Date Of Birth: 09/27/1994

Name	Client#	Role	Date Of Birth
CAREGIVER NAME	1193220	Child	06/08/2016

Risk Assessment

Assessment Date: 03/03/2020

Questions	Neglect Score	Abuse Score
<p>1. Current Report is for</p> <p><input type="radio"/> a. Neglect</p> <p><input checked="" type="radio"/> b. Abuse</p> <p><input type="radio"/> c. Both</p>	0	1
<p>2. Prior investigations</p> <p><input checked="" type="radio"/> a. No</p> <p><input type="radio"/> b. Yes</p>	0	0
<p>2a. Prior neglect</p> <p><input checked="" type="radio"/> a. None</p> <p><input type="radio"/> b. One</p> <p><input type="radio"/> c. Two</p> <p><input type="radio"/> d. Three or more</p>	0	0
<p>2b. Prior abuse</p> <p><input checked="" type="radio"/> a. None</p> <p><input type="radio"/> b. One</p> <p><input type="radio"/> c. Two or more</p>	0	0
<p>3. Household has previously received services (court or non-court involved)</p> <p><input checked="" type="radio"/> a. No</p> <p><input type="radio"/> b. Yes</p>	0	0
<p>4. Number of children involved in the current child abuse/neglect incident:</p> <p><input checked="" type="radio"/> a. One, two, or three</p> <p><input type="radio"/> b. Four or more</p>	0	0

5. Prior injury to any child resulting from child abuse/neglect			
<input checked="" type="radio"/>	a. No	0	0
<input type="radio"/>	b. Yes		
6. Age of youngest child in the home			
<input checked="" type="radio"/>	a. 2 or older	0	0
<input type="radio"/>	b. Under 2		
7. Characteristics of children in the household (check all that apply)			
<input type="checkbox"/>	a. Medically fragile/failure to thrive		
<input type="checkbox"/>	b. Positive toxicology screen at birth		
<input type="checkbox"/>	c. Physical disability		
<input type="checkbox"/>	d. Developmental disability		
<input type="checkbox"/>	e. Delinquency history		
<input type="checkbox"/>	f. Mental health/behavior problems		
<input checked="" type="checkbox"/>	g. None of the above	0	0
8. Primary caretaker's assessment of incident (check all that apply)			
<input type="checkbox"/>	a. Blames child		
<input type="checkbox"/>	b. Justifies maltreatment of the child		
<input checked="" type="checkbox"/>	c. None of the above	0	0
9. Primary caretaker provides physical care consistent with each child's needs			
<input type="radio"/>	a. No		
<input checked="" type="radio"/>	b. Yes	0	0
10. Primary caretaker's characteristics (check all that apply)			
<input type="checkbox"/>	a. Provides insufficient emotional/psychological support		
<input type="checkbox"/>	b. Employs excessive/inappropriate discipline		
<input type="checkbox"/>	c. Domineering caretaker		
<input checked="" type="checkbox"/>	d. None of the above	0	0

11. Primary caretaker has a past or current mental health problem			
<input checked="" type="radio"/>	a. No	0	0
<input type="radio"/>	b. Yes (check all that apply)		
<input type="checkbox"/>	During the last 12 months		
<input type="checkbox"/>	Prior to the last 12 months		
12. Primary caretaker has past or current alcohol or drug problem (check all that apply)			
<input checked="" type="checkbox"/>	a. No	0	0
<input type="checkbox"/>	b. Alcohol (check all that apply)		
<input type="checkbox"/>	During the last 12 months		
<input type="checkbox"/>	Prior to the last 12 months		
<input type="checkbox"/>	c. Drugs (check all that apply)		
<input type="checkbox"/>	During the last 12 months		
<input type="checkbox"/>	Prior to the last 12 months		
13. Secondary caretaker has past or current alcohol or drug problem (check all that apply)			
<input checked="" type="radio"/>	a. No secondary care taker	0	0
<input type="radio"/>	b. No		
<input type="radio"/>	c. Yes		
<input type="checkbox"/>	Alcohol		
<input type="checkbox"/>	During the last 12 months		
<input type="checkbox"/>	Prior to the last 12 months		
<input type="checkbox"/>	Drugs		
<input type="checkbox"/>	During the last 12 months		
<input type="checkbox"/>	Prior to the last 12 months		
14. Primary caretaker has a history of abuse or neglect as a child			
<input checked="" type="radio"/>	a. No	0	0
<input type="radio"/>	b. Yes		
15. Two or more incidents of domestic violence in the household in the past year			
<input checked="" type="radio"/>	a. No	0	0
<input type="radio"/>	b. Yes		
16. Housing (check all that apply)			
<input type="checkbox"/>	a. Current housing is physically unsafe		
<input type="checkbox"/>	b. Homeless at time investigation began		
<input checked="" type="checkbox"/>	c. Family has housing that is physically safe	0	0
TOTAL RISK SCORE		0	1

SCORED RISK LEVEL			
<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>	
<input checked="" type="checkbox"/> 0 - 1	<input checked="" type="checkbox"/> 0 - 1	<input checked="" type="checkbox"/> Low	
<input type="checkbox"/> 2 - 4	<input type="checkbox"/> 2 - 4	<input type="checkbox"/> Moderate	
<input type="checkbox"/> 5 - 8	<input type="checkbox"/> 5 - 7	<input type="checkbox"/> High	
<input type="checkbox"/> 9+	<input type="checkbox"/> 8+	<input type="checkbox"/> Intensive	
<p>POLICY OVERRIDES. Mark yes if a condition shown below is applicable in the current review period. If any condition is applicable, override final risk level to intensive.</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No 1. Sexual abuse case where the maltreater is likely to have access to the child victim. <input type="radio"/> Yes <input checked="" type="radio"/> No 2. Non-accidental injury to a child under age two years. <input type="radio"/> Yes <input checked="" type="radio"/> No 3. Serious non-accidental physical injury requiring hospital or medical treatment. <input type="radio"/> Yes <input checked="" type="radio"/> No 4. Death (previous or current) of a sibling as a result of abuse or neglect. <input type="radio"/> Yes <input checked="" type="radio"/> No 5. Child or sibling has been diagnosed or is suspected as failure to thrive. </p> <p>DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Worker can increase risk one level and must document justification.</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No 6. If yes, override risk level (mark one): Discretionary override reason: </p> <p>Supervisor's Review/Approval of Discretionary Override: KATIE GRODIN Date: 03/03/2020</p>			
<p>FINAL RISK LEVEL: <input checked="" type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Intensive</p>			

Figure 2.10

Change Collaborative (Supervisor/Manager function)

This section will cover how to change a Collaborative from the predefined Collaborative based on primary address. Only Supervisors/Managers within the designated administration can complete this function.

Steps include:

First, Access Approval Request from Social Worker.

Step 1: Place a check in the check box to **Change Collaborative**.

Step 2: Select **Preferred Collaborative** from pick-list options.

