



Child and Adult Protective Services System (CAPSS)

Family First Prevention Services Act (FFPSA) CAPSS System Manual

Table of Contents

CAPSS System Instructions for Processing FFPSA Services	3
Add Evidence Based Goal Service to the Family Permanency Plan(FPP)	5
Add Goal.....	5
Add Evidence Based Goal Service.....	7
Complete Child Specific Prevention Plan(s).....	15
Complete Support Service Authorization.....	20
Complete the FFPSA Referral.....	26
Tracking the FFPSA Referral.....	32
Referral Status	32
Session Notes.....	33
Email Notifications.....	33
Completing a Support Service Authorization and FFPSA Referral via the Support Services tab ...	34
Steps to complete prior to starting	34
Complete Support Service Authorization via the program service line in CAPSS	34
Add Service Provider.....	38
Complete the FFPSA Referral	41
Rolling over Evidenced Based Services from Investigations to Family Preservation Services.....	47

CAPSS System Instructions for Processing FFPSA Services

Login to the Child and Adult Protective Services System (CAPSS) with your credentials.

CAPSS Login



Warning

This system contains privileged medical and other information which must only be shared with authorized entities as provided by Federal regulations and State statute. All users are reminded of the confidentiality requirements of their employment, along with the corresponding penalties for violating confidentiality.

User ID:

Password:

This system is solely for the use of authorized DSS personnel. The information contained herein is the property of The Department of Social Services and subject to non-disclosure, security and confidentiality requirements.

While in update mode, access the Family Permanency Plan(FPP) tab within the Assessment & Planning tab.

Click “**New**” (to create the first record or next version of an existing FPP) or “**Edit**” (to update a pending FPP).

The screenshot displays a software interface for managing Family Permanency Plans (FPP). The top section contains form fields for case details, including Family Case Id (0010003200), Case Name (Haller, Mickey - 2/10/1972 - 0010014919), Case Type (Children & Family Services), and Open status (02/04/2025). Below these are tabs for various services: Kinship Caregiver, Address, Linked Files, Family Engagement, BabyNet Referral, DJJ Involvement, Universal Application, Preserve Connections, Visitation, Visitation Portal, CFTM, Locate Request, Action Log, Dictation, Collaterals, Intakes, Assessment & Planning, and Family Assessment. The 'Assessment & Planning' tab is highlighted with a red box. Within this tab, there are sub-tabs for FAST, CANS, Family Permanency Plan, FPP, and FPPSA Referral. The 'Family Permanency Plan' sub-tab is selected. Below the sub-tabs is a table with columns: Row, Plan Id, Recipient, CFTM Held, Status, Plan Date, Last Modified Date, and Worker. The table contains one row with Plan Id 0000010178, Recipient Haller, Mickey, Status Void, Plan Date 02/05/2025, Last Modified Date 2025-05-20 10:02:26, and Worker Hingleton, BRIDGET. A red box highlights the 'New' button and the table.

Row	Plan Id	Recipient	CFTM Held	Status	Plan Date	Last Modified Date	Worker
1	0000010178	Haller, Mickey		Void	02/05/2025	2025-05-20 10:02:26	Hingleton, BRIDGET

Add Evidence Based Goal Service to the Family Permanency Plan(FPP)

Step 1.

On section II of the FPP, the worker will add the goal for the recipient and then add the Evidenced Based Service (EBS) that is needed to obtain the goal.

Add Goal

Click **ADD GOALS** to select a recipient for which to add a goal. Select a recipient from the drop-down list and click the **ADD** button.

Note: This list only shows individuals selected on the Permanency Plan Team list.

The screenshot displays the 'Family Permanency Plan' application window. The main interface is divided into sections. At the top, there are buttons for 'SAVE', 'FINALIZE', 'VOID', and 'CANCEL'. Below these is the 'PERMANENCY PLAN TEAM' section, which contains a table with three rows of team members: Laurie, Jessica, and Mickey Haller. A modal dialog box titled 'Add Recipient' is open in the center. It features a 'Select Recipient: *' dropdown menu with the following options: '- Select Recipient -', 'Haller, Laurie', 'Haller, Jessica', and 'Haller, Mickey'. A red arrow points to the 'Haller, Laurie' option. At the bottom of the dialog are 'CANCEL' and 'ADD' buttons. The background interface shows 'SECTION II' selected, with a 'Completed Assessment(s)' section containing 'FAST' and 'CANS' tabs. At the bottom right, there is an 'ADD GOALS' button and an upward arrow icon.

Click the **ADD GOAL** button.



Recipient: Haller, Mickey DELETE

Additional information gathered during CFTM regarding recipient: ⓘ

Add additional information gathered

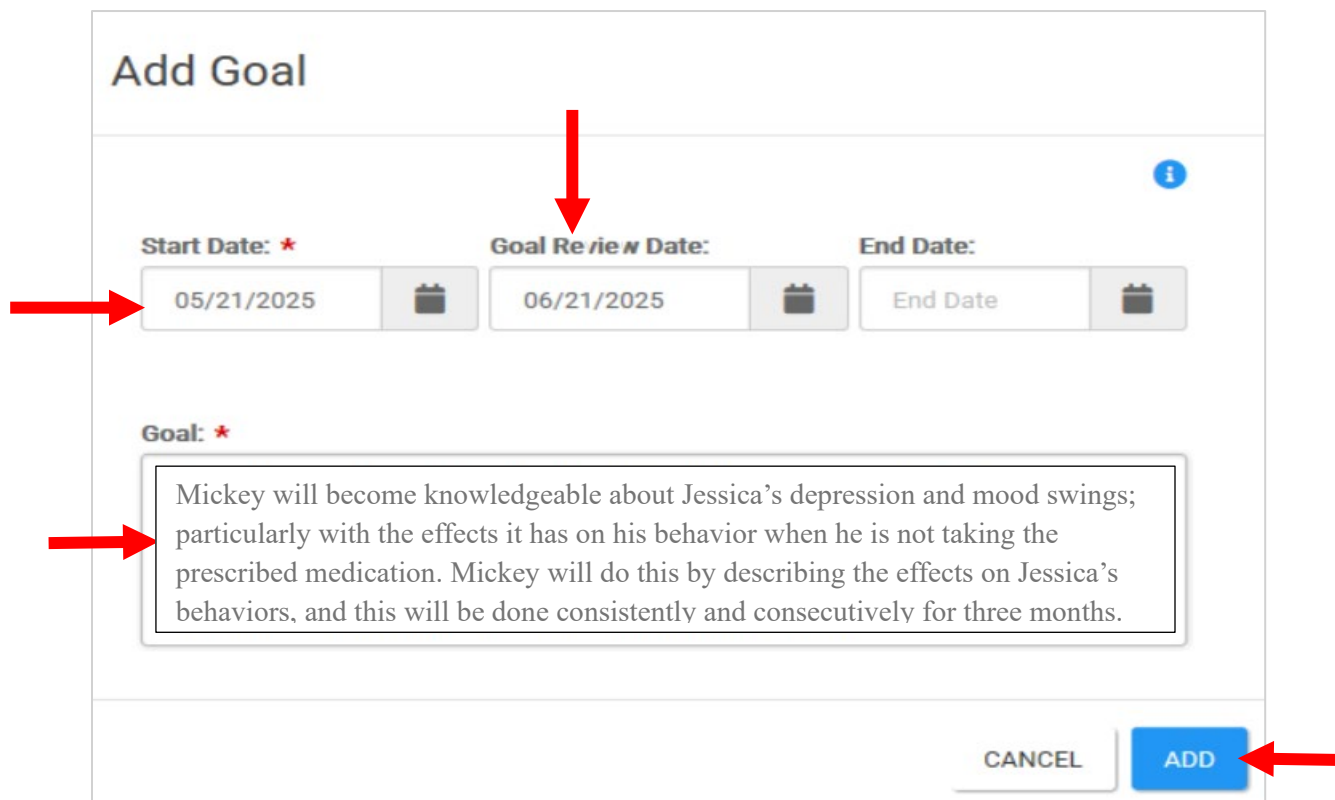
How will the goal be accomplished? ⓘ **ADD GOAL**

No Goals entered.

Enter the **Start Date** for the goal. This is the day it is identified and describes the specific, measurable, attainable, relevant, and time-based goal indicated in the “Goal” textbox.

Enter the **Goal Review Date** based on the time frame you have described.

Type the **Goal** narrative and click the **ADD** button.



Add Goal

Start Date: * 05/21/2025  **Goal Review Date:** 06/21/2025  **End Date:** End Date 

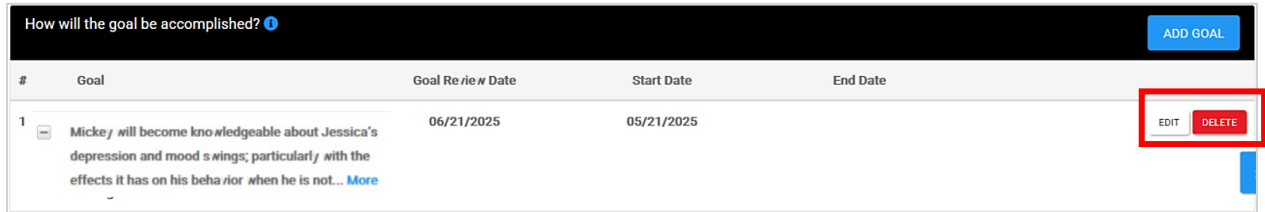
Goal: *

Mickey will become knowledgeable about Jessica’s depression and mood swings; particularly with the effects it has on his behavior when he is not taking the prescribed medication. Mickey will do this by describing the effects on Jessica’s behaviors, and this will be done consistently and consecutively for three months.

