

Family Support Fund Annual Training-20250507_120156-Meeting Recording

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● **Alka, Alison, E** started transcription



Alka, Alison, E 0:03

And without further ado, we're going to get started.

Let's see here. There we go.

So our what we're going to cover today is Debbie's going to cover our support fund policy.

Kim Brown is going to cover the state and federal laws that go in with the with the the Family Support Fund that we do with the hospital that covers the hospital.

I'm going to talk about some job aids, some the resources that we have.

And then Susan and I will kind of tag team and help show you the process of the Family Support Fund application and areas that could use improvement and then highlight some things that have gone missing.

So hope that'll be more helpful in the future.

Tricia is going to start, or is going to explain the oversight committee process, the people who.

Review your application and either a have more questions or go ahead and approve it.

And then at the very end, we will have two case examples that Jessica and Sammie will go over.

If we have time, we'll have a question and answer area, but if we don't, by all means, please e-mail Susan Hancock or I with any questions that you guys have and we will get to you as soon as possible, so.

With that, I'm going to get started with Debbie.

And there you go.



Brookstein, Deborah, A 1:35

Thank you so much, Allison.

OK, so to kick us off, I just wanted to briefly explain what the Family Support Fund is because I know we have some newer team members that have joined us over this

last year. So the Family Support Fund is a fund that is managed by children's Mer. That is supported in whole by charitable donations, so this does not come necessarily out of our operating budget.

It is something that is supported through philanthropic dollars.

And it's used to help families with various items and services that they might need. So there is a primary family support fund, which is what we're talking about today. It's managed by social work.

We know that some of you are aware that there are a couple of clinical areas that have their own family support funds for their patient population and so funds come directly out of those funds.

However, the thing I do want to make sure and just reiterate is that all family support.

Here at Children's Mercy must still follow the same eligibility guidelines that are set forth in the policy we're going to review.

And that's because that ensures that we are all in alignment with those federal and state regulations that Kim's going to review here in just a few minutes.

And the reason why we need to have those in place and we need to have a policy is because there are regulations and we could be at risk as an organization if we are not following those regulations that are set forth for us.

So it provides us some guardrails that we need to follow.

I am not going to read the policy line by line for you.

You're all very well educated individuals, but I felt like it was most important to guide you to where to find the policy and then just to kind of Orient you to it so that hopefully if you come to a point where you need to review it, you know.

Quickly where to look?

So if you go to the scope and at the very top, there is a tab that says.

Policies that takes you to policy manager and you can just type family support fund in the policy manager search bar and it will take you to this policy which Allison so efficiently has pulled up for us here.

So here is what you will see when you actually pull it up in policy manager.

And so Allison, if you'll Scroll down, I think where I really want to start is really with the procedure part.

And really, what this outlines is for anyone.

In the hospital and the reason, that's why it's in policy manager is. So it's not just for social workers or cfcc team members to reference, but a nurse or a physician who

has a question about what can we provide to a family, could look at this and they. Can see that first and foremost, the policy tells them that any time that there is a patient that may have some type of social support need that they should refer the family to social work or the cfcc to further evaluate that need.

And then the families are going to be encouraged to use their own resources first as well as available resources, perhaps through their insurance provider or in the Community first.

Then the social worker or the Cfcc staff member will conduct a financial needs assessment and either end up providing a family support fund resource in accordance to our policy, or they may connect the family to additional resources instead.

So those are the outcomes that may happen there.

So if you can Scroll down a little bit further to see these whole general guidelines. So what this shows to us is that and again, I'm not going to read these word for word, but that we are providing these resources in a way where we're not advertising that. We're doing it.

This is as needs are presented to us.

We have this as a resource that again, if it's meets the policy, we could provide, it may promote access to care.

It cannot be cash and that's why many of you may recall that at a time we used two years and years ago have petty cash. We also used to provide visa gift cards.

Those are considered cash and cash, cash equivalents and so we have done away with providing those, but we still can provide other gift cards, meal vouchers, things like that.

OK, if we can Scroll down to where I can read where it says that note there.

This is important to call out, so if if you receive a referral.

Then you're assessing need for a patient or family, and that family member is a physician.

There are special laws around that that Kim will cover that require additional assessment and evaluation.

These rarely, if ever, come up to be quite frank, but if they do, just know, let that little red flag go off and say I need to escalate this up to my leader and get some additional assistance reviewing this request and then we will take it from there.

The rest of the policy is broken down into really what you can and cannot provide and what the limitations are, and it's really broken into two sections.

One, I'm actually going to skip all the way to the end to the addendum.
We have a common resources grid and these are the things that you guys get requests for most frequently and so if you get a request for things like a cab voucher.
A meal voucher.
A gas card.
Gosh, a family needs to fly to another pediatric hospital to get care.
So maybe a Southwest airline voucher.
All of these things are what we consider common resources, and they have their own guidance and limitations provided within this grid.
So just go to this grid.
This will give you the guidance of what you need to know.
OK.
Allison, can you scroll back up to where? I know I'm moving around a lot on you guys.
But this was like I was like, I don't read the whole policy to you guys.
I just want to Orient you to it.
There is a section that says for things not in the common resources grid, I think it might be section two or three.
Oh, there we go right there.
Scroll down just a little bit more. OK, so it says if you're not giving something or being requested for something that falls within the common resources chart, then if you'll Scroll down to the next page.
It outlines what to do and what the limitations there are.
Just follow this.
It outlines for you that if it is for something that is less than \$15 and less than \$75 over the course of the year.
Then you can use your reasonable discretion to provide it.
You should still make a good faith informal assessment of need, but you can.
You can give that on your own.
If the oh, I think we missed one.
Sorry, I'll send up a little bit more.
There we go.
#2 if for resources that have a value between 15 and \$50, or maybe the annual aggregate of that a 75 to 150, then again you can still exercise reasonable discretion.
Make your assessment and document as such and go ahead and provide that.

