CRITERIA AND TIME LIMITS FOR ONGOING PROTECTIVE SERVICE CASES

Ongoing protective services must be provided in cases with a preponderance of evidence of child abuse and/or neglect (CA/N) as long as the child needs protection. Cases which have an intensive or high risk score on the risk assessment or reassessment must be kept open until the risk level is moderate or low or supervisory approval is obtained to close. Cases which should be kept open and monitored for a minimum of 90 days include:

- Cases with an extensive history of CPS involvement.
- The severity of the incident is such that reoccurrence could result in harm to the child.

DHS-152, UPDATED SERVICES PLAN (USP)

The USP consists of the risk reassessment, reassessments of the family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS), safety reassessment and service agreement.

Time Frame for Completion

The first USP must be completed within 60 days after the date the investigation was submitted for supervisory approval. Additional USPs are due every 90 days thereafter or more frequently, if necessary. When a case is transferred to ongoing Protective Services a risk-reassessment cannot be completed by the new worker until contact has been made with the family.

A risk and safety reassessment and reassessments of the FANS-CPS and CANS-CPS must be completed at times other than the 90-day USP intervals if:

- There is a new complaint of abuse/neglect in which a preponderance of evidence is found to exist.
- There are other significant changes in case status.

Note: Safety reassessments must be completed at other times than those listed above, such as when safety factors change.
PSM 713-01, CPS Investigation-General Instructions and Checklist, Safety Assessment Overview section, for more information on completing safety reassessments.

Any risk and safety reassessments and reassessments of the FANS-CPS and CANS-CPS completed between USPs should be documented in the next USP. Include any changes made to the service agreement and service level based on the interim risk reassessment and reassessments of the FANS-CPS and CANS-CPS.

**Overdue USPs**

If an USP is overdue, notify the supervisor by completing the Exception Request. The notification must document the reasons the USP is overdue and when the USP will be completed. **The notification does not extend the timeframe for completion of the USP or provide approval for the overdue USP; it only provides notice to the supervisor.**

**Reports from Contracted Agencies**

Progress reports from contracted agencies providing **in-home** services may be used in lieu of required CPS Updated Services Plans if the reports meet all CPS policy requirements regarding the content of the reports. Any progress reports substituted for a USP must be clearly marked as such and uploaded in MiSACWIS.

It is the responsibility of the local office to review service contracts with providers and determine which contractors will be eligible to substitute the Updated Services Plan required by CPS. The county director must approve the specific contractors who meet the requirements and whose reports meet the policy requirements of CPS Updated Services Plans.

**Social Work Contacts**

All contacts, either attempted or successful, must be entered into MiSACWIS. This includes the required case consultation between the CPS worker and supervisor as outlined in PSM 714-1. When entering social work contacts on a case, the date and time of the contact must be included. Include the specific reason for the contact and a brief summary of the information obtained during the contact. All social work contacts with accompanying narratives will pre-fill into the USP.
When a social work contact with the client/family includes engaging the client/family in services, indicate that in MiSACWIS. Document in the social work contact narrative how the family/client was engaged in services.

The social work narrative must include statements, evidence and actions taken by the worker that address the safety of the child.

**Safety Reassessment**

Complete a safety reassessment in MiSACWIS at key decision points. For any safety reassessment questions answered yes, the accompanying explanation, the safety response-protecting interventions entered, and the safety decision will pre-fill into the USP. The CPS worker must update the safety assessment narrative to reflect what child safety planning occurred. See PSM 713-01, CPS Investigation-General Instructions and Checklist, Safety Assessment Overview section, for information on completing safety reassessments.

**Risk Reassessment**

When a case is transferred to ongoing CPS, a new risk reassessment cannot be completed by the CPS ongoing worker until contact has been made with the family. When completing a risk reassessment in MiSACWIS select one score for each question and provide an explanation for the selection if the question is scored as a risk factor. Any narratives provided for the risk reassessment will pre-fill into the USP.

**Risk Reassessment Overrides**

After completing the risk reassessment, determine if any reasons exist for a mandatory or discretionary override.