Step 3: Enter **Reason** for changing Collaborative.

Step 4: Click **Save**.

Step 5: Click **Approve** to approve Collaborative referral.

1: Check **Change Collaborative** check box.

2: Select **Preferred Collaborative**.

3: Enter **Reason**.

4: Click **Save**.

5: Click **Approve**.

Figure 2.11

Creating a Non-Family First Eligible Services Referral

This section will cover how to refer a Non-Family First Eligible family to a Collaborative for services.

Steps include:

Step 1: Follow steps 1 – 8 above.

Step 2: Place a check in the **None of these** box to note that none of the pick list options are applicable to the question **Which of these describe the child/youth at this time**.
Consequently, this will make the referral to the Collaborative a Non-Family First Eligible service referral.

Step 3: Enter **Service Goals** from pick list.

Step 4: Click **Save**.

Step 5: Click **Approve**.

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* Denotes Required Fields ** Denotes Half-Mandatory Fields * Denotes AFCARS Fields

Case Transfer

Primary Caregiver SHANTE JACKSON Client ID 850038 Date of Birth 07/27/1989 Female Black or African American	Phone (202)-393-9930 Address 1150 17TH Street NE Ward WARD 5 Collaborative Edgewood/Brookland View Assessment	Secondary Caregiver SHANTE JACKSON Client ID 850038 Date of Birth 07/27/1989 Female Black or African American	Phone (202)-754-1430 Address 1150 17TH Street NE Ward WARD 5 Collaborative Edgewood/Brookland View Assessment
--	---	--	---

☐ Collaborative ☐ Preferred Collaborative Reason

Threshold and Eligibility Information

Name: KEYSHAWN JACKSON **Gender:** Male **DOB:** 10/31/2007 [View Assessment](#)

Which of these describe the child/youth at this time: ☒ None of these

Service Goals: Address domestic violence

Other Service Goals

Relevant Family Information

Buttons: Save Approval Cancel

Callouts:

- 2: Check None of these check
- 3: Enter Service Goals.
- 4: Click Save.
- 5: Click Approve.

Figure 2.12

SECTION 3: Prevention Service Referral

Performance Objectives

In this Section, you will gain confidence in your ability to:

- Navigate to Client Record
- Review Services History
- Order Service(s)
 - Community Prevention Services Referral
 - Create a Service Plan
 - Determining Eligibility: *Prevention Service Description and Exclusionary Criteria*
- Withdraw a Prevention Service Referral





Practice Overview

During this exercise example, Social Worker will order services through a Service Referral. Only one Service Plan can be created per referral. However, multiple family members can access services through that referral request. Service Plans require reauthorization after one year (*from the date supervisor approved service request*). Service Referrals can be ordered through the Community Based Prevention Services screen or through the Service Plan under the Case Plan screens

For this example, we will be using the Community Based Prevention Services screen to request Substance abuse services for mother and child clients.

Record a New Prevention Service Referral

After placing the Case record in Focus, follow the next set of steps.

Steps Include:

Step 1: Place cursor over the **Case** module, then click **Community Based Prevention Services**.

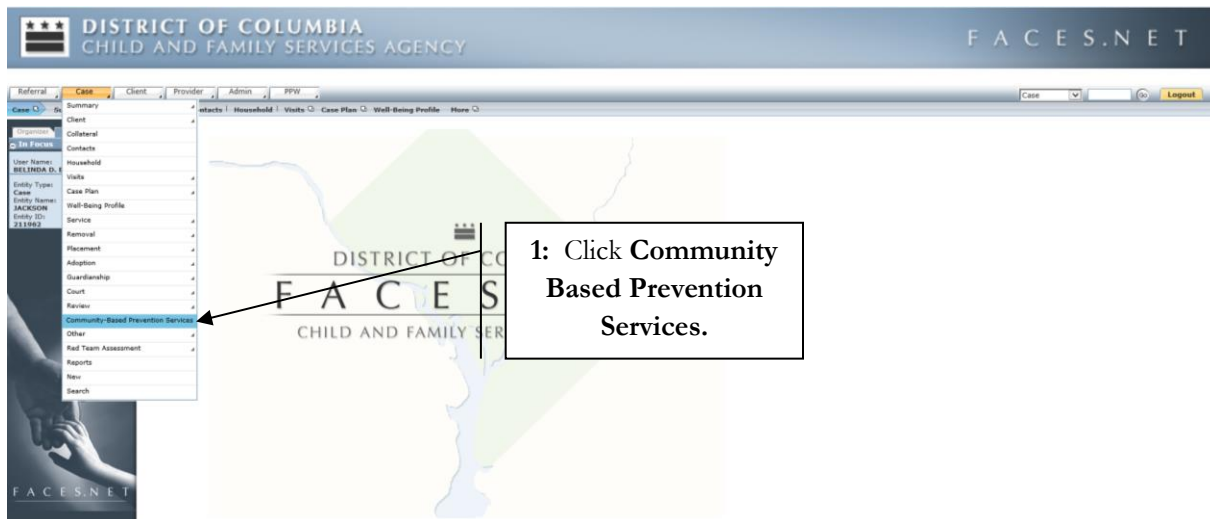


Figure 3.1

Referral History

This section will cover how to view details regarding history of Referrals.

Step 2: Select **New Prevention Service Referral** to begin the referral to a Service Program for services.

Figure 3.2



Notes:

- History screen will contain a history view of all previously saved or submitted Community-Based prevention services referrals.
- If a prior Household referral was never conducted, the inset grid will show “No records to display”.
- From the History screen, new referrals can be created, or view previously saved or submitted referrals.
- Service referral based on the Household structure will display details on the inset grid regarding the Referral Date, Referral Time, Referral Provider, Referral Type, and the Referral Status.
- If more than one Household has been created for the family, and multiple saved or submitted referrals were made, all will display in inset grid.
- The system will automatically default to or highlight the most recent active household listing with a documented address, first.
- Only active Households can be select to begin the services referral.
- Only one service request can be ordered per referral. Multiple clients can be recipients of that service.
- If more than one service is needed, an additional separate Service Plan referral must be ordered.

Household List

This section will cover how to select the Household to be referred for services.

Steps include:

Step 3: Select Household from **Household List**.

Step 4: Click **Next**.

**DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY** FACES.NET

* Denotes Required Fields ** Denotes Half-Mandatory Fields * Denotes AFCARS Fields

Community-Based Preventive Service Referral

Household List

Household Name (Primary Caregiver)	Secondary Caregiver	Address	Status	Start Date	End Date	Referral
MALE FATHER JACKSON - 1193391	SHANTE JACKSON - 1187064	200 I Street SW, WASHINGTON, DC 20001	Active	03/01/2020		

Page 1 of 1, items 1 to 1 of 1.