CANCEL **ADD**

Fields denoted with an asterisk () are required.*

The goal saves to the goal grid. Select the **Edit** button to make changes or the **Delete** button to delete the goal record.



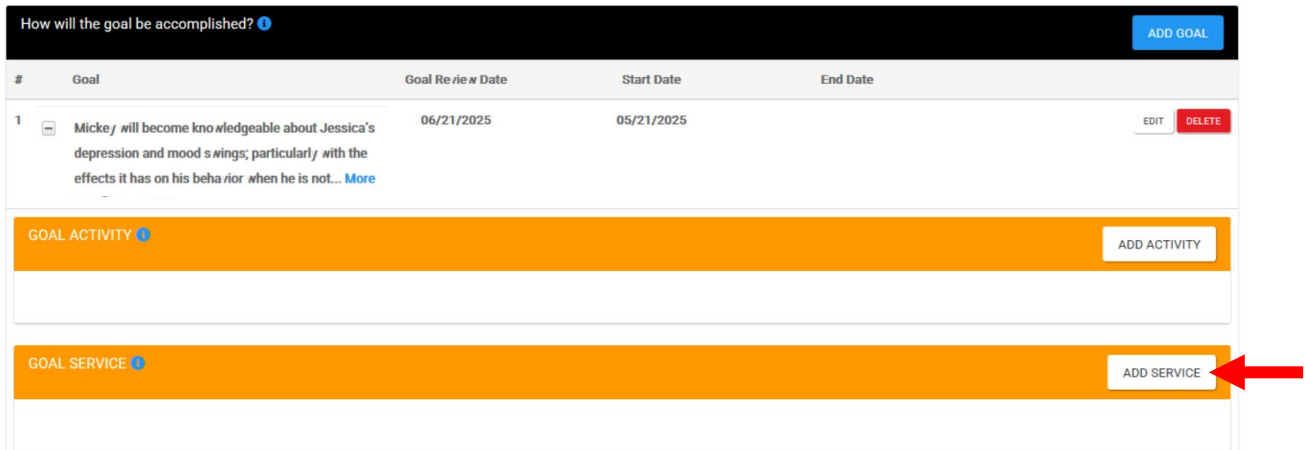
How will the goal be accomplished? ⓘ ADD GOAL

#	Goal	Goal Review Date	Start Date	End Date	
1	Mickey will become knowledgeable about Jessica's depression and mood swings; particularly with the effects it has on his behavior when he is not... More	06/21/2025	05/21/2025		EDIT DELETE

Step 2.

Add Evidence Based Goal Service

Click the ADD SERVICE button on the goal that you want to add the service to.



How will the goal be accomplished? ⓘ ADD GOAL

#	Goal	Goal Review Date	Start Date	End Date	
1	Mickey will become knowledgeable about Jessica's depression and mood swings; particularly with the effects it has on his behavior when he is not... More	06/21/2025	05/21/2025		EDIT DELETE

GOAL ACTIVITY ⓘ ADD ACTIVITY

GOAL SERVICE ⓘ ADD SERVICE

Select the **Start Date** that the need for the service is identified. This is not necessarily the date it is referred.

Select the **Time Frame** from the drop-down menu.

Enter the responsible party in the text box labeled **“Who is Responsible?”**

Add Goal Service

Start Date: *

05/21/2025

End Date:

End Date

Service Review Date:

06/21/2025

Time Frame: *

3 MONTHS

Who is Responsible?: *

Mickey Haller

Identified Service: *

-- Select Identified Service --

Sub Identified Service:

-- Select Sub Identified Service --

Other Identified Service:

Other Identified Service Description

Families First Prevention Services Act (FFPSA)

Goal Recipient:

Type of Service:

-- Select Service Type --

Associated Program Service: *

-- Select Associated Service --

Previous Program Service:

BENEFICIARIES

No Beneficiary available

Fields denoted with an asterisk () are required.*

Click the “**Identified Service**” drop-down and select “**Evidenced Based Service**”.

Next, select the type of evidenced based service that you will refer the family to, from the “**Sub Identified Service**” drop-down list.

Add Goal Service

Start Date: *

05/21/2025

End Date:

End Date

Service Review Date:

06/21/2025

Time Frame: *

3 MONTHS

Who is Responsible?: *

Mickey Haller

Identified Service: *

Evidence Based Service

Sub Identified Service:

– Select Sub Identified Service –

Brief Strategic Family Therapy (BSFT)

Family Resource Connection and Preservation Services/Motivational Interviewing (FRCPS/MI)

Homebuilders

Intercept

Parents as Teachers (PAT)

Other Identified Service:

Other Identified Service Description

Families First Prevention Services Act (FFPSA)

Goal Recipient: Haller, Mickey - 2/10/1972 - 0010014919

Type of Service:

– Select Service Type –

Associated Program Service: *

– Select Associated Service –

Previous Program Service:

If BSFT or FRCPS is selected for the Sub Identified Service, select the “**Type of Service**” from the drop-down menu.

Who is Responsible?: *	
Mickey Haller	
Identified Service: *	Sub Identified Service:
Evidence Based Service	Brief Strategic Family Therapy (BSFT)
Other Identified Service:	
Other Identified Service Description	
Families First Prevention Services Act (FFPSA)	
Goal Recipient: Haller, Mickey - 2/10/1972 - 0010014919	
Type of Service: *	
– Select Service Type – Mental Health Substance Abuse	
– Select Associated Service –	
Previous Program Service:	
BENEFICIARIES	

Select the **program service** that the service is associated with.

Who is Responsible?: *

Mickey Haller

Identified Service: * Evidence Based Service

Sub Identified Service: Brief Strategic Family Therapy (BSFT)

Other Identified Service:

Other Identified Service Description

Families First Prevention Services Act (FFPSA)

Goal Recipient: Haller, Mickey - 2/10/1972 - 0010014919

Type of Service: *

-- Select Service Type --

Associated Program Service: *

-- Select Associated Service --
0010009554 - Investigations (Haller, Mickey) 05/15/2025 -

Previous Program Service:

BENEFICIARIES

Once the program service is selected, all active program service recipients, other than the goal recipient, will be listed for selection in the section labeled **“Beneficiaries”**.

Put a ✓ in the box next to each recipient who will benefit from the service. The ‘Start Date’ field will populate with today’s date. *Note:* If a beneficiary is added after the goal service has been added (update mode) the worker will have to manually enter the beneficiary Start Date.

Put a ✓ in the box to acknowledge that the client has been made aware of these services.

Click the button.

The selected children are at imminent risk of entering Foster Care. The provision of this service is necessary to prevent the entry of the selected child into Foster Care.

Goal Recipient: Haller, Mickey - 2/10/1972 - 0010014919

Type of Service: *

Mental Health



Associated Program Service: *

0010009554 - Investigations (Haller, Mickey) 05/15/2025 -



Previous Program Service:

BENEFICIARIES

#	Member's Name	Start Date	End Date
1	☒ Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	☒ Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

The client has been made aware of services that the family may benefit from and understands that these services will be identified in the family's Family Permanency Plan and has agreed to be referred to such services.

☒ Acknowledgement

CANCEL

ADD

The goal service record populates to the goal service grid under the goal.

#	Who is Responsible?	Identified Service	Sub Identified Service	Timeframe	Review Date	Start Date	End Date	
1	Mickey Haller	Evidence Based Service	Brief Strategic Family Therapy (BSFT)	3 MONTHS	06/21/2025	05/21/2025		EDIT DELETE

GOAL SERVICE PROGRESS TOWARD COMPLETION

ADD SERVICE PROGRESS

ADD SERVICE

Click the **SAVE/CONTINUE** button at the top of the FPP. A message displays as a reminder that a Child Specific Prevention Plan is required for each child that is included on an EBS goal service.

Section VI Edit

Section VI Child Specific Prevention Plans are required for the following "Evidence Based" goal service recipients/beneficiaries:
Haller, Jessica - 1/1/2015 - 0010014921

CANCEL CONTINUE

GOAL SERVICE

#	Who is Responsible?	Identified Service	Sub Identified Service	Timeframe	Review Date	Start Date	End Date	
1	Mickey Haller	Evidence Based Service	Brief Strategic Family Therapy (BSFT)	3 MONTHS	06/21/2025	05/21/2025		EDIT DELETE

GOAL SERVICE PROGRESS TOWARD COMPLETION

ADD SERVICE PROGRESS

GOAL PROGRESS TOWARD OVERALL GOAL

ADD PROGRESS

SAVE/CLOSE SAVE/CONTINUE FINALIZE CANCEL GO TO

ADD ACTIVITY

ADD SERVICE

Once processing is complete, the below message displays. Click **OK**.

SAVE/CLOSE SAVE/CONTINUE FINALIZE CANCEL GO TO

Processing Complete!

Success! Family Permanency Plan was Saved successfully

OK

GOAL SERVICE

Who is Responsible? Identified Date Start Date End Date

1	Mickey Haller	Evidence Based Service	Brief Strategic Family Therapy (BSFT)	3 MONTHS	06/21/2025	05/21/2025	EDIT DELETE
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EVIDENCE BASED SUPPORT SERVICE

GOAL SERVICE PROGRESS TOWARD COMPLETION

GOAL PROGRESS TOWARD OVERALL GOAL

ADD ACTIVITY

ADD SERVICE

ADD SUPPORT SERVICE

ADD SERVICE PROGRESS

ADD PROGRESS

Complete Child Specific Prevention Plan(s)

Each child must have a Child Specific Prevention Plan (CSPP) completed for evidenced based services. The CSPP is valid for 12 months from the Start Date of the CSPP or until the child becomes ineligible for IV-E FFPSA. If the child is receiving Evidence Based Services that extend beyond the end of the 12 months, then a new CSPP is required, and the continued Evidence Based Service(s) will populate in the new CSPP with a start date equal to the Start Date of the new CSPP.