**Discretionary Override:** A worker may override the reassessment score based on professional opinion or relevant factors that support a higher or lower risk level than indicated by the scale. The reason for the discretionary override must be documented in the Override Risk Level box and approved by the supervisor. At the time of the first USP and after, a discretionary override to lower risk may be considered.

**Mandatory Override:** If a mandatory override reason, which indicates a higher risk, has occurred since the last assessment, it must
be identified when the risk reassessment is completed and the risk level increased to intensive. The reason for the mandatory override must be documented in MiSACWIS.

If a mandatory override reason was identified at the time of the initial assessment, or at the most recent reassessment, and case progress indicates a lower risk level, the original override reason does not have to be identified at reassessment or used to increase the risk level to intensive.

See PSM 713-11, Risk Assessment, Overrides section, for more information on discretionary and mandatory overrides.

**Family/Child Assessment Tab**

Complete a reassessment of the FANS-CPS and CANS-CPS. Provide an explanation for each selection if the question is scored as a strength or a need (score other than 0). The explanations entered for each question on the FANS-CPS and the CAN-CPS will pre-fill into the USP. See PSM 713-12, Family and Child Assessment of Needs and Strengths, for more information on completing reassessments of the FANS-CPS and CANS-CPS.

**Updating/Adding Services for Family**

After the reassessment of the FANS-CPS is completed, update the Services Provided screen for each need and select the Progress box to provide a narrative regarding each service, which includes the following:

- The family’s progress toward achieving service goals and activities in that need area.
- Information from service providers.
- Any revisions to the services provided in that need area.

**Updating/Adding Services for Child(ren)**

After the reassessment of the CANS-CPS is completed, update the Services Provided screen for each need and select the Progress box to provide a narrative regarding each service.
The Escalate Category tab is used when the category of the case must be reclassified from Category III to Category II or I or Category II to I. See PSM 714-1, Post-Investigative Services, for more information on when the category of the case must be reclassified. If the case is reclassified to a Category I, the Legal section in MiSACWIS must be completed.

**Note:** If the category is escalated from III to II or I, the perpetrator’s name must be entered on central registry. See PSM 713-13, Child Abuse/Neglect Central Registry (CA/NCR), for information on providing notice to the perpetrator that his/her name has been listed on central registry.

If the case will remain open, document in the MiSACWIS, report the following:

- A summary of the reasons why the case was opened.
- The family’s overall progress toward achieving service goals and activities.
- Specific examples of changes in behaviors or other conditions that explain a reduction in risk to the child.
- Any revisions in the service agreement, including changes in services.
- A summary of any new complaints investigated during the report period.
- Explain any new safety issues and how the service agreement has been amended to address them.
- Any other information relevant to the risk to and safety of the child.

Before an ongoing case may be closed, complete a new USP and document the:
• Summary of the reasons why the case was opened.

• Current family situation and the present danger to the child of abuse or neglect.

• Progress or lack of progress made as a result of the provision of protective services and the reasons for closure of the case, including the impact of services on the risk and needs items scored on prior assessments.

• Necessity of providing follow-up or further services to the family by other agencies.

At closure, notify all active service providers of the closing of ongoing protective services. Document the notice in the Social Work Contacts.

Referral to Prevention Services - At closure, the case must be assessed for referral to Prevention Services. A referral must be made if active child abuse and/or neglect no longer exist and there is a continued need for services to prevent a recurrence of child maltreatment and a new complaint to CPS. A case conference should be held with Prevention Services before an actual referral is made.

SUPERVISORY APPROVAL

The CPS supervisor must review and approve via signature, within 14 calendar days of receipt, all DHS-152 Updated Services Plans; see PSM 713-10, CPS Investigation Report, for review and approval of DHS-154 Investigation Reports. Approval indicates agreement with the:

• Thoroughness, completeness, and accuracy of the USP.

• Reassessment of risk and safety of the child.

• Reassessments of the FANS-CPS and CANS-CPS and the services provided to the family.

• Progress made by the family.

• Appropriateness of continued provision of services or case closure.