Household Members for Primary Caregiver - 1193391

Client ID	Name	Role	Start Date	End Date	Status in Case	Duplicate
1187064	SHANTE JACKSON	Secondary Caretaker	03/01/2020		Active	<input checked="" type="checkbox"/>
1187062	KEYSHAWN JACKSON	Child	03/01/2020		Active	<input type="checkbox"/>

Page 1 of 1, items 1 to 2 of 2.

[Next](#) [Cancel](#)

Figure 3.3



Notes:

- If multiple Households have been created, and different children are listed in each, separate referrals for Community-Based Services must be completed.
- Radio button option is available to display Active Household(s) or All Household(s).
- Household Members will display based on Household selected from Household List.

Prevention Services Information (Service Description, Eligibility, and Exclusionary Criteria)

This section will cover how to view prevention service details, determine eligibility, and display exclusionary criteria for service category.

Selecting Prevention Service Section

Steps include:

- Step 5: Review Household **Primary Caregiver** and **Secondary Caregiver** (if applicable) general information.
- Step 6: The designated **Collaborative** will display based on Primary Caregiver's primary address and ward information documented in FACES.
- Step 7: Click on either **View Assessments** hyperlink to access the Family First Profile document which lists the latest approved Caregiver Strengths and Barriers Assessment (CSBA), Risk Assessment, Risk Reassessment, Danger and Safety Assessment, and CAFAS/PECFAS. *See Addendum for example of the **View Assessment: Family First Profile** document.*
- Step 8: Review Household **Child** member general information.

Step 9: Enter information by selecting all picklist values which describes the child/youth at the current time. *Select all applicable options. Eligibility is based on needs of client and prevention service type selected. System will prompt if there are eligibility concerns. Override option is available with justification.*

Step 10: Select **Service Goals** from pick list. Select all applicable.

If needed, manually enter any additional **Other Service Goals** and **Relevant Family Information** in text boxes.

Step 11: Enter **Relevant Family Information – Service Needs**. Document narrative notes in text.

Step 12: Click **Requested Services** tab to enter specific recommended prevention services to the Collaborative on behalf of the caregiver(s) and child/youth.

5: Review Primary Caregiver details.

6: Review designated Collaborative.

7: Click View Assessment.

8: Review Child Household details.

9: Select option(s) which currently describes child/youth.

10: Select Service Goals.

11: Enter Relevant Family Information -Service Needs.

12: Click Requested Services tab.

Figure 3.4

Request Service Section:

This section will review an example of how to request specific services. Prevention Service Description and Exclusionary Criteria will be available to determine if the selected client is appropriate for the selected service.

Steps include:

Step 13: Select **Service Category** radio button **Substance Abuse**.

Step 14: Select **Service For** radio button **Both**.

Step 15: Click **Search**. *A listing of potential available service(s) will display.*

DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY FACES.NET

Case ID - 211962

Primary Caregiver: MALE FATHER JACKSON
Client ID: 1193391
Date of Birth: 11/27/1990
Gender: Male
Race: Black or African American
Phone: (571)-305-3861
Address: 200 I Street SW, WASHINGTON, DC 20001
Ward: WARD 6
Collaborative: Collaborative - Edgewood/Brookland FS
[View Assessment](#)

Secondary Caregiver: SHANTE JACKSON
Client ID: 1187064
Date of Birth: 02/25/1990
Gender: Female
Race: Black or African American
Phone: (202)-749-2734
Address: 200 I Street SW, WASHINGTON, DC 20001
Ward: WARD 6
Collaborative: Collaborative - Edgewood/Brookland FS
[View Assessment](#)

Prevention Service Selection

Change Collaborative ☐ Preferred Collaborative Reason(Max Characters: 500) Number of characters entered: 0

Household and Eligibility Information **Requested Services**


Prevention Services Category ☐ In-home Parenting ☒ Substance Abuse ☐ Mental Health ☐ Legal Services ☐ Crisis Stabilization

Services For ☐ Caregiver ☐ Child ☒ Both

Search

Save **Approval** **Cancel**

Figure 3.5

Step 16: A list of potential prevention service providers will display, Click icon  next to each listed. An informational page will pop-up displaying detailed information about the provider including inclusionary and exclusionary factors.

Prevention Service Selection Case ID - 211962

Primary Caregiver: MALE FATHER JACKSON
Client ID: 1193391
Date of Birth: 11/27/1990
Gender: Male
Race: Black or African American
Phone: (571)-305-3861
Address: 200 I Street SW, WASHINGTON, DC 20001
Ward: WARD 6
Collaborative: Collaborative - Edgewood/Brookland FS
[View Assessment](#)

Secondary Caregiver: SHANTE JACKSON
Client ID: 1187064
Date of Birth: 02/25/1990
Gender: Female
Race: Black or African American
Phone: (202)-749-2734
Address: 200 I Street SW, WASHINGTON, DC 20001
Ward: WARD 6
Collaborative: Collaborative - Edgewood/Brookland FS
[View Assessment](#)

Prevention Service Selection

Change Collaborative ☐ Preferred Collaborative Reason(Max Characters: 500) Number of characters entered: 0



Household and Eligibility Information **Requested Services**

Prevention Services Category ☐ In-home Parenting ☒ Substance Abuse ☐ Mental Health ☐ Legal Services ☐ Crisis Stabilization

Services For ☐ Caregiver ☐ Child ☒ Both

Search

Select Service

Prevention Service	Target Population	Children that Meet Criteria	Recipients
 Adolescent Community Reinforcement Approach (ACRA)	Children ages 12-24 and their caregivers	KEYSHAWN JACKSON	<input type="text"/>
 Project Connect	Caregivers of children 0-17 years old	KEYSHAWN JACKSON	<input type="text"/>

Save **Approval** **Cancel**

Figure 3.6

Step 17: Review details regarding the Service Provider including inclusionary and exclusionary factors.

Step 18: Click on **X** to exit and return to Prevention Service Selection page.