Step 1.

After adding the EBS goal service and clicking the **SAVE/CONTINUE** button, add a CSPP for all children added to the Evidenced Based goal service record (when applicable).

Select **Section VI** of the Family Permanency Plan.

Click the **ADD PLAN** button. This button is only enabled once children have been added to an EBS goal service and no active CSPP exists.

PERMANENCY PLAN TEAM		
#	☒ Add	Member's Name
1	☒	Haller, Laurie
2	☒	Haller, Jessica
3	☒	Haller, Mickey

Permanency Plan

SECTION ISECTION IISECTION IIISSECTION IVSECTION VSECTION VI

Child Specific Prevention Plan - The Child Specific Prevention Plan contains the prevention strategy and "Evidence Based Services" planned and provided to allow the child to remain in their home or to address the needs of a pregnant or parenting child in Foster Care.

ADD PLAN

Child Specific Prevention Plans 1

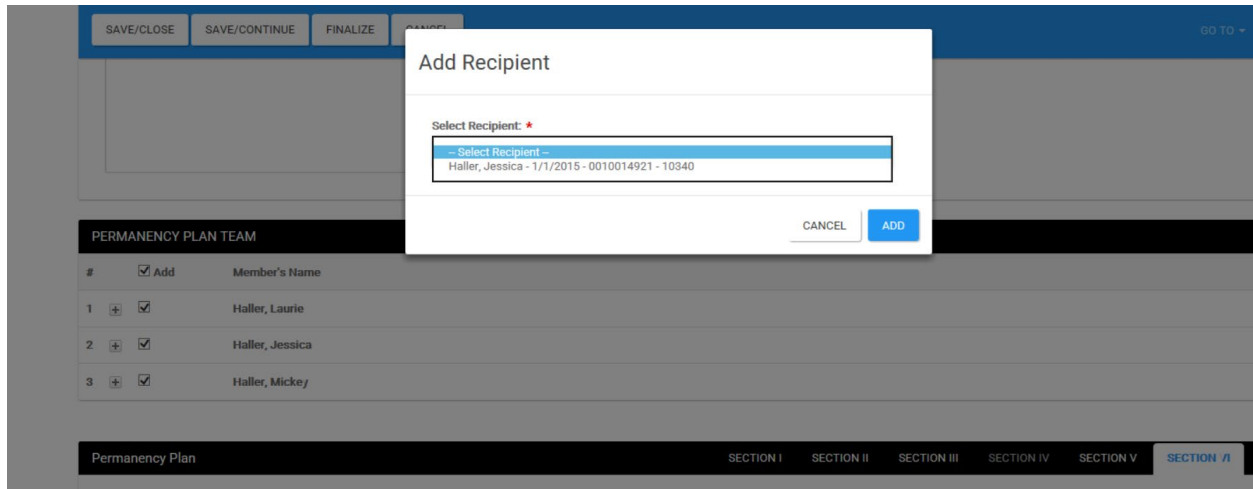
No Child Specific Prevention Plans available.

⬆

Step 2.

Select the child for which to add the CSPP. Click the **ADD** button.

Note: Only a child who is a goal recipient or beneficiary on an Evidenced Based goal service record will be available for selection on the recipient drop-down list.



If all child case recipients (who have been added to an EBS goal service record) already have an active CSPP, the below message will display when the ADD Plan button is invoked.



Step 3.

Enter the **Prevention Plan Strategy** for the specified child. This is the rationale for the referral. You will need to describe how the intervention identified will reduce the risk of an out of home placement. Please keep in mind that if all children are receiving the same intervention, the description may be the same for each, or it may differ based on individual needs.

Click the **ADD** button.

Child Specific Prevention Plan

The Child Specific Prevention Plan contains the prevention strategy and "Evidence Based Services" planned and provided to allow the child to remain in their home or to address the needs of a pregnant or parenting child in Foster Care.

Child Id:
10014921

Child Name:
Haller, Jessica

Date of Birth:
1/1/2015

Race:
Black or African American | White

Sex:
Female

Plan Start Date: *
5/21/2025

Plan End Date:

Plan End Reason:
-- No End Reason Selected --

Prevention Plan Strategy: *

A referral has been made for Jessica and Laurie to participate in Brief Strategic Family Therapy to address the specific challenges Jessica is facing with depression and episodes of aggressive mood swings. The intervention seeks to ensure Jessica can remain safely in the home.

293 / 5000

CANCEL

ADD

The plan populates to the CSPP grid. **Add a plan for each applicable child.**

Click the **SAVE/CONTINUE** button located on the top of the FPP form.

View CSPP Details

Click the  sign to view CSPP Details for a specified child.

PERMANENCY PLAN TEAM		
#	☒ Add	Member's Name
1	 ☒	Haller, Laurie
2	 ☒	Haller, Jessica
3	 ☒	Haller, Mickey

Permanency Plan		SECTION I	SECTION II	SECTION III	SECTION IV	SECTION V	SECTION VI
Child Specific Prevention Plan - The Child Specific Prevention Plan contains the prevention strategy and "Evidence Based Services" planned and provided to allow the child to remain in their home or to address the needs of a pregnant or parenting child in Foster Care.							ADD PLAN
Child Specific Prevention Plans 							
#	Person Id	Name					
1	 10014921	Haller, Jessica					EDIT

The CSPP opens.

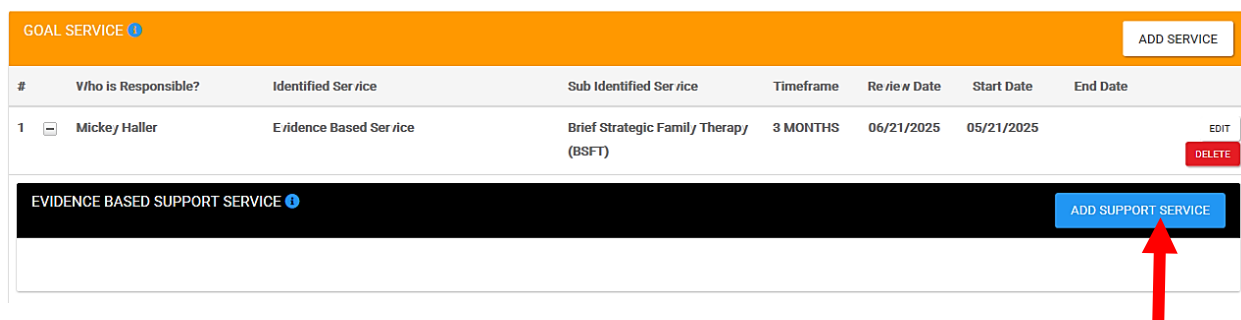
1		10014921		Haller, Jessica		EDIT	
Child: Haller, Jessica							
Person Id:	Name:	Race:	Sex:	Date of Birth:			
10014921	Haller, Jessica	Black or African American White	Female	01/01/2015			
Case Id:	Plan Start Date:	Plan End Date:					
10003200	05/21/2025						
Plan End Reason:							
Prevention Plan Strategy:							
Family therapy can help address the impact of addiction by the father for Jessica. The service will help the child develop resilience and positive coping skills. The aim is to provide emotional support, education about addiction and recovery and strategies for coping and setting boundaries.							
Evidence Based Services (EBS) to Address Prevention Plan Strategy							
Goal Service Id:	Goal Service Start Date:	Goal Service End Date:					
10340	05/21/2025						
Program Service Id:	Program Service Type:	Program Service Start Date:	Program Service End Date:				
10009554	Investigations	05/15/2025					
Sub-identified Service:							
Brief Strategic Family Therapy (BSFT)							
Type of Service:							
Mental Health							
Referral Id:	Referral Date:	Referral Status:					

Complete Support Service Authorization

After the Evidenced Based Service has been identified on the goal service record, the worker must authorize the service(s) prior to sending a referral to the provider.

Click on **section II** of the FPP.

Click the **ADD SUPPORT SERVICE** button.



The screenshot shows a web interface for managing goal services. At the top is an orange header bar with the text "GOAL SERVICE" and a small blue icon. To the right of the header is a white button labeled "ADD SERVICE". Below the header is a table with the following columns: #, Who is Responsible?, Identified Service, Sub Identified Service, Timeframe, Review Date, Start Date, End Date, and a set of action buttons (EDIT and DELETE). The table contains one row of data: #1, Mickey Haller, Evidence Based Service, Brief Strategic Family Therapy (BSFT), 3 MONTHS, 06/21/2025, 05/21/2025. Below the table is a black bar with the text "EVIDENCE BASED SUPPORT SERVICE" and a small blue icon. To the right of this bar is a blue button labeled "ADD SUPPORT SERVICE", which is highlighted by a red arrow pointing upwards.

#	Who is Responsible?	Identified Service	Sub Identified Service	Timeframe	Review Date	Start Date	End Date	
1	Mickey Haller	Evidence Based Service	Brief Strategic Family Therapy (BSFT)	3 MONTHS	06/21/2025	05/21/2025		EDIT DELETE

EVIDENCE BASED SUPPORT SERVICE

ADD SUPPORT SERVICE

Enter a **Start Date** for which the service is identified, not necessarily the date of the referral.

Select "Authorized" for the **Status**.