But it's when resources again.

Outside of the common grid that have a value greater than \$50.

Or annually, it's been greater than 150 that it needs to go to that oversight committee, which we'll talk more about.

That will require further review, so think about things like that may not be a common resource, but it's a need that a family has.

Maybe it's a blood pressure cuff to be able to monitor blood pressure at home.

Maybe it's a scale, an infant scale that's needed at home, and I don't know. Those may cost less than \$50.00, but we'll assume they cost more.

Then that would be then where the oversight committee would need to review those.

I think those were the main points I wanted to kind of get everybody grounded in.

We know we need to document that.

We get reports monthly and we review usage as well and then we're required to give this annual training so that everyone makes sure that they are up to speed on what the requirements are.

So that is what I wanted to cover.

I'm going to hand it over to Kim, who's going to talk about those regulations in more detail.



Brown, Kimberly, S 10:19

Debbie, you have perfectly set the table for this part. You touched on so many things and I appreciate having the opportunity to be here.

I'm going to run through these pretty quickly, especially seeing the list of everything that needs to be covered today.

Happy to answer questions after the fact if there are any questions on this, but the good news is there hasn't been a change since last year when this went live in any of the regulations.

I guess you could look at that good or bad, but there's not been a change so.

These are the same slides we presented last.

Last year, but really to just start from abuse law or a little bit complicated.

And there it's not just one law, it's a multitude of laws.

And so we've included on this slide those that are pertinent to this policy and the great work that you all do. The first one listed there and I'm going to hit these really high level and then we'll go into some detail that first one, the federal anti kick.

Statute. That's a criminal law, and it prohibits knowingly.

Paying remuneration to.

Induce or reward patient referrals.

So this is talking about patient referrals that will have a goal of generating business that's covered by Medicare or Medicaid.

So let's unpack that a little bit. If we talk about.

The the fact that it's willfully or knowingly doing that, that just means you have intent.

So to determine violation of law, there has to be a determination that there was intent to reward patient referrals for generation of additional business.

The other thing is remuneration is really anything of value.

So it's cash.

It's rent, it's expensive.

Hospital stays because again, unless we talking about patient referrals. And so this is a situation where physicians are kind of have the keys to the Kingdom because most of the time providers are the main source for referrals and so.

They could be referring to fellow physicians or their health care providers.

And suppliers.

So that's why they're kind of a target and some of these kickback schemes, if we go on down to the next one and I think on the physician self referral or the stark law that was the reference that Debbie made within the policy, this law prohibits physicians from.

Referring patients to receive certain services that are payable by Medicare or Medicaid to an entity that they or immediate family member have a financial relationship with.

And so on this when we say financial relationship that can be they owned the business or they have a compensation agreement.

Within that with that business.

The challenges with Stark is it is a strict liability.

So if we think about anti kickback, it was intent. You had to show intent to show violation of the law stark.

It doesn't care why you did it.

It doesn't require intent if you if you have a certain situation where you refer patients to an entity.

Where you have a financial relationship that's a violation of law. So we have to look at that a little bit differently when we're looking at M and all these facts. And then

the last on this slide, the last item is the civil monetary penalties and that's where patient.

Inducement comes in so that law just authorizes the Department of Health and Human Services to impose civil money penalties for various 2 persons or entities that don't comply.

Right, with fraud and abuse laws. And again, that's where patient inducement comes in and we're going to talk about that in a minute.

So if you can go to the next slide.

I think this one is pretty self-explanatory.

You all have worked in healthcare. You know how this works. Fraud and abuse laws. Are a requirement for us as a healthcare provider.

We submit claims to CMS, we get GME money from the federal government, the federal government and state governments provide us funding, and each time we either apply or submit a claim, we're certifying that to our best of our knowledge, we comply with a myriad of laws, including Fr.

And abuse.

So I think that's pretty self-explanatory. If we go to the next slide.

So you may wonder why these originally were put in place.

And it's really.

They start out very. It's the purpose is pretty simple. The government wanted to protect government itself, patients and providers against inappropriate over utilization of services or funding through Medicare and Medicaid.

They also wanted to avoid there being bias in decisions when care is given and that can be the decision of a physician.

Because they're being enticed to maybe refer to a certain place.

Or prescribe something inappropriately.

That may be something else would be better for the patient or it can also be for the decisions of the patients when they choose their provider. We want them to choose children's mercy because we're the best pediatric facility, not for other reasons that from a like a.

Perspective. And then the last reason listed there is the government's goal is for all providers to have a level playing field.

And so I'll use an extreme example that is not something that whatever happened at any provider, let alone children's mercy.

But if we took the approach we were going to give everybody a car when they

discharge you, get a car, you get a car, and we publicize that. That would be unfair competition because that would go into their decision making on who to select as their healthcare. Prov.

So the the final few slides here, this is the. This is the law that we're talking about primarily when we talk about family support fund. And you can again I I won't read this to you but just hit the high points. So it prohibits us from offering any.

To a Medicare or medic beneficiary for free, like giving them a gift or for less than fair market value when we know or should know that it's likely to influence them.

To obtain.

Additional items or services payable by Medicare from US and again this has that intent.

So patient inducement is an intense statute, and so you do have to show intent to show violation of law.

So that's the law.

And then on the next slide, but there's always exceptions because the government recognizes that there are situations that a patient should be provided something for less than fair market value to improve their health and well-being. And so they've issued exceptions to protect against certain arrangements and 1:00.

Of the ones that Debbie highlighted in the policy, that nominal value, that's one of the exceptions.

So if it's less than \$15 per item or over the aggregate of a year 75, that's a small enough value.

That would be an exception to patient inducement law. And then within these exceptions, they have certain criteria. But then the government doesn't say you don't have to necessarily fit an exception.

