Issues Implementing FFPSA: Evidence-Based Programs and the Ability to Claim for Them

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Meet Your Presenters

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What You Will Leave With

01 —— **FFPSA Purpose**

An understanding of what candidacy and imminent risk are for FFPSA purposes.

02 —— **Candidacy Differences**

Difference between traditional and FFPSA candidacy.

03 —— **Allowable Services**

Understanding of allowable services for claiming.

04 —— **Documentation**

An understanding of the documentation required for claiming for an EBP service.

When you think about implementing the Family First Prevention Services Act, what's the first word that comes to mind?

Implementing evidence-based services isn't just about **choosing the right program.**

It's about creating the **systems** that allow families to receive **high-quality services** and allow your agency to **claim federal reimbursement appropriately.**

Key Terms and Concepts

01

FFPSA Prevention Services Funds

At the option of the state the federal government will provide federal matching funds from Title IV-E for certain prevention service for no more than 12 months.

02

Categories of Allowable Title IV-E EBP (Evidence Based Program) Services

Services that have been graded through the Clearinghouse as either promising, supported or well-supported.

03

Imminent Risk

Under the Family First Prevention Services Act and federal Title IV-E guidance, imminent risk is not specifically defined in federal statute or regulation. Instead, the federal government gives states flexibility to define and operationalize the term in their Title IV-E Prevention Plan.

In general, imminent risk means: A child is at serious and immediate risk of entering foster care unless preventive services or interventions are provided.

Who is a candidate for FFPSA purposes?

FFPSA Candidate

A child who is identified in a child-specific prevention plan as being at **imminent risk of entering foster care…**

BUT who can **remain safely in the child's home or in a kinship placement…**

as long as **allowable EBP prevention services or programs** that are necessary to prevent the entry of the child into foster care are provided.

- Does not have to meet IV-E eligibility requirements for foster care maintenance, adoption assistance or kinship guardianship assistance.
- Does include a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in FC placement.

Traditional Candidate vs. FFPSA Candidate

TRADITIONAL CANDIDATE

A child who is at imminent risk of removal from home

FFPSA adds three additional considerations:

IMMINENT RISK	APPROPRIATE EBP	STATE PREVENTION PLAN
Determining if child is at imminent risk of entering foster care or is a pregnant or parenting foster youth in need of prevention services	Determining if there is an EBP service that would meet the child's need to prevent child from entering foster care	Is the service identified in the state's prevention plan?

What makes an EBP service an allowable FFPSA service?

Allowable Service Checklist

- ☐ The service is identified in the state's prevention plan.
- ☐ The service is named in the child-specific prevention plan.
- ☐ There is an explanation as to how the named services will reduce the risk of entry into foster care.
- ☐ The plan is signed by the child welfare worker and the parents to show that the family was involved in the creation of the plan. The parents do not have to sign, but there has to be evidence that they participated.

When is an EBP service claimable for IV-E funding?

Claimable for IV-E Funding Checklist

- [ ] The child is identified as an FFPSA candidate because they are at imminent risk of entering foster care or is a pregnant or parenting foster youth in need of prevention services.
- [ ] The child-specific prevention plan explains why the child can remain safely at home with prevention service plan that is identified in the plan.
- [ ] Documentation explains why prevention services are expected to reduce the risk of foster care entry.
- [ ] The plan reflects family involvement or input and is documented. Signature required for worker.
- [ ] Prevention Services are reimbursable at 50 percent Federal Financial Participation (FFP) in FY's 2020-2026 and is reimbursable at the applicable FMAP beginning in FY 27. Costs for the administration of the Title IV-E prevention program are reimbursable at 50 percent FFP.

What to Report for a Claimable Child

The state must report the following information for each child who has a child-specific prevention plan in order for the service to be reimbursable:

- ☐ The specific services provided to the child/family
- ☐ The total expenditures for each of the services provided to the child and/or family
- ☐ The duration of the services provided
- ☐ Basic demographic information (age, sex, race)

Child specific administrative costs may be claimed for allowable activities from **the beginning of the month** in which the child is identified in a prevention plan **until the end of the 12th month**, if services were provided for the entire 12-month period, or if the services are provided for less than the entire 12-month period, the end of the month the child's title IV-E prevention services ended.