Select the **County** from the drop-down list.

Add FFPSA Support Service

Recipient:

Start Date: End Date:

Status: County:

Text:

Provider Name:

Provider

No Providers Available for the Selected County

[Select](#)

A list of service providers with open contracts (of the EBS type) display based on the county selection. Please select the provider by clicking the [Select](#) hyperlink next to the service provider.

Add FFPSA Support Service

Recipient:

Haller, Mickey - 2/10/1972 - 0010014919

Start Date: *

05/21/2025



End Date:

End Date



Status: *

Authorized



County: *

Lexington



Text:

Support Service Denial Text

Provider Name: *

Provider Name

	Provider	Contract Id	Contract
Select	Bridget's Evidence Based Test LLC	694	95959
Select	Lynn's BSFT	704	00000
< >			

CANCEL

ADD

Notice the "Provider Name" populates. To make changes, simply click the hyperlink next to the provider you wish to change to. Click the [ADD](#) button.

Add FFPSA Support Service

Recipient:

Haller, Mickey - 2/10/1972 - 0010014919

Start Date: *

05/21/2025



End Date:

End Date



Status: *

Authorized



County: *

Lexington



Text:

Support Service Denial Text

Provider Name: *

Bridget's Evidence Based Test LLC - 694

	Provider	Contract Id	Contract
Select	Bridget's Evidence Based Test LLC	694	95959
Select	Lynn's BSFT	704	00000

CANCEL

ADD

The Support Service details display on the grid.

GOAL SERVICE ⓘ								ADD SERVICE
#	Who is Responsible?	Identified Service	Sub Identified Service	Timeframe	Review Date	Start Date	End Date	
1	Mickey Haller	Evidence Based Service	Brief Strategic Family Therapy (BSFT)	3 MONTHS	06/21/2025	05/21/2025		EDIT DELETE
EVIDENCE BASED SUPPORT SERVICE ⓘ								ADD SUPPORT SERVICE
#	Support Service Id	Recipient	Start Date	End Date	Status	Provider Name		
1		Haller, Mickey	05/21/2025		Authorized	N Bridget's Evidence Based Test LLC		

Click the **SAVE/CLOSE** button at the top of the page.

The screenshot shows the 'Family Permanency Plan' form. At the top, there is a blue header bar with buttons: 'SAVE/CLOSE', 'SAVE/CONTINUE', 'FINALIZE', 'VOID', and 'CANCEL'. A red arrow points to the 'SAVE/CLOSE' button. Below the header, there is a table with columns: '#', 'Goal', 'Goal Review Date', 'Start Date', and 'End Date'. The first row contains the goal: 'Mickey has habitual used cocaine and meth for the past 2 years. The agency suggests the parent seek counseling for this habit. The agency also...'. Below the table, there are sections for 'GOAL ACTIVITY', 'GOAL SERVICE', 'EVIDENCE BASED SUPPORT SERVICE', and 'GOAL SERVICE PROGRESS TOWARD COMPLETION'. Each section has an 'ADD' button. The 'GOAL SERVICE' section contains a table with columns: '#', 'Who is Responsible?', 'Identified Service', 'Sub Identified Service', 'Timeframe', 'Review Date', 'Start Date', and 'End Date'. The first row shows 'Mickey Haller' responsible for 'Evidence Based Service' (Brief Strategic Family Therapy (BSFT)) for 3 months, starting 06/21/2025 and ending 05/21/2025. Below this, there is a table for 'EVIDENCE BASED SUPPORT SERVICE' with columns: '#', 'Support Service Id', 'Recipient', 'Start Date', 'End Date', 'Status', and 'Provider Name'. The first row shows 'Haller, Mickey' as the recipient, starting 05/21/2025, with status 'Authorized' and provider 'Bridget's Evidence Based Test LLC'.

The screenshot shows the 'Family Permanency Plan' form with a 'Processing Complete!' dialog box overlay. The dialog box contains the text: 'Success! Family Permanency Plan was Saved successfully'. Below this, it says: 'The Family Permanency Plan window will close in 6 seconds. Or you can click the Close button.' At the bottom of the dialog box, there are buttons for 'CLOSE' and 'PRINT'. The background form is dimmed, showing the same 'SAVE/CLOSE' button and table as the previous screenshot.

All Family Permanency Plan information has been saved.

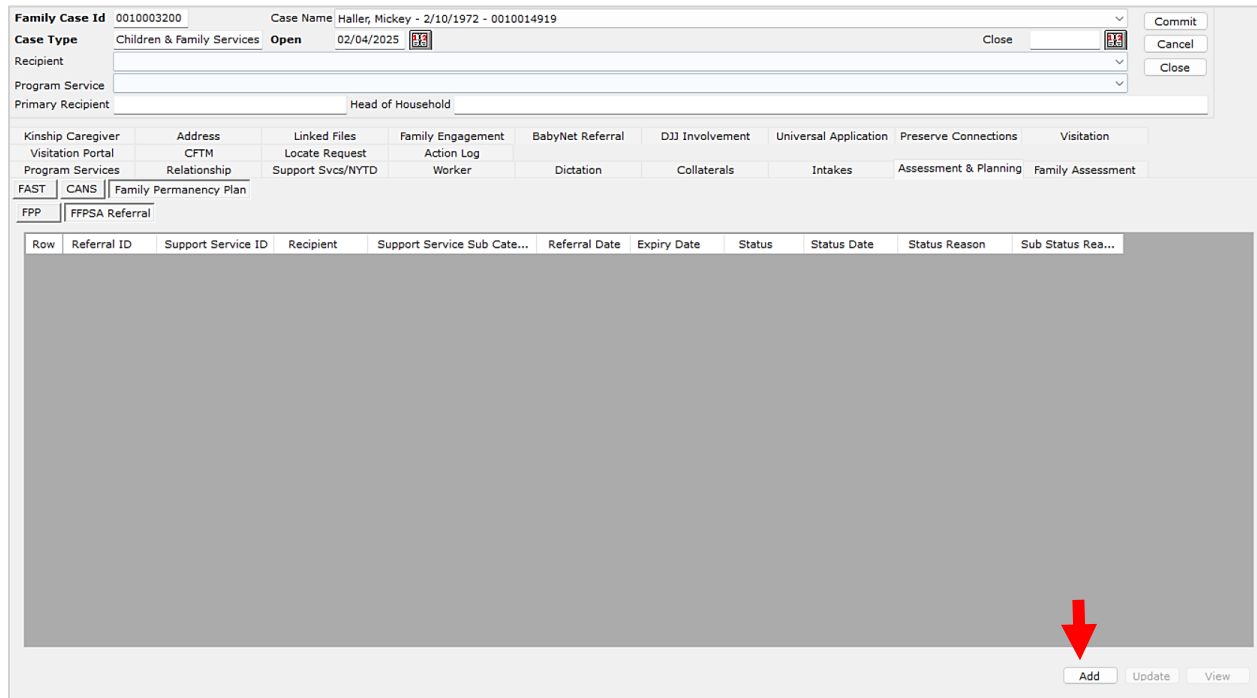
Family Case Id 0010003200		Case Name Haller, Mickey - 2/10/1972 - 0010014919				Commit	
Case Type Children & Family Services		Open	02/04/2025	Close		Cancel	
Recipient							
Program Service							
Primary Recipient		Head of Household					
Kinship Caregiver		Address		Linked Files		Family Engagement	
Visitation Portal		CFTM		Locate Request		Action Log	
Program Services		Relationship		Support Svcs/NYTD		Worker	
FAST		CANS		Family Permanency Plan		BabyNet Referral	
FPP		FFPSA Referral		DJI Involvement		Universal Application	
				Preserve Connections		Visitation	
				Intakes		Assessment & Planning	
				Collaterals		Family Assessment	
New Edit View Void							
Row	Plan Id	Recipient	CFTM Held	Status	Plan Date	Last Modified Date	Worker
1	0000010190	Haller, Mickey		Pending	05/21/2025	2025-05-21 10:49:52	Hingleton, BRIDGET
2	0000010178	Haller, Mickey		Void	02/05/2025	2025-05-20 10:02:26	Hingleton, BRIDGET

Complete the FFPSA Referral

A sub-tab, “FFPSA Referral”, has been added within the Family Permanency Plan tab.

Click the on this tab and select the **ADD** button to send an FFPSA Referral to a provider.

Note: The ADD button is only enabled when all prior steps have been completed and the referral can be made.



Family Case ID: 0010003200 Case Name: Haller, Mickey - 2/10/1972 - 0010014919

Case Type: Children & Family Services Open 02/04/2025

Recipient: [Empty Field]

Program Service: [Empty Field]

Primary Recipient: Head of Household

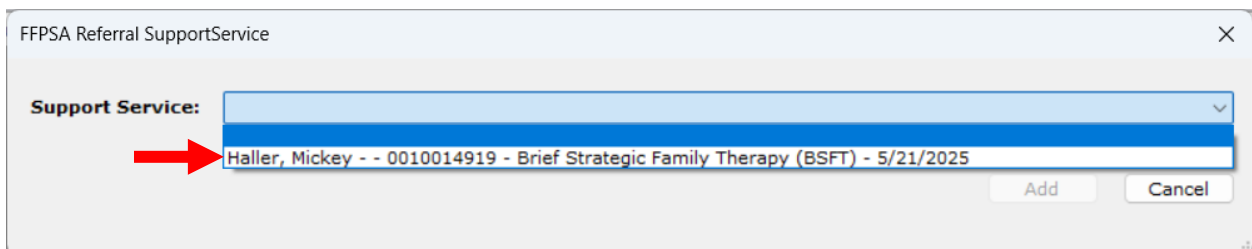
FAST CANS Family Permanency Plan

FFPSA Referral

Row	Referral ID	Support Service ID	Recipient	Support Service Sub Cate...	Referral Date	Expiry Date	Status	Status Date	Status Reason	Sub Status Rea...
-----	-------------	--------------------	-----------	-----------------------------	---------------	-------------	--------	-------------	---------------	-------------------

Add Update View

Select the support service for which you are completing the referral on.