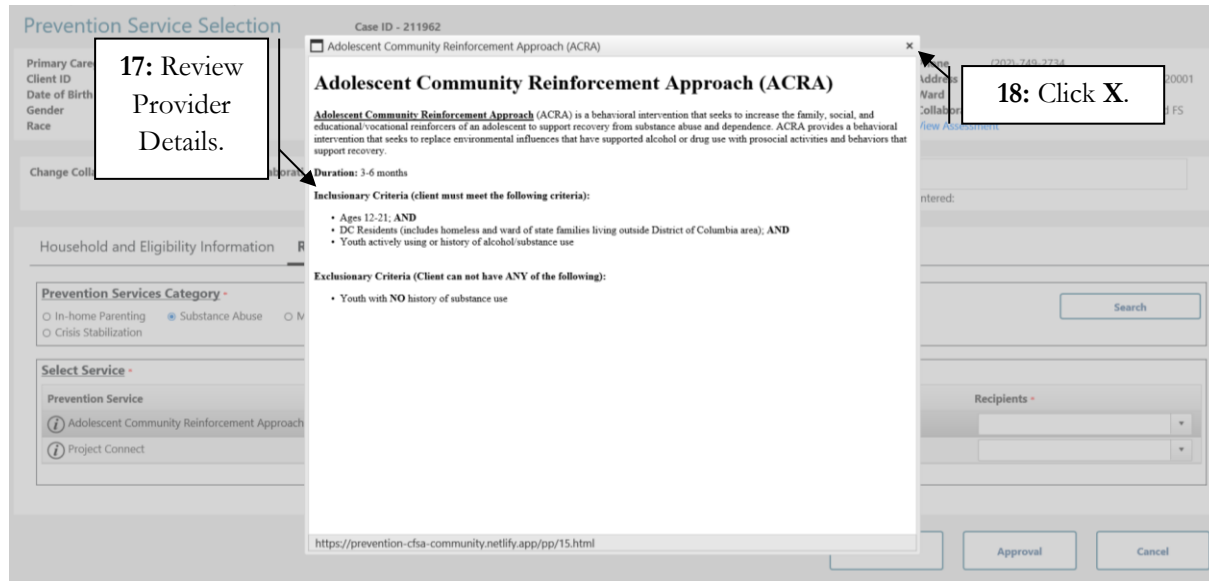


Figure 3.7

Step 19: Select **Recipients** name(s) from picklist for chosen service.

Step 20: Select **Yes** or **No** to the **Exclusionary Criteria** question.

Step 21: Select the Prevention Service location and contact information.

Step 22: Click **Save**.

Step 23: Click **Approval** to request supervisory approval.



Notes:

- Selecting No means that there are not any concerns regarding client's clinical appropriateness to participate in the selected service type.
- Selecting Yes means that there is at least one contradicting factor which is suggesting that the client may not be appropriate to participate in the selected service type. However, justification to continue with service referral can be requested. *See Figure 3.9 excerpt*

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

* Denotes Required Fields ** Denotes Half-Mandatory Fields * Denotes AFARS Fields

Prevention Service Selection

Case ID - 211962

Primary Caregiver MALE FATHER JACKSON Client ID 1193391 Date of Birth 11/27/1990 Gender Male Race Black or African American	Phone (571)-305-3861 Address 200 I Street SW, WASHINGTON, DC 20001 Ward WARD 6 Collaborative Collaborative - Edgewood/Brookland FS View Assessment	Secondary Caregiver SHANTE JACKSON Client ID 1187064 Date of Birth 02/25/1990 Gender Female Race Black or African American	Phone (202)-749-2734 Address 200 I Street SW, WASHINGTON, DC 20001 Ward WARD 6 Collaborative Collaborative - Edgewood/Brookland FS View Assessment
--	--	---	--

Change Collaborative ☐ Preferred Collaborative Reason(Max Characters: 500) Number of characters entered:

Household and Eligibility Information **Requested Services**

Prevention Services Category
☐ In-home Parenting ☒ Substance Abuse ☐ Mental Health ☐ Legal Services
☐ Crisis Stabilization

Services For
☐ Caregiver ☐ Child ☒ Both

Select Service

Prevention Service	Target Population	Children that Meet Criteria	Recipients
Adolescent Community Reinforcement Approach (ACRA)	Children ages 12-24 and their caregivers	KEYSHAWN JACKSON	1187062-KEYSHAWN JACKSON
Project Connect	Caregivers of children 0-17 years old	KEYSHAWN JACKSON	

Exclusionary Criteria
This prevention service has the following exclusionary criteria
• Youth with **NO** history of substance use
Do the above exclusionary criteria apply?
Yes ☒ No ☐

Select Provider

Provider	Address	Telephone	Distance
Hillcrest - MLK Jr. Ave.	3029 Martin Luther King Jr Avenue SE, Washington, DC 20032	(202)232-6100	4.3 Mile
Federal City Recovery Services	601 Raleigh Place SE, Washington, DC 20032	(202)735-5579	4.4 Mile
Hillcrest - Taylor Street	1244 TAYLOR Street NW, Washington, DC 20011	(202)547-8450	5.1 Mile
Latin American Youth Center - ACRA	1419 Columbia Road NW, Washington, DC 20009	(202)319-2229	5.4 Mile

20: Select Yes or No to Exclusionary Criteria question.

22: Click Save.

23: Request Approval.

21: Select the Prevention Service location.

19: Select Recipients.

Save Approval Cancel

Figure 3.8

Excerpt: Exclusionary Criteria

*If **Yes** is selected, **Justification** for continuing with service request is needed*

Select Service

Prevention Service	Target Population	Children that Meet Criteria	Recipients
Adolescent Community Reinforcement Approach (ACRA)	Children ages 12-24 and their caregivers	KEYSHAWN JACKSON	1187062-KEYSHAWN JACKSON
Project Connect	Caregivers of children 0-17 years old	KEYSHAWN JACKSON	

Exclusionary Criteria

This prevention service has the following exclusionary criteria

- Youth with **NO** history of substance use

Do the above exclusionary criteria apply?

☒ Yes ☐ No

Justification(Max Characters: 2000)

Number of characters entered: 0

Figure 3.9

Step 24: Click **Yes** to acknowledge completion of Consent and Authorization form. *The completed Consent Form should be uploaded to the FACES Referral or Case record File Cabinet. Referral will be in Draft*

Select Service

Prevention Service	Target Population	Children that Meet Criteria	Recipients
Adolescent Community Reinforcement Approach (ACRA)	Children ages 12-24 and their caregivers	KEYSHAWN JACKSON	1187062-KEYSHAWN JACKSON

Exclusionary Criteria

This prevention service has the following exclusionary criteria

- Youth with **NO** history of substance use

Do the above exclusionary criteria apply?

☐ Yes ☒ No

Select Provider

Provider	Address	Telephone	Distance
Hillcrest - MLK Jr. Ave.	3029 Martin Luther King Jr Avenue SE, Wash DC	(202)232-6100	4.3 Mile

FACES Confirm

Did you get consent and authorization from the client to refer and disclose information to the service provider?