You might not be found in violation of law if you don't, so at the end of the day, what this is saying is we really have to look at this very fact based and situation.

Based so we have to look at the facts.

We have to alley the law and see kind of what that risk level is and then some other exceptions are listed there at the bottom nominal value.

That demonstrating financial need, so wave waving, cost sharing.

I mean, I think that's the wonderful thing about the work you all do is determining that finance what that need is and documenting that. Those are two key things. And then as well as the other exceptions, promoting access to care and then local transportation, there are things as.

You all know there are situations where we can provide local transportation for our for our patients.

So this is just kind of the take away for you all.

Here's the when there are arrangements we need to, it's always helpful to look at those ahead of time. I think the wonderful thing that that all the hard work that Debbie and the leadership team and you all do every day to follow the the Family Support Fund policy.

That helps us a lot because we've set those guard rails and then we don't have to review each of these individually.

We've set the guardrails, we adhere to those.

And so it's it's a much more efficient process kind of leads to the second item there with policies and procedures, family Support fund is one of the key policies that we have to ensure compliance with these fraud and abuse laws. And then as you all know, there's always.

If you run afoul of the law, there's always a penalties and other consequences that we wouldn't want to have to incur.

And that next to last bullet, again you all do such a nice job of documenting the need and then what you provide and we really, really appreciate that, that that is if anything would be in question for us that would really help us in the conversation with the.

Government so really appreciate that.

So I think that's all I had to cover.



Alka, Alison, E 19:47

Perfect. Thank you, Kim.



Brown, Kimberly, S 19:49

Thank you.



Alka, Alison, E 19:50

Alright, so my part is not gonna be.

It's not gonna be long.

You know, our resources are the guest cards, which is \$5 a piece. Our meal vouchers, which is \$10, the Walmart gift cards and the Walgreen cards and the lock boxes, the small and large.

All of these resources do need to be logged into the Family Support fund.

They do need an application.

They do need a family assessment every time you give out a resource, as many of you know that when I run.

My reports and stuff I have to come and chase some people down because they forget to log. Oh, I forgot I gave a lock box.

Oh, I forgot.

You know this that the other?

So that's how I keep track and you know, track how much I've given out versus what my report says.

So I appreciate all of you for putting up with my emails and whatnot.

So just note that the families cannot exceed amount a maximum amount of \$500.

In resources, whether it's the gift cards or it's a different financial.

Resource per calendar year, January 1 through December 31st, starting January 1.

Everybody's accounts reset and this is per child, not per family.

And then the Family Support fund come and resource list and the Family support fund policy, the one the standard work that Susan has worked on. And I sent out earlier this morning. You guys could see that so.

We, as Debbie said, we cannot.

Want to provide cash or equivalents to families, but we can we can assist with what we are available.

So if you have any questions about these resources or need more, always reach out to me and I will help you.

And with that, I'm going to hand it over to Susan.



Hancock, Susan, C LMSW 21:44

I wanted to go ahead and go over this family support fund application process. I wanted to start with.

Just where does it begin?

And I think the first thing that we have to do is always consider what it is that the family is requesting and what it is that follows the guidelines as well as the laws and. The donors intentions.

With the Family Support fund, and so the first thing that we have to look at is does it fall within?

The A need for the patient's hospital discharge, access to care.

Health outcomes as is applicable to the child's medical needs and quality of life as it is related to the child's medical condition.

We need to first before we even start this application process. We need to confirm that it falls within those areas.

Is this a patient of our patient of cmk as well?

What can we do to problem solve? What parts of the Community, families, friends, can we give them in attempts to resolve this problem before we pursue the fund?

And then at what point?

If it's rent or utility related, at what point do we have them follow up with contacting the source of that need and developing a plan to resolve that problem?

And finally.

We want to make sure that we give them resources that we verify the outcomes of those resources all before we complete.

An application if at that point we being social worker or being.

A cfcc do we feel that an application is appropriate?

These eligibility, although there's always Gray areas and everything.

The basic eligibility are the ones that will be listed below.

Is this a medically critical?

Is this something that the child needs in order to that's critical to their medical care?

Is it a CMH?

Patient patient.

Has the family exhausted all their personal community state resources available to resolve this need and have they verified that with you?

Can we identify how the need impacts the patient's hospital discharge?

Access to care health outcomes or quality of life.

In regards to their medical condition or their medical needs.

And finally, is the financial amount requested enough to resolve the patient's need?

We don't want these.

Requests to just.

Provide money per SE, or a service per SE, but we need to make sure that whatever the immediate medical critical medical need is, we want to make sure that that's being resolved.

And if they're not able to resolve it with monies that we may be able to provide or services that we may be able to pay for, is that something that does the family have a specific, clearly defined plan that will resolve it that way?

It's not gonna go on for month after month after month.

And again, if they fit in within all these criteria.

And you can explain these things in an application, then initiate the Family Support Fund application please.

When it came to the family support standard of work, I was hopeful that it would kind of be one stop shopping that you guys could hang on to this.

It does have.

Links it to the family support policy.

It has links to the kickback statues, statutes, inducement policy, as well as.

Civil, monetary, penal.

Penalty laws and self referral. Physician self.

Referral laws today I don't want to spend too much time going over the family support application because you do have that standard of work and I'm hoping that that is pretty self-explanatory.

But there were a few areas that we see questions arise at. So I do want to address some of those.

Such as Step 5 in number of individuals in the home. This can be an issue a lot of times when families.

Are living in a home with someone else and the other person owns the home or is renting the home.

Typically this falls into.

Britton utilities.

Because the question is, is who's responsible?

Whose name are those things in?

So I think to answer #5, we need the number of the people that are in the patient's family, but further explanation needs to be added to step 17, explaining who else is in the home and their financial responsibility and what they have done.

To also resolve this problem.

Step 6.