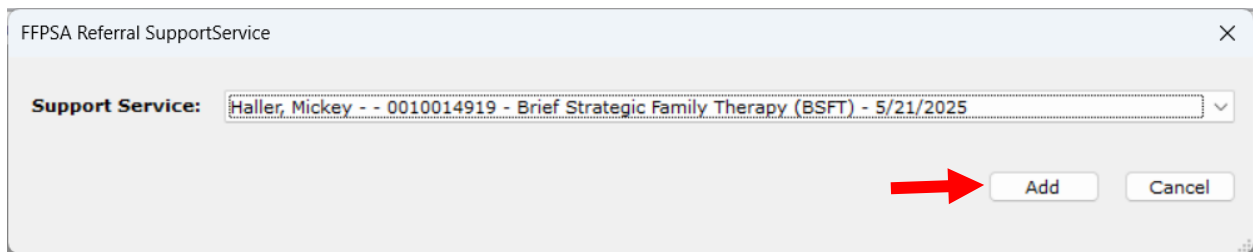
FFPSA Referral SupportService

Support Service: [Dropdown Menu]

Haller, Mickey - - 0010014919 - Brief Strategic Family Therapy (BSFT) - 5/21/2025

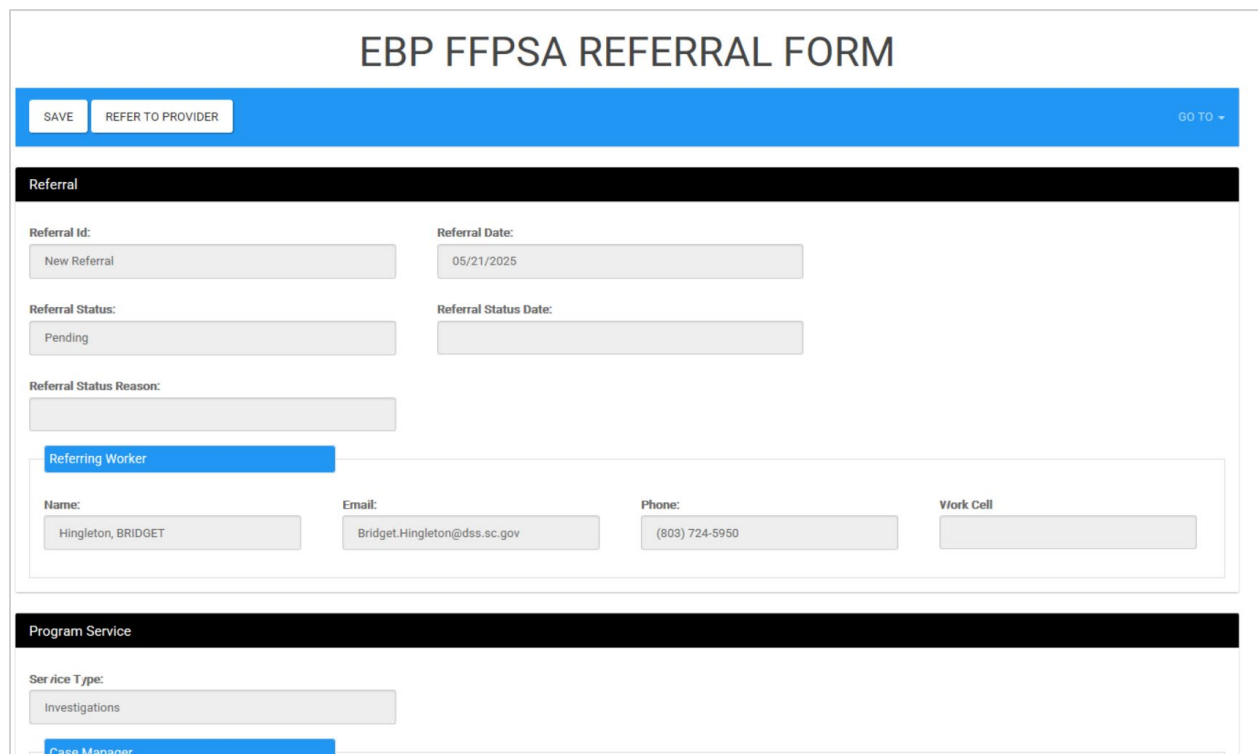
Add Cancel

Click the ADD button.



A dialog box titled "FFPSA Referral SupportService" with a close button (X) in the top right corner. It contains a "Support Service:" label followed by a dropdown menu showing "Haller, Mickey - - 0010014919 - Brief Strategic Family Therapy (BSFT) - 5/21/2025". At the bottom right, there are two buttons: "Add" and "Cancel". A red arrow points to the "Add" button.

The referral opens.



The "EBP FFPSA REFERRAL FORM" is displayed. It has a blue header bar with "SAVE" and "REFER TO PROVIDER" buttons on the left and a "GO TO" dropdown on the right. The form is divided into two main sections: "Referral" and "Program Service".

Referral Section:

- Referral Id:** A dropdown menu with "New Referral" selected.
- Referral Date:** A text field containing "05/21/2025".
- Referral Status:** A dropdown menu with "Pending" selected.
- Referral Status Date:** An empty text field.
- Referral Status Reason:** An empty text field.
- Referring Worker:** A blue button.
- Name:** A text field containing "Hingleton, BRIDGET".
- Email:** A text field containing "Bridget.Hingleton@dss.sc.gov".
- Phone:** A text field containing "(803) 724-5950".
- Work Cell:** An empty text field.

Program Service Section:

- Service Type:** A dropdown menu with "Investigations" selected.
- Case Manager:** A blue button.

Select the “**Primary Caregiver**” from the list.

Note: This list consists of adults who are recipients of the program service selected on the associated EBS goal service record.

Family First Prevention Services Act (FFPSA)

Print Preview Email

SAVE REFER TO PROVIDER GO TO +

Brief Strategic Family Therapy (BSFT) Bridget's Evidence Based Test LLC

Primary Recipient

Name: Haller, Mickey DOB/Age: 02/10/1972 (53) Language: English

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name: **DOB:** **Phone:** **Address:**

- Select Primary Caregiver -
Haller, Mickey
Haller, Laurie

Close

Is the family aware this referral is being made? ☐ Yes ☐ No

Presenting Safety and Risk Concern:

Answer the question as to if **the family has been made aware** and dictate any **presenting safety and risks concerns** that you wish to share with the service provider.

SAVE

REFER TO PROVIDER

GO TO ▾

Brief Strategic Family Therapy (BSFT)

Bridget's Evidence Based Test LLC

Primary Recipient

Name:

DOB/Age:

Language:

Haller, Mickey

02/10/1972 (53)

English

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name:

DOB:

Phone:

Address:

Haller, Mickey

▾

02/10/1972 (53)

Is the family aware this referral is being made? ☒ Yes ☐ No

Presenting Safety and Risk Concern:

There are concerns with the parents being addicted to drugs.

⬆

Click **REFER TO PROVIDER** if you are ready to send the FFPSA Referral to the service provider.

The below message displays for you to confirm if you are ready to send the referral. Click **YES**.

Note: Only click the **SAVE** button if you want to save as pending and send the referral later.

SAVE

REFER TO PROVIDER

GO TO

Brief Strategic Family Therapy (BSFT)

Primary Recipient

Name:

Haller, Mickey

Refer to Provider

Referring the document will save your current changes and set the document status to Referred. After wards, you will not be allowed to make any additional changes to this document.

NO YES

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name:

Haller, Mickey

DOB:

02/10/1972 (53)

Phone:

Address:

Is the family aware this referral is being made?

☒ Yes
 ☐ No

Presenting Safety and Risk Concern:

There are concerns with the parents being addicted to drugs.

SAVE

REFER TO PROVIDER

GO TO

Brief Strategic Family Therapy (BSFT)

Primary Recipient

Name:

Haller, Mickey

Processing Complete!

Success! Refer completed

EBP FFPSA Referral window will close in 5 seconds. Or you can click the Close button.

CLOSE

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name:

Haller, Mickey

DOB:

02/10/1972 (53)

Phone:

Address:

Is the family aware this referral is being made?

☒ Yes
 ☐ No

Presenting Safety and Risk Concern:

There are concerns with the parents being addicted to drugs.

The Referral is saved to the grid with a status of “Referred”. Click the “Commit” button on the case.

Family Case Id 0010003200 **Case Name** Haller, Mickey - 2/10/1972 - 0010014919 **Commit** 

Case Type Children & Family Services **Open** 02/04/2025 **Close** 

Recipient

Program Service

Primary Recipient Head of Household

Kinship Caregiver **Address** **Linked Files** **Family Engagement** **BabyNet Referral** **DJJ Involvement** **Universal Application** **Preserve Connections** **Visitation**

Program Services **Relationship** **Support Svcs/NYTD** **Worker** **Dictation** **Collaterals** **Intakes** **Assessment & Planning** **Family Assessment**

FAST **CANS** **Family Permanency Plan**

FPP **FFPSA Referral**

Row	Referral ID	Support Service ID	Recipient	Support Service Sub Cate...	Referral Date	Expiry Date	Status	Status Date	Status Reason	Sub Status Rea...
1	0000010092	0010005162	Haller, Mickey	Brief Strategic Family Thera...	5/21/2025 4:...	5/23/2025 4:...	Referred	5/21/2025 4:...		