Yes No

Buttons: Save, Approval, Cancel

Figure 3.10

Upon Social Worker's request, the referral will be in Draft and grey-out pending supervisory approval

DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY **FACES.NET**

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Include Voided Referrals

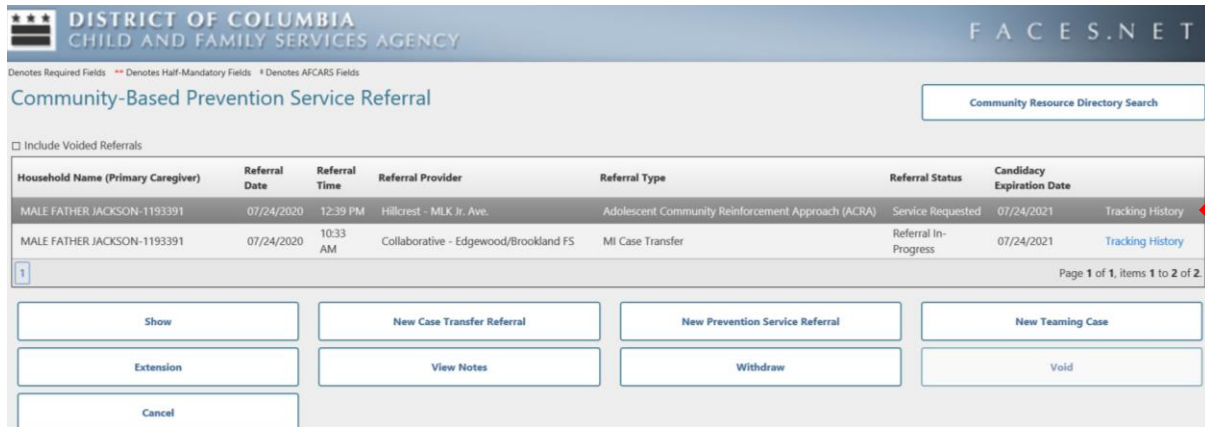
Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status	Candidacy Expiration Date
MALE FATHER JACKSON-1193391	07/24/2020	12:39 PM	Hillcrest - MLK Jr. Ave.	Adolescent Community Reinforcement Approach (ACRA)	Draft	
MALE FATHER JACKSON-1193391	07/24/2020	10:33 AM	Collaborative - Edgewood/Brookland FS	MI Case Transfer	Referral In-Progress	07/24/2021 Tracking History

Page 1 of 1, items 1 to 2 of 2

Buttons: Show, New Case Transfer Referral, New Prevention Service Referral, New Teaming Case, Extension, View Notes, Withdraw, Void, Cancel

Figure 3.11

After Supervisory approval, the Service Referral Status will change to **Service Requested** along with **Tracking History** option.



DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

Denotes Required Fields * Denotes Half-Mandatory Fields * Denotes AFCARS Fields

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Include Voided Referrals

Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status	Candidacy Expiration Date	
MALE FATHER JACKSON-1193391	07/24/2020	12:39 PM	Hillcrest - MLK Jr. Ave.	Adolescent Community Reinforcement Approach (ACRA)	Service Requested	07/24/2021	Tracking History
MALE FATHER JACKSON-1193391	07/24/2020	10:33 AM	Collaborative - Edgewood/Brookland FS	MI Case Transfer	Referral In-Progress	07/24/2021	Tracking History

Page 1 of 1, Items 1 to 2 of 2

Show New Case Transfer Referral New Prevention Service Referral New Teaming Case

Extension View Notes Withdraw Void

Cancel

Figure 3.12

Notes:

- FACES.NET interfaces with the CFSA Portal application
- Service Providers will access service request electronically through the CFSA Portal.
- Direct communication and coordination between the CFSA Social Worker and Service Provider required.

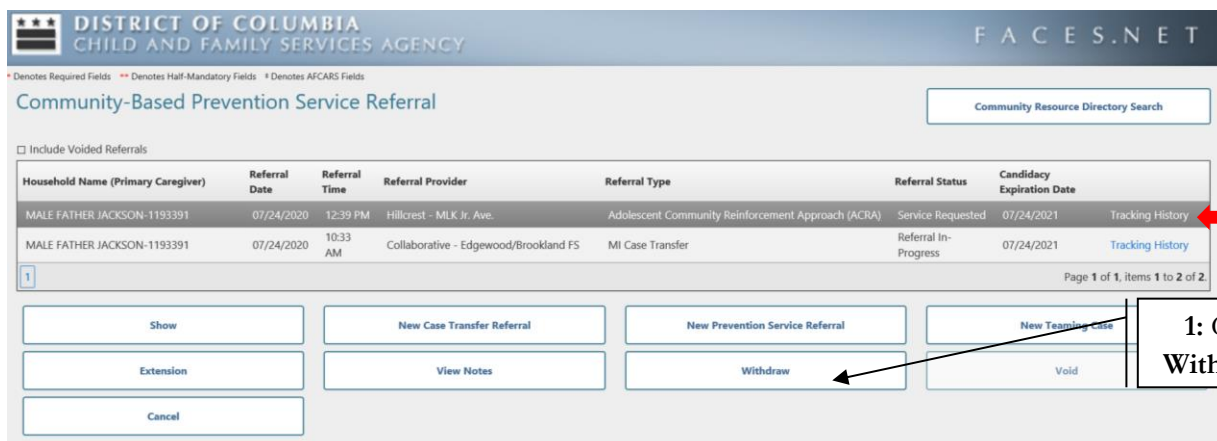
Withdrawing a Prevention Service Referral

This section will review how to withdraw a referral for prevention services. A prevention service referral can be withdrawn at any phase of the referral process prior to being accepted by the prevention service provider.

Steps include:

After navigating to the Community Based Prevention Service Referral screen,

Step 1: Highlight the applicable service to be withdrawn, then click the **Withdraw** button.



DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

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Denotes Required Fields * Denotes Half-Mandatory Fields * Denotes AFCARS Fields

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Include Voided Referrals

Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status	Candidacy Expiration Date	
MALE FATHER JACKSON-1193391	07/24/2020	12:39 PM	Hillcrest - MLK Jr. Ave.	Adolescent Community Reinforcement Approach (ACRA)	Service Requested	07/24/2021	Tracking History
MALE FATHER JACKSON-1193391	07/24/2020	10:33 AM	Collaborative - Edgewood/Brookland FS	MI Case Transfer	Referral In-Progress	07/24/2021	Tracking History

Page 1 of 1, Items 1 to 2 of 2

Show New Case Transfer Referral New Prevention Service Referral New Teaming Case

Extension View Notes Withdraw Void

Cancel

1: Click Withdraw.

Figure 3.13

Step 2: Click **Yes** to the message confirming withdrawal of the prevention service referral.

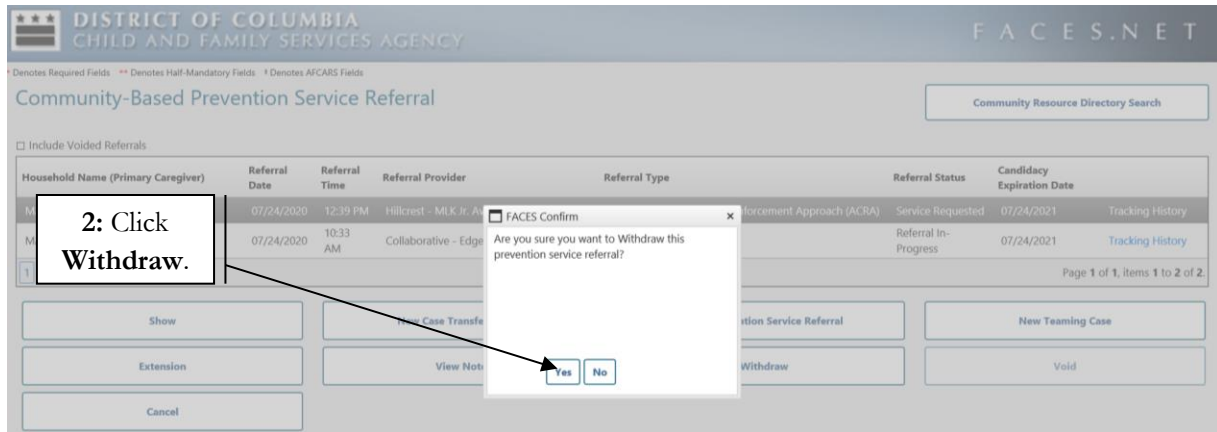


Figure 3.14

Step 3: Status will display Referral Withdrawn.