Should I always felt like it should kind of be labeled income rather than employment?

That's something.

We'll look at it another time, but it's asking, what's their income or how are they getting an income?

Is it through unemployment?

Child support employment or if you choose other, you can right Click to add a

comment to that steps 8:00 and 9:00 or just to ensure that.

There's not another means to cover the request by insurance or waiver.

We ask that you have the family.

Check that out if it's applicable to the request and that they get back with you with a response prior to completing the application.

Remember that the Family Support fund should be a last resort. Should always be used as a last resort.

An application should not be filled out.

Until all the resources have been explored and responses been provided back to the social worker cfcc staff providing them, there's exceptions.

To these rules. Usually that happens when the Ed social workers are providing things, and we can get exceptions if needed from leadership. But.

I know recently we have all found out pretty much the Medicaid has stopped paying for children's mercy optical shops.

And so we're looking outside of those for resources, for families to get glasses.

When that happens.

And I get a request for that.

I usually will ask the workers if insurance will cover that a lot of times I hear they don't know where to go. If that's the case, the family needs to contact the insurance company and find those in network providers or if they have PCN, PCN can offer assist.

A lot of times to what in network providers or optical stores there are.

Another time.

I can think of.

An another example is Community resources.

If we know in advance the results of those, sometimes they'll allot a partial amount. Maybe not the full amount of what the family is needing, but a partial amount, and so we can request that partial amount instead of the full amount. And the purpose for that is because we need to reach as many people as possible. We need to ensure that.

Families don't reach their maximum.

Hopefully because that allots us further opportunities to help them throughout the year. But most importantly, we also want to be able to help others.

We talk about caregiver education in step 11 and discussing the annual limit, which is required if a family frequently needs cab vouchers to go back and forth to

appointments.

And we know they have a history of this.

Then requesting a large amount of support funds for something.

Else maybe something you want to consider, and maybe it's not very practical to do.

Deciding to put a family support application in is a decision up to you, the social workers and the CFC staff.

It's not a decision made by the families. You need to use your judgment. If an application is appropriate. And remember that we cannot meet everyone's needs sometimes.

Providing community resources and engaging other methods of problem solving, such as budgeting, going to food pantries to save money in other areas, etc. Is what we do.

And if you know the request is not something that impacts the patient's hospital discharge, access to medical care, health, incomes, or related to their medical condition or quality of life, then we know that application isn't going to be approved.

So let's not put it in. That means we need to look further at problem solving.

Umm.

Another step of course, is and and it's in the policy is is that when you are putting in applications.

And it is for oversight Committee, family support fund oversight committee approval.

Then talk to your supervisor.

Talk to your manager about.

Putting that in has all the resources been utilized actually in the policy. It indicates that you need to have your managers.

Approval before putting in that application.

Step 14. You've heard it over and over again.

Exhaust the three resources prior to application.

I always encourage people to.

Talk to family or friends.

Personally, I don't count that as a resource, although that is something that we do have listed down here.

Below in the resources.

It it to me.

Would be more practical to provide three community specific resources.

And that's something that we may talk about with the future applications or any

changes to that, whether family and friends would be included, but try to make it as specific as possible.

To meet their needs, if you could.

Step 15.

You're responsible for totaling up the amount the family has spent in the last calendar year.

January through December.

You have to ensure that the financial assistance that you're asking for today is not going to put the family over \$500.00 from where they currently are. What have you used in the last year? Unfortunately, our current system can't do this for for us itself. When changing the epic, it may be something that we can explore further and possibly we won't have to do this.

But, but there's no hard stops for right now.

For knowing when that \$500 is other than you checking that section step 15 yourself. 16 and 17 are pretty self-explanatory.

Step 18.

There's occasional snags when rent and utilities are involved.

I always consider my kids with this one.

What would I tell them if they came to me and said, can I get some money for rent and utilities?

I would probably likely encourage them.

To go to the source of the problem and see if they can work it out themselves first.

That's a good skill for everybody to learn, including our families.

Is there a payment plan?

It doesn't mean it's going to fix the problem, but is there something that the source of the problem can do to help resolve?

And if it doesn't cover it all.

If they're not able to either get that cooperation, or if it doesn't cover it all, then let's make sure that they have a specific problem.

Because particularly with rent or utilities that can go on and on and on for months on end.

So we we don't want to continue to come back.

We want to resolve the problem and so we want to make sure that there's a specific plan in place on how to do that.

The next steps on the slides.

Let's see.

There we go.

Common resources. It's quite literally just kind of filling out.

The blanks if you are providing these.

Gas cards, meal Vouchers store specific put in the amounts the value next to that will automatically pop up if it's a common resource provided here on the right. Click that and put in the value as well.

Resources provided by or. Actually I skipped a step.

I highlighted in red the resource section down here.

Here in the mid area will come up automatically.

It does not, I've discovered.

So if it does not come up when you are filling out an application, don't worry about it.

It's something you can't enter down there under common resource section total.

Eligibility. Sometimes we do have to get those exceptions we've talked about from leadership. If that is highlighted, that is something that you can mark yes to and you can right click and indicate what leader provided you authorization.

Resources provided by I put that in there.

That's in there because.

Sometimes I know like Ed or other departments, they may give a lock box, but they may ask someone else to run down to the Ed or rundown to the clinic and provide that. So that may be different than the person who completed the application.

We can go on.

To the next one.

This actually goes back to step 23. The eligibility and special considerations.

This is basically showing you again the family Support Policy section A or attachment A which explains the requirements for these kind of.

Resources that are provided next one.



Alka, Alison, E 37:13

And I and we we also highlighted. Sorry Susan, I was going to interject because the the direct purchase was less than \$50.00 but in the end it turned to be over.



Hancock, Susan, C LMSW 37:17

Oh yes.