Tracking the FFPSA Referral

Referral Status

The worker can track provider updates for a specific referral by reviewing the referral via the “FFPSA Referral” tab located within the Family Permanency Plan tab.

The screenshot shows the 'FFPSA Referral' form. At the top, it displays 'Family Case Id: 0010003200' and 'Case Name: Haller, Mickey - 2/10/1972 - 0010014919'. Below this, the 'Case Type' is 'Children & Family Services' with a status of 'Open' and a date of '02/04/2025'. There are buttons for 'Commit', 'Cancel', and 'Close'. The 'Recipient' field is empty, and the 'Program Service' is set to 'Head of Household'. A navigation bar includes tabs for 'Kinship Caregiver', 'Address', 'Linked Files', 'Family Engagement', 'BabyNet Referral', 'DJJ Involvement', 'Universal Application', 'Preserve Connections', and 'Visitation'. Below this is a table of 'Program Services' with columns for 'FAST', 'CANS', and 'Family Permanency Plan'. The 'FFPSA Referral' tab is selected. At the bottom, there is a table with columns: 'Row', 'Plan Id', 'Recipient', 'CFPM Held', 'Status', 'Plan Date', 'Last Modified Date', and 'Worker'. The table contains two rows: Row 1 with Plan Id '0000010190', Recipient 'Haller, Mickey', Status 'Pending', Plan Date '05/21/2025', Last Modified Date '2025-06-18 08:55:43', and Worker 'Hingleton, BRIDGET'; and Row 2 with Plan Id '0000010178', Recipient 'Haller, Mickey', Status 'Void', Plan Date '02/05/2025', Last Modified Date '2025-05-20 10:02:26', and Worker 'Hingleton, BRIDGET'.

Row	Plan Id	Recipient	CFPM Held	Status	Plan Date	Last Modified Date	Worker
1	0000010190	Haller, Mickey		Pending	05/21/2025	2025-06-18 08:55:43	Hingleton, BRIDGET
2	0000010178	Haller, Mickey		Void	02/05/2025	2025-05-20 10:02:26	Hingleton, BRIDGET

The **Referral Status** field updates to one of the following statuses once a provider makes a referral decision: Accepted, Denied or Wait-Listed.

If the referral is not accepted, a **Referral Status Reason** will display in addition to the referral status.

The screenshot shows the 'Referral' form. The 'Referral Id' is '0000010013' and the 'Referral Date' is '07/01/2024'. The 'Referral Status' is 'Accepted' and the 'Referral Status Date' is '04/02/2025 04:07 PM'. The 'Referral Status Reason' field is highlighted with a red box. Below this is a 'Comments' section. The 'Referring Worker' section shows 'Name: Bell, LAMONT', 'Email: Lamont.Bell@dss.sc.gov', 'Phone: (803) 724-5936', and 'Work Cell'. The 'Program Service' section shows 'Service Type: Investigations' and 'Case Manager: Mahoney-Brigman, Ronda'. The 'Case Manager' section shows 'Name: Mahoney-Brigman, Ronda', 'Email: Ronda.Mahoney-Brigman@dss.sc.gov', 'Phone: (803) 714-7390', and 'Work Cell: (803) 920-9978'.

Referral

Referral Id: 0000010013 Referral Date: 07/01/2024

Referral Status: Accepted Referral Status Date: 04/02/2025 04:07 PM

Referral Status Reason:

Comments:

Referring Worker

Name: Bell, LAMONT Email: Lamont.Bell@dss.sc.gov Phone: (803) 724-5936 Work Cell:

Program Service

Service Type: Investigations

Case Manager

Name: Mahoney-Brigman, Ronda Email: Ronda.Mahoney-Brigman@dss.sc.gov Phone: (803) 714-7390 Work Cell: (803) 920-9978

Session Notes

The case worker can also view the name of the Assigned Specialist and any Session notes entered by the provider specialist at the bottom of the FFPSA Referral page.

Beneficiaries

#	Member's Name	Start Date	End Date
1	Lansing, Lauryn L - 4/4/2009 - 0010014201	10/30/2023	

Primary Caregiver

Name:
-- Select Primary Caregiver --

DOB:

Phone:

Address:

Is the family aware this referral is being made? ☐ Yes ☐ No

Presenting Safety and Risk Concern:

Provider

Assigned Specialist
Legend, John

Sessions

#	Session Date	Session Status	Note	
1	06/05/2025	Continue Service	I met with the family today and had a discussion about the dad's substance abuse issues. The family was able to express their feelings and the... More	VIEW
2	06/18/2025	Continue Service	I was able to outline solutions, and each person participated in an exercise to build on some of those solutions.	VIEW

Email Notifications

Case managers and supervisors will receive email notifications when the following actions take place for the referral:

- The Referral Status is updated (changed to accepted, denied, waitlisted, or closed) by the provider.
- A session note has been added or updated by the provider.

Completing a Support Service Authorization and FFPSA Referral via the Support Services tab



This section is **ONLY** necessary if the Support Service Authorization and the FFPSA Referral have not been completed via the Family Permanency Plan.

Steps to complete prior to starting

Before starting, complete the following tasks:

- Add Evidenced Based Goal Service to the Family Permanency Plan.
- Complete Child Specific Prevention Plan(s) for each child who will be listed on the referral (if there is not an existing active one) via the Family Permanency Plan.

Complete Support Service Authorization via the program service line in CAPSS

Step 1.

Click on the **Support Service/NYTD** tab via the program service level of CAPSS.

Select the **Support Services** sub-tab.

Click the **“ADD”** button.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date:

Intake(s): ☐ 0010009842 - Haller, Mickey - 2/4/2025 ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: Text: Office: ANDERSON COUNTY DSS

Recipients (View Only): Haller, Laurie - 1/1/1976 - 0010014920 Haller, Jessica - 1/1/2015 - 0010014921 Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal **Support Services/NYTD** Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services FFPSA Referral

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status	Authorized Amount	Expended To Date	Con
1	0010005162	Haller, Mickey	Brief Strategic Family Ther...	5/21/2025		Authorized	\$0.00	\$0.00	

Add Update View

Service Providers

Row	Provider	Start Date	End Date	Rate	Auth. Units	Void	EZ100	Select Health	Req for Serv...	Weekly Trai
1	Bridget's Evidence Based Test LLC	12/11/2023	12/11/2029	\$25.00	0.00		view	view	view	view

OK Cancel

Select the “**Recipient**” from the drop-down list. This will be the person that you listed as the Evidenced Based goal recipient.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date:

Intake(s): ☐ 0010009842 - Haller, Mickey - 2/4/2025 ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: Text: Office: ANDERSON COUNTY DSS

Recipients (View Only): Haller, Laurie - 1/1/1976 - 0010014920 Haller, Jessica - 1/1/2015 - 0010014921 Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal **Support Services/NYTD** Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services FFPSA Referral

Support Service Service Providers

Recipient: Haller, Mickey - 2/10/1972 - 0010014919

Start Date: Haller, Mickey - 2/10/1972 - 0010014919

Service Type: Haller, Jessica - 1/1/2015 - 0010014921 Haller, Laurie - 1/1/1976 - 0010014920

Status: Pending

Category: Text

Sub Category:

County:

Amount Authorized: \$, , -

Amount Expended to Date: \$, , -

Status Date:

Type: PMod

Request Worker:

Auth. Supervisor:

Payment Invoice #:

Add Support Service Cancel

OK Cancel

Enter the **Start Date**.

Select Family First Prevention Services Act (FFPSA) as the **Service Type**.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 | Closed Date: | Reason Closed: | Text: | Office: ANDERSON COUNTY DSS

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025
☒ 0010009860 - Haller, Mickey - 5/14/2025

Recipients (View Only):
Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services: **FFPSA Referral**

Support Service: Service Providers

Recipient: Haller, Mickey - 2/10/1972 - 0010014919 | Eligibility: ☒ Title IV-E FFPSA

Start Date: 05/22/2025 | End Date: | Status: **Family First Prevention Services Act (FFPSA)**

Category: Medicaid | Sub Category: Medicaid ISCEDC | County: | Amount Authorized: | Amount Expended to Date: | Status Date: | Type: | Payment Invoice #: |

Buttons: Add Support Service, Cancel, OK, Cancel

Select a **Status** of “Authorized” from the drop-down list.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 | Closed Date: | Reason Closed: | Text: | Office: ANDERSON COUNTY DSS

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025
☒ 0010009860 - Haller, Mickey - 5/14/2025

Recipients (View Only):
Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services: **FFPSA Referral**

Support Service: Service Providers

Recipient: Haller, Mickey - 2/10/1972 - 0010014919 | Eligibility: ☒ Title IV-E FFPSA

Start Date: 05/22/2025 | End Date: | Status: **Authorized**

Category: Pending | Sub Category: Authorized | County: | Amount Authorized: \$ | Amount Expended to Date: \$ | Status Date: | Type: | PMod: | Payment Invoice #: |

Buttons: Add Support Service, Cancel, OK, Cancel

“Evidenced Based” has auto-populated as the **Category** (this populates when FFPSA is selected as the Service Type).