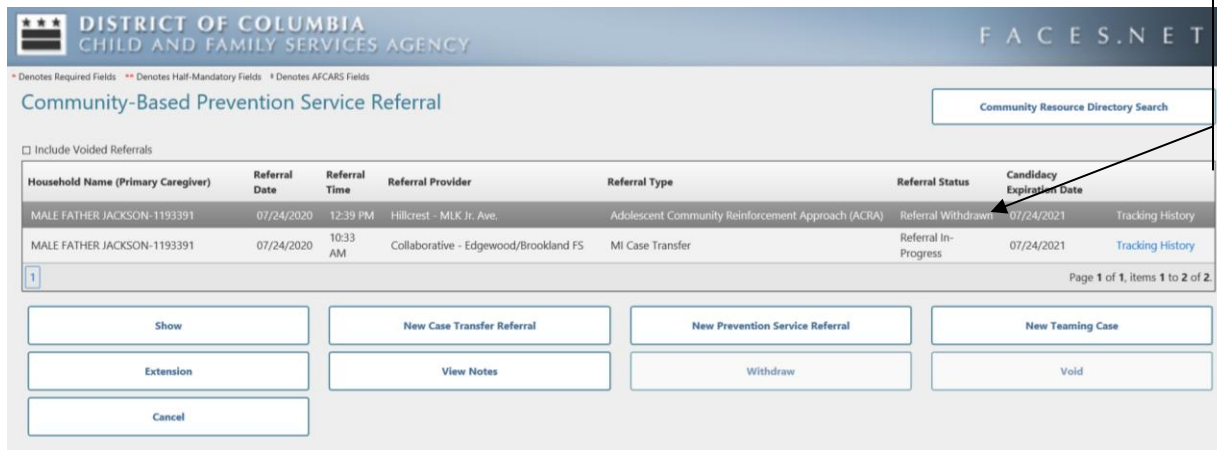


Figure 3.15

**3: Referral
Status:
Referral
Withdrawn.**

SECTION 4: New Teaming Case Referral

Performance Objectives

In this Section, you will gain confidence in your ability to:

- Navigate to Client Record
- Create a Teaming Referral
- Document Teaming Notes



Record a New Teaming Case Referral and Teaming Notes



Practice Overview

The new Case Teaming functionality will allow for shared case work between the CFSA/Private Agency case carrying social worker and the Collaborative worker. Unlike the Case Transfer where the case management responsibilities will transfer to the Collaborative agency via Case Transfer functionality and closed in FACES, the Teaming case will remain open in FACES and the CFSA Community Portal until further disposition. Collaborative worker's Teaming Notes are accessible through FACES.NET.

The Collaborative worker will create notes within the CFSA Community Portal which will detail case collaboration and family progress details. Teaming notes entered within the CFSA Community Portal by Collaborative worker will automatically populate to FACES for CFSA/Private Agency case carrying social worker to view. These Teaming Notes will be in FACES.NET under the Community-Based Prevention Services screen under the **View Notes** section.

The following sections will include steps to creating a Teaming Case via FACES.NET.

Pointers to Remember:

1. The CFSA Case will remain open in FACES.NET and the CFSA Community Portal during the Teaming process.
2. CFSA/Private Agency assigned social worker will be able to view Teaming Notes in FACES.NET for notes entered through the CFSA Community Portal by the Collaborative worker.
3. Teaming notes should **only** be documented in FACES.NET and the CFSA Community Portal.
4. The FACES.NET Household screen must be active.

How to create a New Teaming Case

Steps include:

First, place case in Focus



Step 1: Hold cursor over **Case** then Click **Community-Based Prevention Services** screen.

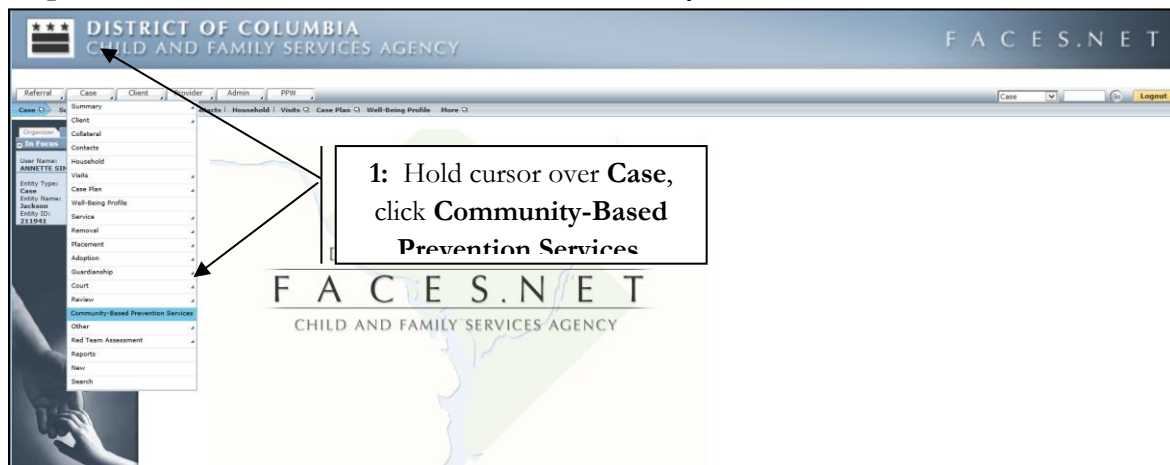


Figure 4.1

Step 2: Click **New Teaming Case** button.