Alka, Alison, E 37:22

So when I put in the final value, I would right click here and put a comment in case somebody or somebody questioned it or if we needed an explanation, I've put a comment that either a it was taxes or B it was, you know, something else that took. It over.

It originally was under 50, but something put it over and I, you know, and I'd always put the.

Manager who approved it.

So just an FYI.



Hancock, Susan, C LMSW 37:45

Oh great.

Yes, thank you.

And and that's just and on all of these where you have indicated a response you can right click if it's a blank, it won't let you right click and do comments.

In here you can comment like I said, wherever you answered or if you need further elaborations, step 17 is a pretty good area for you to be doing that.

It just prevents additional questions.

Or oversight Committee when you're needing that approval coming back and emailing you and asking those questions.

So under the Oversight committee approval go down here.

Click on what it is that you're needing, and then insert the cache value and then Tricia is going to talk to you here in a few minutes about what happens once you do that so.

With the full cash amount, I'm just trying to think if there's anything else you do sign and click on the check mark.

So that won't close anything for us to be able to access it. Those kind of things if needed. But but again.

Yeah, I think.

I think you might have questions.

Please don't hesitate to ask.

I'm hoping that a lot of that is you find that standard work helpful.

But please don't hesitate to ask questions either. At the end today or e-mail us. I think I'm done.



Campbell, Tricia, J MSW, LCSW, LSCSW 39:22

Thank you.

Now we are going to review.

Our oversight committee.

But first I just want to acknowledge the people of that commit.

There are times to meet to review policy, to review how best we can support team members as they're making these decisions.

So First off, I'm going to highlight the oversight committee. When you submit those applications that require oversight support, this is who receives notification of that e-mail.

So we have the Co chairs of the Family Support Fund Committee.

Which is Susan and Jessica? Social work leadership is represented by Debbie and myself. And then Allison and then Kim Brown and Eric swim are both with compliance.

So all three of those buckets need to sign off on that approval.

We also have a family support fund, a committee specifically within social work that just continues again to touch base, understand the needs of the frontline team members.

Provide support and guidance.

So we'd like to thank those team members, Susan.

And Jessica, who are Co chairs.

Robin Ryan is impatient.

Representative Simi Leonard is from ambulatory.

And then specific call out that social worker Dei committee reached out and really wanted to be a part of this process to make sure that oversight is happening and just support is provided to make sure that equity is considered when family support fund topics are addressed. So we.

Appreciate Kathy and JS Rs participation.

In the committee and leaning in and asking to be a part of it, and then from leadership again, Debbie, myself and Allison, I think you all so much for your service.

So our oversight committee process.

Once you say the oversight committee, you're requesting that for a specific item or a specific amount over that \$50.00 and sign your documentation, it will send the oversight Committee an e-mail notifying us with the fin number of a pending

application.

So the first process is that the Family Support Fund Committee Co chairs will review. So that's Jessica and Susan.

And the aim is to have that reviewed within one business day and they may ask for additional information from the cfcc or social worker team member completing the application.

The hope is with this new standard work for the Family Support Fund application that everything is a little bit clearer, so there will be less back and forth.

But you may have additional questions or if.

Something is missing from the application. They will follow up with you.

Once the Co chairs make a decision, they notify social work leadership that it is their time to review again.

Social work leadership approves within one business day and then notifies compliance.

Who is the final decision maker on that trio?

So their decision, whoever that deciding party is on that third or if it's denied, it will notify through the Multipatient task list.

But we also noted that sometimes that is inconsistent.

And so we have identified that compliance will e-mail the team member and the Oversight committee of the approval or denial, and then the Family Support Fund request is filled. And Allison Alka supports that need for filling it, noting at any time in the process if a denying committee.

Member decides that this application does not meet criteria.

Then they will send that e-mail to the application.

Or the person that applied for the Family Support fund assistance.

So this is just what it looks like when a notification gets fired to the multipatient task list.

So when you get that or the e-mail notification, please go to your form and then that is modified when the resources are distributed.

And the individual who is providing that resource.

Name.

Is put in and then the charting can be completed and signed off on again.



Thank you very much, Tricia. OK, we are now going to go to case examples and I believe Jessica is the first one up on this one.

D **Dallas, Jessica, A MSW, LCSW, LSCSW** 43:43

Yeah. Thank you, Allison. OK.

I know we've shared a lot of information and we just wanted to give you a couple kind of examples to.

Apply that in a sense that hopefully is very is probably pretty familiar with all of us. So the first example here is.

One from our Ed after hours team.

So if we're we're page by page, you are in here at 2230 and we learned that patient is a direct admit from an outside hospital and patient's parents have requested lodging assistance for their family.

The family lives four hours away and they do not have any family or friends that live in town.

RN said the RMH family room is full and we know that they the family completed an RMH application, but it's after 20 hours and the family will not be contacted by our image tonight.

We might as well say it's also a Friday or a Saturday night because that's when this seems to happen too.

Social work presents bedside and meets with the patient's parents to explore options and gather information needed for that FSF application.

Patient is medically complex and patient's mother stays at home to care for patients, so income is limited.

Patient's Father is employed, but the family is concerned the amount of time that he is having to take off to support the patient's hospital stay makes will make it already make it difficult for them to pay their monthly expenses. The parents do not feel they can.

Afford a discounted hotel rate.

Social work provides education on the Family Support fund.

The annual limit and advises parents that a hotel will be booked for one night only.

Social work.

Asked parents to follow up with Rmh tomorrow and then social work goes ahead and completes the hotel direct bill documentation and FSF application process.

So this again, this is something we see quite a bit.

Another what I wanted to add to this example is sometimes that second night RMH is not available or we learned that one of the parents is a felon.

Felon and so RMH is not gonna be an option.

And so there are times where we do have to turn around and look at completing the FSF application for a second night in a hotel. And then that second night does require a manager's approval.

