



Series: 100: Case Management

Policy Name: **Case Transfer Process**

Policy Number: 138

Origination Date: 11/01/2013

Revision Date: 08/15/2023

Regulation: FS Ch 39, CFOP 170-1

Policy: It is the intent of Communities Connected for Kids to participate fully with the Department of Children and Families Protective Investigations, and others to help ensure a seamless child protection system, one where accurate and timely information is shared among all parties to adequately protect the child.

The case transfer meeting is a parent/family centered transparent process used to support a smooth transition from protective investigations to ongoing case management where children have been assessed as being unsafe.

Part 1: Case Transfer Protocol

A. Required Documents and Work Products/Activities-

The following work products and documents constitute a complete case transfer episode:

1. For all cases both in-home and out of home, the following documents and documentation of activities is required:
 - Sufficient & completed Family Functioning Assessment in FSFN per CFOP 170-1 Chapter 2
 - Demos- names, race, ethnicity, gender, SS numbers, current addresses, phone numbers, citizenship, relationships (children, adult, providers tabs), service roles, all participants built
 - Local criminals/CCIS results in documented in FSFN case note
 - 911 call outs /request for call outs documented in FSFN case note. Call out results placed in file cabinet upon receipt.
 - Analysis of FCIC on all adults and children over 12 results documented in case note
 - Completed/Signed/Dated income and asset form scanned into FSFN
 - Photographs for all children linked in FSFN
 - Birth verification linked in FSFN
 - Provide name of school children attend in the FSFN Education tab
 - Medical/immunizations CPI has available (i.e., medical neglect, substance exposed newborns)
 - ICWA Signed and dated (DCF Acknowledgement Form) uploaded
 - HIPAA Signed and dated(DCF Acknowledgement Form) uploaded
 - Water Safety Signed and dated (DCF Acknowledgement Form)
 - Documentation of safe sleeping brochure provided for all children 3 and under (DCF Acknowledgement Form signed, dated and uploaded)



2. For in-home cases, the following are required in addition to the information for all cases:
- Impending danger safety plans created in FSFN. In-Home Safety Plans (paper copy) specifically naming all safety service providers signed by parents, formal and informal safety management providers and scanned into FSFN.
 - Completed home visit face to face in the home (including one parent shelters) with all participants within 14 days prior to case transfer
 - Create/update living arrangements in FSFN with start date of date of non-judicial agreement signature or date petition filed (not date investigation received)
 - Petition/case opening document (COD) or signed in home agreement by all parents/caregivers/maltreating parties
 - Plans of Safe Care, if applicable, for substance exposed newborns
 - Documentation of Child Abuse and Criminal History checks on all informal safety management providers (CFOP 170-7 Chapter 7- FSFN child abuse history, a Florida Sexual Offenders and Predators registration check and local criminal history checks)
 - Safety provider's information in Professional/Fam tab in FSFN
3. **For out of home placements, the following are required in addition to the information required for all cases:**
- Placement activities required at initial removal (see CC Kids policy 401)
 - Out of home signed safety plan including the specific terms, frequency, duration and supervisors of family time (visitation) signed by the safety providers.
 - Shelter Petition and shelter orders
 - Completed Other Parent Home Assessment for all parents who are not part of the shelter petition. A scanned copy will be attached to the "OPHA" note type. If the child/ren are not placed with the parent who is the focus of the OPHA, CPI will include that parent on the dependency petition.
 - Documentation in FSFN that caregiver has been provided a green book with medical, shelter order, background information and children's medical/medication logs
 - Psychotropic medication, if applicable
 - CF-FSP 5314 Emergency Intake/parental authorization for meds
 - CF-5339 Meds forms (signed by both Doctor and parent) for any child sheltered directly from mental health facility
 - Court order for meds administration
 - Partnership plan signed by out of home caregivers for each child at time of placement.
 - Child placement agreement, if applicable; built in the tab in FSFN with signed copy attached.
 - Documentation of ongoing efforts to locate for missing child, if applicable
 - Documented diligent efforts to identify and locate all relatives of the child (note type=Family finding) to include parents/relatives of siblings and past placements if applicable (CFOP 170-1 Chapter 14). A FSFN Case Note entry must be completed for each diligent search inquiry. The CPI or Family Finder must document in the category section under "Child Investigation" in the Note Type "Note to File-General. In the Narrative section, the CPI must begin the note with "Family Finding Effort."