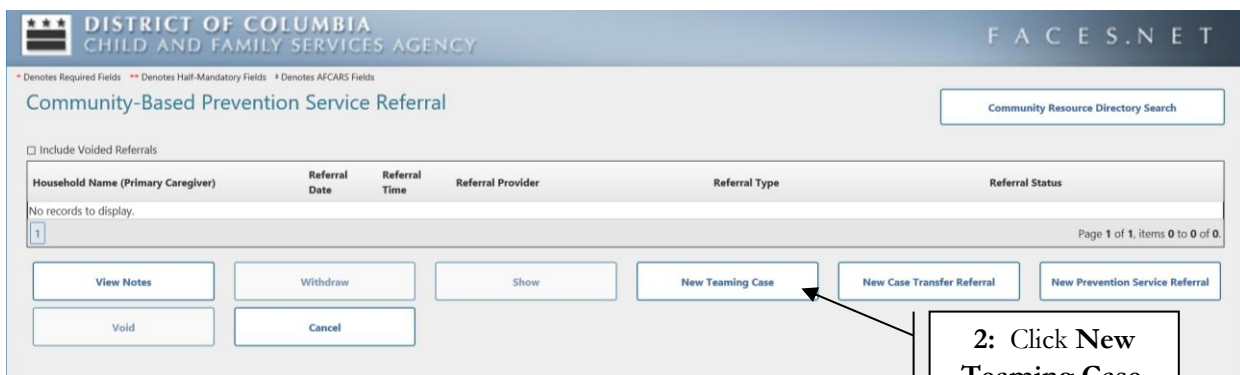


Figure 4.2

Step 3: View and confirm Household data. Click **Next** button.

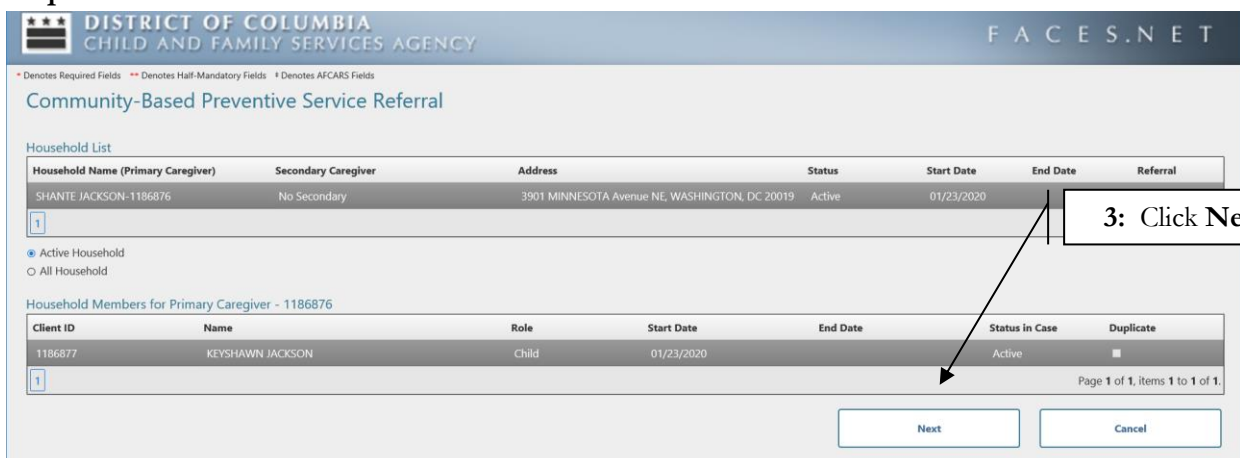


Figure 4.3

Step 4: Complete applicable data on both the **Household and Eligibility Information** and **Requested Services** tabs.

Step 5: Click **Save**.

Step 6: Request **Approval**.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

TEAMING CASE Case ID - 211941

Primary Caregiver: SHANTE JACKSON
Client ID: 1186876
Date of Birth: 01/09/1992
Gender: Female
Race: [blank]
Phone: [blank]
Address: 3901 MINNESOTA Avenue NE, WASHINGTON, DC 20019
Ward: WARD 7
Collaborative: Collaborative - East River FS
View Assessment

Secondary Caregiver: [blank]
Client ID: [blank]
Date of Birth: [blank]
Gender: [blank]
Race: [blank]
Phone: [blank]
Address: [blank]
Ward: [blank]
Collaborative: [blank]
View Assessment

Change Collaborative ☐ Preferred Collaborative ☐

Household and Eligibility Information Requested Services

Name: KEYSHAWN JACKSON Gender: Male DOB: 08/13/2008

Which of these describe the child/youth at this time: ☐ Child being served through CFSA's Out-of-Home services program.

Child who will be served by the Collaboratives following a closed In-Home case (step-down).

Other Service Goals(Max Characters: 500)

Number of characters entered: 0

Service Goals: 3 items checked

Relevant Family information - Service Needs(Max Characters: 2000)

Enter data

Number of characters entered: 10

Save Approval Cancel

Figure 4.4



Notes:

- Upon Supervisory Approval, the New Teaming referral will automatically populate to the CFSA Community Portal, and the assignment to the Collaborative will be generated.
- Status of referral will be noted under the Tracking History.

How to View Notes

Steps include:

First, place case in Focus

Step 1: Hold cursor over **Case** then Click **Community-Based Prevention Services** screen. *See Figure 1*

Step 2: Click View Notes button.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

• Denotes Required Fields • Denotes Half-Mandatory Fields • Denotes AFCARS Fields

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Include Voiced Referrals

Household Name (Primary Caregiver)	Referral Date	Referral Time	Referral Provider	Referral Type	Referral Status
WANTIE JACKSON-1186876	01/23/2020	04:44 PM	Collaborative - East River FS	Teaming Case	Referral In-Progress Tracking History

Page 1 of 1, Items 1 to 1 of 1.

View Notes Withdraw Show New Teaming Case New Case Transfer Referral New Prevention Service Referral

Void Cancel

Figure 4.5

Step 3: View Teaming Case Notes.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

• Denotes Required Fields • Denotes Half-Mandatory Fields • Denotes AFCARS Fields

Community-Based Prevention Service Referral

Community Resource Directory Search

☐ Teaming Case

Teaming Case Notes

Tracking ID	Request Type	Referral Date
1812	Teaming Case General Notes	1/23/2020 4:44:30 PM

Page 1 of 1, Items 1 to 1 of 1.

Date	Author	Note
01/23/2020	Stevena Patsall	Enter Collaborative teaming notes here

Page 1 of 1, Items 1 to 1 of 1.

Close

Figure 4.6

SECTION 5: Prevention Plan Candidacy Extension Request

Performance Objectives

In this Section, you will gain confidence in your ability to:

- Prevention Plan Extension
- Justification Documentation



Request a Candidacy Extension



Practice Overview

Approved Prevention Services are allowable for up to 1-year days from the supervisory approval date and from the first instance when services were requested for a household – which is whenever an in-home case or CPS referral is created. As candidacy gets extended through approval of extension requests, the Candidacy Expiration Date will update for all clients of the household and across all plans

FACES allows users to extend candidacy dates for the clients receiving prevention services through Family First program. Emails will be sent to users when a request is requested for approval, approved, or denied.