So that is when we would contact MOC and and get that manager's approval for a second night in a hotel and then go ahead and complete all the other steps.

All right.

LS Leonard, Sammie 46:23

The next example, thanks Jessica.

The next example is from an ambulatory clinic that is based off of somebody I worked with previously, but changed the details on for the purpose of the example for the meeting today.

So Bob is a 16 year old male and he is followed in our Tourette clinic and by OT for Tourette and misophonia.

The OT was working with him to address motor tics.

And auditory sensory processing difficulties.

The sensory processing difficulties had led to an exacerbation of Bob's tics, which affected his health and his quality of life.

Our OT suggested music based treatment through the use of therapeutic listening sounds headphones. However, the family expressed financial concerns for the cost of the headphones. There was an initial cost for the headphones and then it continued monthly cost for the music related to the therapy.

Social work meets with the family to complete a psychosocial and financial needs assessment and to collaborate on next steps.

So Bob lives in a single parent household.

The family receives snap and adult SSDI is insured through Medicaid, but the sounds headphones are not covered through his insurance plan. Social work assists the family with applying to receive funding through through, through three community referrals, but was not able to obtain funding.

Additionally, Mom had little financial support through family, friends, and the church they were connected to, but they were able to secure funding for the \$15 monthly cost associated for the therapeutic listening program, but still needed assistance with

the one time cost of 125.

Dollars for the sounds headphones.

So social work then completed the Family Support Fund application.



Alka, Alison, E 48:26

Thank you, Jessica, and thank you, Sammie.

So with that, we have reached and do have time for questions.

We have allowed some time, so please let me know what questions do you have.

Go ahead, Allison.



Murphy, Allison, D 48:48

Can't believe I was first. Really impressed.

Thought there would be a lot of questions.

Do you have certain criteria that you're looking for when you are saying quality of life?

Like what? Is there certain things that you are 'cause that quality of life I think could be a bit subjective.

So are there certain things that you are looking for specifically?

That are related to quality of life because I I know for my team there's been sometimes where there's been applications submitted and.

Staff have felt like they've presented a good case for.

Needing.

Whatever it is that they're needing funds for related to their diagnosis in the quality of life, but it's still rejected.

But then other times it's approved.

So I was just wondering if there were specifics related to that quality of life piece that we could utilize.

Going forward.



Hancock, Susan, C LMSW 49:52

Allison, I I can try to answer this one. Quality of life in regards to what it is.

In related to the child's medical needs.

We have a variety of quality of life that can be very general that can be applicable to almost, you know, every kid.

When it comes to maybe mental health or.

Or those kind of things.

But if you're making a request.

For a particular child, I'm trying to think of an example.

Maybe it is.

Maybe it's a utility?

Maybe it's water.

I know that we have had some.

There's been more than one application for kiddos with like eczema and and.

Cleaning is really a medical recommendation for that.

And so if there's no other resources for them to obtain water and that's been determined.

Then in order to clean and those kind of things.

Then we will look at something like that as more of a necessity for not just their medical condition, but for their quality of life as it's related, because it would be very uncomfortable.

If the eczema was to flare up, those kind of things as a result of not getting that additional funding for water, does that make sense?

MD **Murphy, Allison, D** 51:31

It does, and I feel like with some of the examples I'm thinking of, I feel like a case has been made for that type of thing and so, but it still was denied. And so I'm just wondering, like are we?

Are we looking at a severity scale?

Is it diagnosis specific?

Because I know it's it can be frustrating on both sides, on the staff Member side and the committee side to go back and forth multiple times and I'm just wondering if there's more specific clarity around that.

Maybe that would help alleviate some of that back and forth more? Or or is there another way you think we should go about presenting it or just just because it is subjective?

I have any additional clarity I think would be helpful.

 **Campbell, Tricia, J MSW, LCSW, LSCSW** 52:17

So I'll chime in 'cause. I know there are some other team members with hands up and I know we only have 6 minutes left.

I think these are great conversation pieces to have family support, fund committee designees for teams to bring to the Family Support Fund Committee to discuss and talk about. Are there ways that this can be clarified for team members?

I think the initial hope from this training is it's not as big of a change this year. And so with the standard work, hopefully that will be helpful in creating a clearer pathway.

Two approval for family Support Fund committee needs.

However, there's always opportunities to iterate and improve, so my best feedback at this point is that would be a great thing to bring to the Family Support Fund Committee with social work to talk through and figure out how best that can be captured for the frontline team members.



Alka, Alison, E 53:09

Thanks, Tricia, jewel.



Dallas, Jessica, A MSW, LCSW, LSCSW 53:10

The the only other thing I will add to that and I am I am a relatively new Co chair.



Alka, Alison, E 53:12

Oh.



Dallas, Jessica, A MSW, LCSW, LSCSW 53:15

So Susan has seen a lot more of these applications than I have.

But what I have noticed trying to like read through those threads every time to get more familiar with the process is that a lot of times it's a procedural error or something hasn't completely been checked off or done or not. All three community resources have been vetted and.

So that's where we're really hoping with this training that it does help alleviate some of the frustration because.

The what I see more often than not.

Is there's back and forth on whether the steps to even submit the application like all those steps were, were actually taken to get to the point of submitting the application. And so I think.

That that would that.

Hopefully this helps a lot with that too, than that standard of work.



Alka, Alison, E 54:00

Thanks, Jessica.

How about you, jewel?



Fivecoat, Jewel, LMSW 54:03

First I wanna give a shout out to Allison because I am one of those people that sometimes misses documentation and get lots of emails and just appreciate the follow up and all she does to keep us on track.

My second question, and Jessica, your case example kind of talked about this a little bit, but I know there's the process of like one business day, one business day, one business day. I do feel like there are cases of like an emergency and I know that that's.

Then something that's been discussed and Jessica, I know you said, like we can improve one hotel night and that specific instance.