For out of home placements made with relative or non-relatives, the following are required in addition to all the above:

- CPI will launch and complete the Unified Home study in FSFN once the provider is built. Caregiver fingerprints will be requested at the time of placement and must be completed no later than 10 days following the placement. CPI will obtain proof that caregiver was printed. (photo of receipt) Upon receipt of fingerprint results, UHS will be completed and approved, no later than 30 days following placement. Emergency Home study will include analysis of FCIC and NCIC for all caregivers and household members over age 12 documented in the background section.
- Fingerprint result letter
- Comprehensive Child Placement assessment (for all relative/non-relative initial placements)
- Documentation in a case note in FSFN that the comfort call was held per FS 409.1415 for all initial relative and non-relative placements.

B. Case transfer request

1. CPI will complete Family Functioning Assessment and Impending danger safety plans created in FSFN with signed paper safety plan scanned into FSFN prior to requesting case transfer staffing.
2. CPI Supervisor will review the FSFN files using the case transfer checklist (Exhibit A) and approve the case for transfer. CPI Supervisor will request case transfer via email to the IOC mail group (flbcicioc@cckids.net) and will attach the checklist in FSFN attesting to the presence or absence of each document or work product at time of case transfer request.
3. IOC will prepare for the case transfer in accordance with CFOP 170-9 including: Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, the Safety Analysis, the Safety Plan and Conditions for Return when there is an out-of-home safety plan. b. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and level of intrusiveness for safety management. IOC will review for readiness for transfer using the CPIS-provided checklist and set the case transfer staffing accordingly.
4. Case transfer will be scheduled when the checklist denotes the majority of all items present, with the exception of work products and documents that are determined to be outside of the control of the CPI. Missing or inadequate items that present a safety risk to children or the lead agency will be identified, and CCKids will request remediation prior to scheduling the case transfer.
5. CPI will notify the family of the case transfer staffing, date, time and location after coordinating with the Intake & Operations Coordinator for that county.
6. If parents are unable to attend, CPI's will make one attempt to reschedule to fit the family's need with the Intake & Operations Coordinator. If a petition has been filed for in-home judicial services and the parents are represented by counsel who have been notified of the staffing, the staffing will proceed without the parents.
7. If the parents (unless represented by counsel), the assigned CPI and DCM are in attendance, the case will be transferred upon completion of the staffing CPI Supervisor and DCM Supervisor or a designated acting supervisor should also be in attendance. DCM will make face-to-face home visit within 2 business days of the transfer.
8. For shelters or in-home judicial cases, the staffing may still be held if the assigned, CPI, DCM or parents are not present. However, the official transfer will not occur until the CPI and assigned



DCM make a joint home visit to discuss the transfer, safety planning, etc. with the family. This must occur within 2 business days of the transfer staffing and include caregivers responsible for the abuse/neglect.

9. All parents being offered non-judicial in-home services must sign the in-home services agreement and must be present for the case transfer staffing to occur.
10. Case transfer staffing shall include the discussion of case goal, danger threats, protective capacities and in-home and/or out of home safety plans.
11. Discussions shall also include service referrals needed, those made if applicable, upcoming court dates, court ordered tasks, and other information pertinent to the immediate safety and well-being needs of the child.
12. Upon completion of the transfer staffing, case management will assume full responsibility for the case, including responsibility for monitoring or modifying the impending danger safety plan.
13. Following the case transfer meeting, the CPI will send the case transfer request through FSFN to the DCM supervisor for assignment. The receiving DCM will be assigned primary in FSFN by the DCMS. CPI will be assigned as secondary until all remaining tasks are completed.
14. The CPIS will ensure that all documents and activities outlined on the Case transfer checklist that are absent at the time of the transfer request are completed no later than 30 days following the date of case transfer. A final copy of the checklist attesting to the completion and documentation of all activities will be uploaded into FSFN within 30 days of case transfer.

Conflict Resolution

1. If the intake operations coordinator or case management entity identifies any barrier to scheduling a requested transfer staffing and the issue cannot be resolved with the CPI Supervisor within three business days of the identification of the barrier, the issue then will be escalated to the Program Director and CPI Program Administrator. Outstanding items that present a safety or health risk to the child, or a legal risk to the lead agency or case management agency, will be escalated. If no resolution can be reached within five business days, the matter will be escalated to the County Director and DCF Operations Manager for resolution. If no resolution can be reached between the County Director and DCF Operations Manager, the matter will be referred to the Department's Contract Manager for dispute resolution.
2. If, for any reason, the case management entity declines to accept primary responsibility for the case upon completion of the transfer staffing, there will be an immediate escalation to the Program Director and CPI Program Administrator. If no resolution can be reached within five business days, the matter will be escalated to the County Director and DCF Operations Manager for resolution. If no resolution can be reached between the County Director and DCF Operations Manager, the matter will be referred to the Department's Contract Manager for dispute resolution.

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