Pointers to Remember:

1. The Candidacy Expiration Date column will populate with the latest expiration date for the plan.
 - a. Note: The first expiration date starts at 1 year (12 Months) from the first instance when services were requested for a household – which is whenever an in-home case or CPS referral is created. As candidacy gets extended through approval of extension requests, the Candidacy Expiration Date will update for all clients of the household and across all plans
2. If the latest candidacy expiration date is within 30 days from the current date, then the Candidacy Expiration Date populated in the grid will display in **Red** and remain in red, if expired.
3. For FACES, a batch process will trigger an email to social workers providing notification of prevention plans nearing expiration.
4. The Candidacy Extension screen will include the following:
 - a. Household Members for Primary Caregiver – Grid of children within the household
 - b. Extension Request History – Grid of historical extension requests against this specific tracking ID.
5. A user cannot request for candidacy extension if there is an existing “Pending” request. The New button will be disabled if there is already an existing “Pending” extension request.
6. Supervisors can approve or deny request for extension.

The following sections will include steps to creating a Candidacy Extension request.

Steps include:

First, place case in Focus

Step 1: Hold cursor over **Case** then Click **Community-Based Prevention Services** screen.

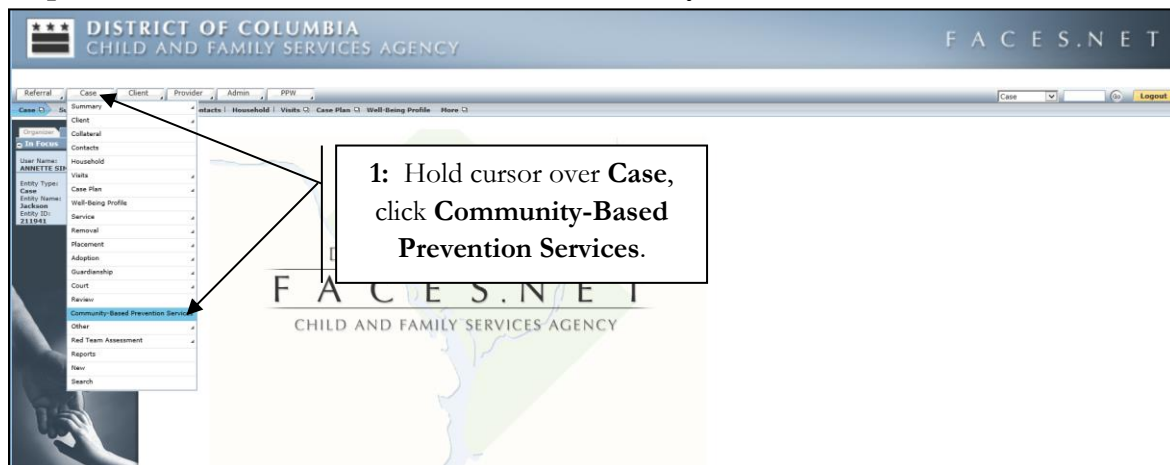


Figure 5.1

Step 2: Click the **Extension** button.

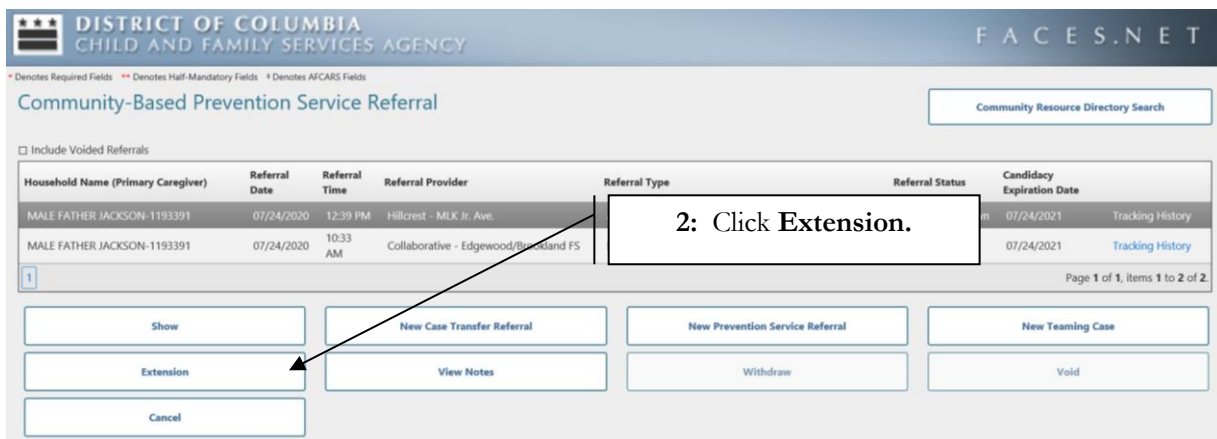


Figure 5.2

Step 3: Click New.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

Denotes Required Fields Denotes Half-Mandatory Fields Denotes AFCARS Fields

Candidacy Extension Request

Household Members for Primary Caregiver - MALE FATHER JACKSON-1193391

Client ID	Name	Role	Start Date	End Date	Status in Case	Duplicate	Candidacy Expiration Date
1187062	KEYSHAWN JACKSON	Child	03/01/2020		Active	<input type="checkbox"/>	07/24/2021

Page 1 of 1, Items 1 to 1 of 1

Extension Request History

Request ID	Request Date	Extended To	Status
No records to display.			

Page 1 of 1, Items 0 to 0 of 0

New Extension Request

Expires: Extend To:

Justification(Max Characters: 2000) *

Number of characters entered: 0

3: Click New.

New Save Approve Cancel

Figure 5.3

Step 4: Enter the **Justification** for the **Extension Request** in the **Justification** textbox. The following language **must be manually entered in the Justification text box using the specific language below.** This standard language should be included in the justification for all In-Home unit plan renewals.

“All the children in this household are served through CFSA’s In-Home Services program, which offers intensive case management and service referrals to families.”

Step 5: Click Save.

Step 6: Click **Approval** to request supervisory approval.

1

Extension Request History

Request ID	Request Date	Extended To
No records to display.		

New Extension Request

Expires: 7/2028 Extend To: 9/27/2021

Justification(Max Characters: 2000) *

“All the children in this household are served through CFSA’s In-Home Services program, which offers intensive case management and service referrals to families.”

Number of characters entered: 0

4: Must Enter Justification language as noted in Step 4.

5: Click Save.

6: Click Approval.

New Save Approve Cancel

Figure 5.4



Notes:

- When the social worker/user submits a Candidacy Extension Request for supervisory approval, the system will send an automatic email alert to approving supervisor as notification that a prevention service extension is being requested.
- When a supervisor approves or denies a Candidacy Extension Request, the system will send an automatic email alert to the requesting social worker/user to notify of the status of the request.
- Post-approval of a candidacy extension request, the Candidacy Expiration Date column of the Household grid for all clients in the plan will update with the new Candidacy Expiration.
 - If the client is included in other plans, the new Candidacy Expiration Date would reflect for that client as well on the Candidacy Extension Request screen
- Post-approval of a candidacy extension request, the Candidacy Expiration Date column of the Community-Based Prevention Service Referrals grid on the landing page will update to reflect the new Candidacy Expiration Date for all applicable referrals/plans.