The **Subcategory** drop-down menu now lists all EBS types. Please select from the following services:

Brief Strategic Family Therapy (BSFT)

Homebuilders

Intercept

Parents as Teachers (PAT)

FRCPS/Motivational Interviewing (MI)

The screenshot shows a software interface for updating a program service. The title bar reads "Update - Program Service (Service ID: 0010009554)". The form includes several sections:

- Service Type:** A dropdown menu currently set to "Investigations".
- Open Date:** 05/15/2025. **Closed Date:** (empty).
- Intake(s):** A list of intake records with checkboxes. One record is selected: "0010009550 - Haller, Mickey - 5/14/2025".
- Reason Closed:** A dropdown menu.
- Text:** A text input field.
- Office:** A dropdown menu set to "ANDERSON COUNTY DSS".
- Recipients (View Only):** A list of recipients: "Haller, Laurie - 1/1/1976 - 0010014920", "Haller, Jessica - 1/1/2015 - 0010014921", and "Haller, Mickey - 2/10/1972 - 0010014919".
- Support Services:** A tabbed interface with "FFPSA Referral" selected. It shows "Support Service" and "Service Providers" sections.
- Recipient:** A dropdown menu set to "Haller, Mickey - 2/10/1972 - 0010014919".
- Start Date:** 05/22/2025. **End Date:** (empty).
- Service Type:** A dropdown menu set to "Family First Prevention Services Act (FFPSA)".
- Status:** A dropdown menu set to "Authorized".
- Category:** A dropdown menu set to "Evidence Based Service".
- Subcategory:** A dropdown menu with a red arrow pointing to it. The menu is open, showing options: "Homebuilders", "Brief Strategic Family Therapy (BSFT)", "Intercept", "Parents as Teachers (PAT)", and "Family Resource Connection and Preservation Services/Motivational Interviewing (FRCPS/MI)".
- County:** A dropdown menu.
- Amount Auth:** A text input field.
- Amount Expended to Date:** A text input field.
- Status Date:** A text input field.
- Type:** A dropdown menu.
- PMod:** A dropdown menu.
- Payment Invoice #:** A text input field.

Buttons at the bottom include "Add Support Service", "Cancel", "OK", and "Cancel".

Select the **County** where the service will be delivered.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations** Open Date: 05/15/2025 Closed Date:

Intake(s): ☐ 0010009842 - Haller, Mickey - 2/4/2025 - ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: Text: Office: ANDERSON COUNTY DSS

Recipients (View Only): Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster

Recipients Worker Selected: Support Services: FFP

Support Service: Recipient: Start Date: 05/22/2025 Service Type: Family First Prevention Services Act (FFPSA) Status: Authorized Category: Evidence Based Service Sub Category: Homebuilders

County: Amount Authorized: Amount Expended to Date: Status Date: Type: PMod: Payment Invoice #: Add Support Service Cancel OK Cancel

Add Service Provider

Step 2.

Click the Service Providers sub-tab.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations** Open Date: 05/15/2025 Closed Date:

Intake(s): ☐ 0010009842 - Haller, Mickey - 2/4/2025 - ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: Text: Office: ANDERSON COUNTY DSS

Recipients (View Only): Haller, Laurie - 1/1/1976 - 0010014920, Haller, Jessica - 1/1/2015 - 0010014921, Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected: Service Plan Goal: Support Services/NYTD: Assessment & Planning: Assessment & Planning (Read Only): CAC Referral

Support Services: **FFPSA Referral** **Service Providers**

Support Service: Recipient: Start Date: 05/22/2025 End Date: Eligibility: Title IV-E FFPSA

Service Type: Family First Prevention Services Act (FFPSA) Status: Authorized Category: Evidence Based Service Sub Category: Homebuilders

County: Lexington Request Worker: Auth. Supervisor: Amount Authorized: Amount Expended to Date: Status Date: Type: PMod: Payment Invoice #: Add Support Service Cancel OK Cancel

Click the **ADD** button.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date:

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed:
Text:
Office: ANDERSON COUNTY DSS

Recipients (View Only):
 Haller, Laurie - 1/1/1976 - 0010014920
 Haller, Jessica - 1/1/2015 - 0010014921
 Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services **FFPSA Referral**

Support Service **Service Providers**

Row	Provider	Start Date	End Date	Rate	Auth. Units	Void

Void Add Update View Add Support Service OK Cancel

A list of service providers (with active contracts within the selected county) displays.

Highlight the provider that you want to assign and select the **Add Provider** button.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date:

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed:
Text:
Office: ANDERSON COUNTY DSS

Recipients (View Only):
 Haller, Laurie - 1/1/1976 - 0010014920
 Haller, Jessica - 1/1/2015 - 0010014921
 Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services **FFPSA Referral**

Support Service **Service Providers**

Row	Provider	Contract Id	Contract Number	Start Date	End Date	Contract Type	Service Type	Unit Type	Rate	Units Remaining	Void Status
1	Epworth Hom...	0000000709	0000012541	3/11/2025	3/11/2029	Evidence Ba...	Homebuilders	Session	\$356.00	0.00	
2	Bridget's hom...	0000000699	0000141111	7/24/2024	3/31/2027	Evidence Ba...	Homebuilders	Session	\$50.00	0.00	
3	FFPSA Contra...	0000000700	0000001067	10/2/2024	10/1/2025	Evidence Ba...	Homebuilders	Day	\$100.00	0.00	

Provider: Epworth Homebuilders Search

Start Date: 5/22/2025 End Date: Service Agreement? ☐ Yes ☒ No

Unit Type: Session No. of Units: 0 Rate \$ 356.0000 Amount Authorized \$ 0.00

CtyOrg:

This information is for PCMS purposes only.
 Medicaid Eligible? ☐ Yes ☒ No Medicaid Share: State Share:

Add Provider Add Support Service OK Cancel

Click the **Add Support Service** button and then **OK**.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date:

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed:
Text:
Office: ANDERSON COUNTY DSS

Recipients (View Only):
Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services FPPSA Referral

Support Service Service Providers

Row	Provider	Start Date	End Date	Rate	Auth. Units	Void
1	Bridget's homebuilder	5/22/2025		\$50.00	0.00	

Void Add Update View

Add Support Service Cancel

OK Cancel

Note: If no goal service record has been entered on the Family Permanency Plan with the Sub-Category type the below message displays. Once entered revisit to add the support service record.

Support Services

1) There is no Family Perm Plan Goal Service or No Goal Recipient for selected Sub-Category

OK

Complete the FFPSA Referral

Highlight the Support Service Authorization record that you want to complete the referral on.

Update - Program Service (Service ID: 0010009554)

Service Type Investigations **Open Date** 05/15/2025 **Closed Date**

Intake(s)
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed
Text
Office ANDERSON COUNTY DSS

Recipients (View Only)
Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients **Worker Selected** **Service Plan Goal** **Support Services/NYTD** **Assessment & Planning** **Assessment & Planning (Read Only)** **CAC Referral**

Support Services **FFPSA Referral**

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status	Authorized Amount	Expended To Date	Con
1	0010005162	Haller, Mickey	Brief Strategic Family Ther...	5/21/2025		Authorized	\$0.00	\$0.00	
2	0010005163	Haller, Mickey	Homebuilders	5/22/2025		Authorized	\$0.00	\$0.00	

Add **Update** **View**

Service Providers

Row	Provider	Start Date	End Date	Rate	Auth. Units	Void	EZ100	Select Health	Req for Serv...	Weekly Tran
1	Bridget's homebuilder	5/22/2025		\$50.00	0.00		View	View	View	View

OK **Cancel**

Select the **“FFPSA Referral”** sub-tab. Click the **ADD** button.

Update - Program Service (Service ID: 0010009554)

Service Type: Investigations

Open Date: 05/15/2025 **Closed Date:**

Intake(s):

- ☐ 0010009842 - Haller, Mickey - 2/4/2025
- ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed:

Text:

Office: ANDERSON COUNTY DSS

Recipients (View Only):

- Haller, Laurie - 1/1/1976 - 0010014920
- Haller, Jessica - 1/1/2015 - 0010014921
- Haller, Mickey - 2/10/1972 - 0010014919

Recipients: Work Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services: FFPSA Referral

Row	Referral ID	Support Service ID	Recipient	Support Service Sub Cate...	Referral Date	Expiry Date	Status	Status Date	Status Reason
1	0000010092	0010005162	Haller, Mickey	Brief Strategic Family Thera...	5/21/2025 4:...	5/23/2025 4:...	Referred	5/21/2025 4:...	

Add **Update** **View**

OK **Cancel**

Select the Support Service from the drop-down list. Click the **ADD** button.

FFPSA Referral SupportService

Support Service:

Add **Cancel**

The FFPSA referral form opens.

EBP FFPSA REFERRAL FORM

SAVEREFER TO PROVIDERGO TO ▾

Referral

Referral Id:

Referral Date:

Referral Status:

Referral Status Date:

Referral Status Reason:

Referring Worker

Name:

Email:

Phone:

Work Cell

Program Service

Service Type:

Select the **Primary Caregiver** from the drop-down.

SAVEREFER TO PROVIDERGO TO ▾

Homebuilders

Primary Recipient

Name:

DOB/Age:

Language:

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name:

-- Select Primary Caregiver --

Haller, Mickey

Haller, Laurie

DOB:

Phone:

Address:

Is the family aware this referral is being made? ☐ Yes ☐ No

Presenting Safety and Risk Concern:

Answer the question as to if **the family has been made aware** and dictate any **presenting safety and risks concerns** that you wish to share with the service provider.

SAVE REFER TO PROVIDER GO TO ▾

Homebuilders Bridget's homebuilder

Primary Recipient

Name: Haller, Mickey DOB/Age: 02/10/1972 (53) Language: English

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name: Haller, Laurie ✓ DOB: 01/01/1976 (49) Phone: Address:

Is the family aware this referral is being made? ☒ Yes ☐ No

Presenting Safety and Risk Concern: ⬆

These are my concerns

Click **REFER TO PROVIDER** if you are ready to send the FFPSA Referral to the service provider.