Title IV-E is the Payer of Last Resort

Key Principle
Title IV-E pays only after all other eligible funding sources

Private Insurance

↓

Medicaid

↓

Title IV-E

If another public or private funding source can pay for an allowable prevention service, it must do so before Title IV-E funds are used.

Activity: Is It Claimable?

The Scenario: Marcus, age 9

- Marcus is named in a child-specific prevention plan as being at imminent risk of entering foster care after his mother's recent hospitalization.
- The county refers the family to Functional Family Therapy (FFT), a well-supported evidence-based program.
- The caseworker documents how FFT is expected to reduce the risk of foster care entry.
- The plan is signed by the caseworker. The family took part in developing it, but the parent's signature line is blank.
- FFT is not listed in the state's approved Title IV-E Prevention Plan.
- The family is enrolled in Medicaid, which covers FFT in this state.

Your Task

In your teams, run this case against:

- The Claimable for IV-E Funding Checklist
- The payer-of-last-resort rule

Can the state claim Title IV-E for FFT?

Identify what passes, what fails, and what would have to change before this service could be claimed.

Other Considerations

01 Ensure that FFPSA services and their related activities are reflected in the state's Cost Allocation Plan

02 Update random moment time samples to ensure that new services or related activities are included

03 Are at least 50% of the state's EBP's well-supported

Implementation Challenges

Program Planning & Implementation

- Competing implementation priorities
- Premature EBP expansion
- Limited implementation planning
- No phased statewide rollout
- Inconsistent county readiness

Evidence-Based Programs (EBPs)

- Limited provider capacity
- Provider recruitment challenges
- Maintaining program fidelity
- Limited to approved state EBPs

Implementation Challenges

Workforce Capacity

- High staff turnover
- Vacant positions delaying implementation
- Limited staff dedicated to FFPSA implementation
- Competing priorities reducing staff capacity
- Onboarding and training gaps

Fiscal & Administrative Challenges

- Complex Title IV-E claiming requirements
- Difficulty identifying reimbursable costs
- Delays in claiming and cost allocation
- Contracting and procurement delays
- Limited financial monitoring

Implementation Challenges

Data & Technology

- Information systems not designed for FFPSA
- Delays updating case management systems
- Limited service and outcome tracking
- Data quality issues
- Limited real-time reporting

Cross-System Collaboration

- Limited coordination across partners
- Child welfare and managed care misalignment
- Provider network shortages
- Limited partner agreements

Implementation Challenges

Policy & Practice

- Delays updating policies and guidance
- Documentation uncertainty
- Inconsistent interpretation of guidance
- Procedures lagged policy changes

Continuous Quality Improvement

- Limited implementation metrics
- Limited routine monitoring
- Weak provider and leadership feedback loops
- Delayed corrective actions

Change Management

- Shift from foster care to prevention
- Resistance to changing practice
- Inconsistent communication

Activity: Prioritize Your Challenges

The Challenge Areas We Reviewed

- Program planning & implementation
- Evidence-based program (EBP) capacity & fidelity
- Workforce capacity
- Fiscal & administrative claiming
- Data & technology
- Cross-system collaboration
- Policy, practice, CQI & change management

At Your Table

- Pick your agency's top two barriers from the areas at left.
- For each, name one concrete first step you could take in the next 90 days.
- Be ready to share one first step with the room.

Keep it specific and doable.

Activity: Think-Pair-Share

The Prompt

What documentation trips your team up most?

Think about the prevention plans, candidacy determinations, and claiming records you touch every week. Where does the paperwork most often stall, get returned, or leave you unsure?

How It Works

Think (1 min): Reflect on your own and jot down your toughest documentation gap.

Pair (3 min): Compare with a neighbor. What do you have in common?

Share (5 min): Bring your toughest gap to the group as we move into questions.

Questions?

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