Is that kind of a similar process? If it is something that is emergent, like to call the manager on call like, what is if we don't have the?

You know, time on our side and it is something that is more emergent.

That's really the only time I'm personally using family support fund.

Is it a manager on call decision at that point?

Or what does that process look like?



Dallas, Jessica, A MSW, LCSW, LSCSW 55:09

Yes, I mean during the daytime then it would be whoever you're. Yeah, you're reporting supervisor is and you know for us after hours and definitely MOC.

So that is definitely something I would escalate.

Yeah, that's an acute need and something that we wanna take care of. Preferably before like, 10:30 at night.



Fivecoat, Jewel, LMSW 55:29

Yeah. No, definitely, I agree.



Dallas, Jessica, A MSW, LCSW, LSCSW 55:31

That's really helpful for us.



Fivecoat, Jewel, LMSW 55:31

Yeah, yeah.

OK.

Yeah, just double checking on that process. Thanks.



Brookstein, Deborah, A 55:36

Would also say we have had situations before where you know it's 1:00 PM and we know that a patient's ready for discharge, but they need a piece of equipment or an item before they can be discharged.



Alka, Alison, E 55:37

Angela.



Brookstein, Deborah, A 55:49

And so in those scenarios, we've had the social worker go ahead and complete the application and routing it to the Oversight committee, and then they send a separate e-mail to the oversight committee.

It's just FSF oversight, and with an exclamation point and say this needs to be reviewed urgently and we've been able to expedite those as well.

So if it's during business hours, I think you're usually pretty safe.

But after hours, certainly me on a drawn call.



Alka, Alison, E 56:20

Miss Angela.



Bradford, Angela, M LMSW 56:21

OK.

I I've got a couple questions.

1st is like with the cat vouchers.

Do you guys have like a contract with the cat vouchers where most of it going to be a set cost because we've got some families where, OK.

So that's a no. But then how do we keep track of that?

Because when we're trying to do the FSF or sending it to the cfcc that go ahead and set that up.

At what point are we gonna be notified that?

This is no longer an option because we don't know what those costs are.

We don't know.

If we're exceeding the 50 or if we're exceeding the 500 or not.



Alka, Alison, E 57:01

I would say if they've had previous cab vouchers, you can kind of get an estimate of what their location is.

I would always reach out to your manager if you have a question on it.

There is.

There is no set because it depends on because Zetryp uses a couple of companies.

So it depends on who they who dispatches.

So that's why it's kind of hard to say that it's, you know, \$1.25 per mile or 235, you know, so.

So I don't know how best to answer that question.



Campbell, Tricia, J MSW, LCSW, LCSW 57:33

Yeah, I'll chime in here too.

And that is part of the reason why we have that grayed out box that tells you how much resources they've used in the past.

And so they they frequently use cab vouchers.

You're going to put that estimated \$20 that we recommend in there, but Allison is going to come back and modify the documentation to the actual cost.

And so you'll have a general idea of how much that cab is costing if you're taking the step to kind of calculate where they're at.

In that and then the other caveat too is.

Search, transportation, discharge, transportation from the hospital can always be escalated up, even if it's like longer distances, we absolutely have to problem solve, but don't forget that that is an option as well.



Bradford, Angela, M LMSW 58:15

So then, because this has been an ongoing like who does the FSF assessment? Is that gonna be the cfcc who we're sending it to during the day or is that us, who the parents said, hey, we need a ride 'cause it.

My understanding previously was the Cfcc was going to be doing those assessments.



Campbell, Tricia, J MSW, LCSW, LSCSW 58:33

Yeah. So Cfcc can do the application just like medical, social work or any other employee that has authorization to do so.



Bradford, Angela, M LMSW 58:42

OK.

My next question was when it comes to the meal vouchers we used to have, I think three options for affordable meals done in the cafeteria.

A burger chi grilled cheese and the cooked chicken strips with like fries and the fries in the actual meal part last couple of times I've been down there just for my own self. I've noted it's only been chicken chips.

Is that something new where they're going to only offer one affordable meal or that just?

Situation.



Campbell, Tricia, J MSW, LCSW, LSCSW 59:18

I think that that's a question that we can take back.

I don't know that any of us know the answer right now, but that is something that we can ask food service.



Bradford, Angela, M LMSW 59:27

OK. And then the other question was on the DEI involvement, which is never a bad thing to have checks and balances, but is there an event that spurred them wanting to get involved because within social work itself, we already kind of have built in DEIS, so just cur.

As to why this isn't asked to be involved.



Campbell, Tricia, J MSW, LCSW, LSCSW 59:48

Jsr.

Do you want to just give a two second summary?



Stallbaumer Rouyer, Jennifer, S 59:52

Yeah, yeah, there was nothing that triggered it.

I think just with some of the questions that the policy was coming, there were just

questions about the potential bias.

Is there a potential for bias in terms of creeping in like even the question that I threw in the chat really quick, I'm curious about who's not being assessed.

Are there people that were missing when we're not documenting? Whether an assessment has happened or not?

So it's just kind of looking at it from that way.

To just monitor it and be paying attention to that.

But no, nothing, nothing specific has come up.



Alka, Alison, E 1:00:26

Thank you, Madeline.



Hill, Madeline, K MSW, LCSW 1:00:28

Yeah, I just have a quick question.

I know just in conversations up here with the girls, I sit next to specifically when it comes to, like, rent, utilities, water, anything like that. I feel like frequently we get a lot of follow up questions back and I understand that those are kind of more like it. Not like you're buying an item, so there is definitely more questions to be asked, but it feels like.

Sometimes it's like we answer the question we get asked another question. We answer the question we get.

Asked another question, and it sometimes crosses the line, not crosses the line by someone asking the wrong question, but it feels like maybe we're not being super trauma informed when we're then following up with families multiple times.

And so I was just wondering if there could be some conversations moving forward and I know this is all new and everyone's kind of trying to figure it out, but of streamlining that process. So either we know what questions to ask the family or.

If there are like very specific questions you guys need, could we get that list?

'Cause, it feels like you know, hey, we've tried three resources.

There's no other option.

And then we're getting asked back with like, almost problem solving ideas, as if we haven't already tried to problem solve those.

And again, I understand you guys are just like legally trying to make sure that we are doing what we need to do, but it can feel kind of insulting to families to go up there and be like, hey, have you considered plugging in your kids oxygen in your?

Car.

Maybe not the most feasible concept when we're thinking about reality.

And so just some of trauma informed care standpoint, I think it would be really, really beneficial if we could have a list of what answers you guys are wanting. That was all.

But again, I know that everyone's doing their best. So yeah, thanks.



Hancock, Susan, C LMSW 1:02:14

One of the things that I would I think I'm hoping that the standard of work is able to answer some of those questions for you. As far as you know what to ask those kind of things prior to submitting an application.

But the other thing that I would suggest is is to eliminate or limit some of those emails back and forth.

Is providing information elaborate a little bit further.

If possible, because we're not asking for progress notes now providing that elaboration in step 17 or wherever appropriate of maybe.

What it is that you've worked in your explanation?

Suggested this, this and this and this didn't work because of those kind of things.

So so if you would elaborate further sometimes.

Us knowing that ahead of time then will eliminate an e-mail question to you about that.



Hill, Madeline, K MSW, LCSW 1:03:21

Thank you.



Alka, Alison, E 1:03:22

Catherine, do you have a quick question?



Maxwell, Catherine, E LMSW 1:03:24

Yeah, I just have a quick question.

Is this information going to be shared with like clinics and everything?

Because a lot of what we get here in outpatient is, oh, this family came in.

They really seem like they need this.

Can you go meet this need?

And it's it seems like there's a a breach in the understanding of the clinics knowing like we can't just give this stuff out. We have to do an assessment. And is it truly a

need and so is that being, you know, is that education being provided to CL?
And providers here at children's mercy.
So we all have the same understanding.
That we're getting here during this meeting, that's just my question.



Brookstein, Deborah, A 1:04:00

So I'm happy to answer that. So at this time no, because really nothing has changed. And so this is really just an annual update for all of you and what to do once you get those referrals and and how to work through that process. We did do hospital wide education last summer when the policy was changing and we really did try to EMP. The importance.

Of not promising that we would provide things that.

Certainly social work wants to come and be involved to help support families in addressing what the needs are, but we won't necessarily always be the ones providing it. And I think from this point forward, it's really.

For all of us to continue to educate, we know that it's an ongoing process and I'm aware of that. And I also know that that prisons challenges for all of you because you're working really hard to support families and then to also feel like you're re educating the.

Clinical staff as an extra burden.

I would say that if you, Tricia, I was just going to say that if you are feeling like you are running into challenges, if you try to re educate and you're getting pushback or if it's a repeated concern in your area, please do talk with your leader, the.

Leaders meet with the clinical leaders from all of the clinical areas across the hospital on a regular basis and this could be an education point that we bring there as well.

If we see that something that's ongoing.



Alka, Alison, E 1:05:31

Michelle.



Lockard, Michelle 1:05:36

Yeah, it's not like I know we're over time.

So if you need to take time, I put it in the chat too, so.



Alka, Alison, E 1:05:42

You might need to move your mic down.



Lockard, Michelle 1:05:44

Oh, sorry.



Alka, Alison, E 1:05:46

There you go.



Lockard, Michelle 1:05:46

Just kidding.

So I put it in the chat too and it's not like vital.

It was just somebody who's on another meeting, asked me to ask that.

That so some of they were told that it was \$50 common resource limit daily. And so theoretically we could give \$50.00 in gas cards every day for 10 days.

That was they were just wanting to, like know if that's or if there's a limit to and then we would have to ask the next step.

So I wasn't sure if it was the same as like Jessica's like. If we approve one hotel and then the next night, we would need.

The oversight committee.

Or the, you know the approval or manager on call crew.



Brookstein, Deborah, A 1:06:26

I.



Lockard, Michelle 1:06:26

Anyway, it was kind of that.



Brookstein, Deborah, A 1:06:29

Actually really glad you asked that 'cause. There may be others that are wondering the same thing. So so for gas cards in particular. Again that's on the common resource grids.

So we would follow the guidance on that grid and on that for gas cards, it says we you can give up to \$50 that's per occurrence, right. So you're going to go in and

you're going to document.

I would ask that we're also, of course assessing that.

The family really needs \$50.00 in gas cards.

It's a fairly rare occurrence where a family needs that.

Much and gas cards to get to or from the hospital. So we really need to be doing our due diligence.

And you know, doing some quick math of how many tanks of gas they need and how far they live and how much we need to give.

But if they truly need \$50, then the social worker would give \$50.

Document that in the application. If, then the next day the family says they need it again again.

And I would think then that would prompt me as a social worker to be digging a little bit more and to be really helping to assess and problem solve that.

At the end of the day, they could, yes, give it again the next day in a separate application that they complete, but once they hit \$150.00, everything beyond that needs to go to the oversight Committee for approval.

So in the policy it says it's \$50 per occurrence, but any annual aggregate over \$150.00.

1st and again, you're gonna look in that Gray section and you're gonna see. Oh, I've already given or as a sum here. You know, it's May 7th, and we've already given \$135. So if I give more than 15, that's gonna have to go to the oversight committee for approval.



Alka, Alison, E 1:08:24

Those are great questions everybody. And again, reach out to Susan, reach out to me any of the committee members with any further questions that you have.

This presentation will be uploaded into the cloud CME and I appreciate your time and energy to listening and understanding. Thank you.

● **Alka, Alison, E** stopped transcription