The below message displays for you to confirm if you are ready to send the referral. Click **YES**.

Note: Only click the **SAVE** button if you want to save as pending and send the referral later.

SAVE

REFER TO PROVIDER

GO TO

Homebuilders

Primary Recipient

Name:

Haller, Mickey

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name:

Haller, Laurie

DOB:

01/01/1976 (49)

Phone:

Address:

Is the family aware this referral is being made?

Yes

No

Presenting Safety and Risk Concern:

These are my concerns

Refer to Provider

Referring the document will save your current changes and set the document status to Referred. After wards, you will not be allowed to make any additional changes to this document.

NO

YES

SAVE

REFER TO PROVIDER

GO TO

Homebuilders

Primary Recipient

Name:

Haller, Mickey

Beneficiaries

#	Member's Name	Start Date	End Date
1	Haller, Jessica - 1/1/2015 - 0010014921	05/21/2025	
2	Haller, Laurie - 1/1/1976 - 0010014920	05/21/2025	

Primary Caregiver

Name:

Haller, Laurie

DOB:

01/01/1976 (49)

Phone:

Address:

Is the family aware this referral is being made?

Yes

No

Presenting Safety and Risk Concern:

These are my concerns

Processing Complete!

Success! Refer completed

EBP FFPSA Referral window will close in 6 seconds. Or you can click the Close button.

CLOSE

The referral is saved to the FFPSA Referral grid.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date:

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed:
Text:
Office: ANDERSON COUNTY DSS

Recipients (View Only):
Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Support Services FFPSA Referral

Row	Referral ID	Support Service ID	Recipient	Support Service Sub Cate...	Referral Date	Expiry Date	Status	Status Date	Status Reason
1	0000010092	0010005162	Haller, Mickey	Brief Strategic Family Thera...	5/21/2025 4:...	5/23/2025 4:...	Referred	5/21/2025 4:...	
2	0000010093	0010005163	Haller, Mickey	Homebuilders	5/22/2025 4:...	5/24/2025 4:...	Referred	5/22/2025 4:...	

Add Update View

OK Cancel

Click **Commit** on the case.

Family Case Id: 0010003200 Case Name: Haller, Mickey - 2/10/1972 - 0010014919

Case Type: Children & Family Services Open 02/04/2025 Close

Recipient:
Program Service:
Primary Recipient: Head of Household

Kinship Caregiver Address Linked Files Family Engagement BabyNet Referral DJJ Involvement Universal Application Preserve Connections Visitation
Visitation Portal CFTM Locate Request Action Log
Program Services Relationship Support Svcs/NYTD Worker Dictation Collaterals Intakes Assessment & Planning Family Assessment

Row	Service ID	Recipient	Service Type	Open Date	Close Date	Reason Closed	Primary Car...
1	0010009554	Haller, Mickey	Investigations	5/15/2025			
2	0010009523	Haller, Mickey	Investigations	2/4/2025	5/15/2025	Unfounded - Category II	

Rolling over Evidenced Based Services from Investigations to Family Preservation Services

From the program service tab, complete the normal process to open a Family Preservation Services program service within the CAPSS case. Click the **commit** button on the case to save.

Add - Program Service

Service Type Family Preservation Services **Open Date** 05/23/2025 **Closed Date**

Intake(s)

- ☐ 0010009842 - Haller, Mickey - 2/4/2025 -
- ☐ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed

Text

Office

Recipients (View Only)

Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients **Worker Selected** **Service Plan Goal**

Row	Recipient	Start Date	End Date	Recipient Type	Head of Household	Caregiver	Status
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Void Add Update View

OK Cancel

Once the Family Preservation Service is opened, start the process to close the Investigations program service.

Note: Prior to closure of the investigation program service, make sure that the requirement for completing the “Reasonable Candidacy” (via the funding eligibility tab) has been completed for the newly opened Family Preservation program service.

Click **UPDATE** on the case.

On the program service tab, highlight the investigations program service and click **UPDATE**.

The screenshot shows a software interface for case management. At the top, there's a header with 'Family Case Id' 0010003200 and 'Case Name' Haller, Mickey - 2/10/1972 - 0010014919. Below this, the 'Case Type' is 'Children & Family Services' and the status is 'Open' with a date of '02/04/2025'. There are buttons for 'Commit', 'Cancel', and 'Close'. The 'Program Service' dropdown is set to 'Head of Household'. A navigation bar contains tabs like 'Kinship Caregiver', 'Address', 'Linked Files', 'Family Engagement', 'BabyNet Referral', 'DJJ Involvement', 'Universal Application', 'Preserve Connections', and 'Visitation'. The 'Program Services' tab is active, showing a table with columns: Row, Service ID, Recipient, Service Type, Open Date, Close Date, Reason Closed, and Primary Car... The table has three rows: 1 (Family Preservation Ser...), 2 (Investigations), and 3 (Investigations). A red arrow points to the 'Update' button at the bottom right of the interface.

Row	Service ID	Recipient	Service Type	Open Date	Close Date	Reason Closed	Primary Car...
1	0010009555	Haller, Mickey	Family Preservation Ser...	5/23/2025			
2	0010009554	Haller, Mickey	Investigations	5/15/2025			
3	0010009523	Haller, Mickey	Investigations	2/4/2025	5/15/2025	Unfounded - Category II	

After entering the Closed Date and Reason Closed, click **OK**.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date: 05/23/2025

Intake(s):

- ☐ 0010009842 - Haller, Mickey - 2/4/2025
- ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: **Indicated (Substantiated)**

Text:

Office: **ANDERSON COUNTY DSS**

Recipients (View Only):

- Haller, Laurie - 1/1/1976 - 0010014920
- Haller, Jessica - 1/1/2015 - 0010014921
- Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

Row	Recipient	Start Date	End Date	Recipient Type	Head of Household	Caregiver	Status
1	Haller, Mickey - 2/10/1972 - 0010014...	5/15/2025		Primary Recipient	Yes		Active
2	Haller, Jessica - 1/1/2015 - 0010014921	5/15/2025		Program Recipient	No		Active
3	Haller, Laurie - 1/1/1976 - 0010014920	5/15/2025		Program Recipient	No		Active

Void Add Update View

OK Cancel

The Support Services End screen opens.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations**

Open Date: 05/15/2025 Closed Date: 05/23/2025

Intake(s):

- ☐ 0010009842 - Haller, Mickey - 2/4/2025
- ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: **Indicated (Substantiated)**

Text:

Office: **ANDERSON COUNTY DSS**

Recipients (View Only):

- Haller, Laurie - 1/1/1976 - 0010014920
- Haller, Jessica - 1/1/2015 - 0010014921
- Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) CAC Referral

FAST CANS Family Preservation

New Edit

Row Assessment

1 107

Support Service(s) End

Please indicate if the active FFPSA Evidence Base Service should continue in a Family Preservation Service.

Support Service:

Should Selected Support Service continue in the Family Preservation Service that is associated with this Investigation? ☐ Yes ☐ No

Family Preservation Service:

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
-----	--------------------	-----------	--------------	------------	----------	--------

Add

OK Cancel

OK Cancel

Select the 1st **Support Service** to roll over, from the drop-down list.

Support Service(s) End

Please indicate if the active FFPSA Evidence Base Service should continue in a Family Preservation Service.

Support Service Haller, Mickey - - 0010014919 - Homebuilders - 5/22/2025

Should Selected Support Service continue in the Family Preservation Service that is associated with this Investigation? Haller, Mickey - - 0010014919 - Brief Strategic Family Therapy (BSFT) - 5/21/2025
Haller, Mickey - - 0010014919 - Homebuilders - 5/22/2025

Family Preservation Service

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
-----	--------------------	-----------	--------------	------------	----------	--------

Add

OK Cancel

Next, select **YES** to indicate that the support service should continue in the Family Preservation Service.

Click the drop-down and select the program service that it will roll over to.

Support Service(s) End

Please indicate if the active FFPSA Evidence Base Service should continue in a Family Preservation Service.

Support Service Haller, Mickey - - 0010014919 - Brief Strategic Family Therapy (BSFT) - 5/21/2025

Should Selected Support Service continue in the Family Preservation Service that is associated with this Investigation? ☒ Yes ☐ No

Family Preservation Service 0010009555 - Family Preservation Services - 5/23/2025 -

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
-----	--------------------	-----------	--------------	------------	----------	--------

Add

OK Cancel

Click the **ADD** button.

The screenshot shows a software interface for updating a program service. A dialog box titled "Support Service(s) End" is open, prompting the user to indicate if an active FFPSA Evidence Base Service should continue in a Family Preservation Service. The dialog includes fields for "Support Service" (Haller, Mickey - 0010014919 - Brief Strategic Family Therapy (BSFT) - 5/21/2025) and "Family Preservation Service" (0010009555 - Family Preservation Services - 5/23/2025 -). Below these fields is a table with columns: Row, Support Service ID, Recipient, Service Type, Start Date, End Date, and Status. A red arrow points to the "Add" button at the bottom right of the dialog.

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
-----	--------------------	-----------	--------------	------------	----------	--------

Repeat this process with each **Support Service** that you want to rollover to the associated Family Preservation service.

This screenshot shows the same "Support Service(s) End" dialog box, but now the table contains one row of data. The "Add" button is still visible at the bottom right.

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
1	0010005162	Haller, Mickey	Brief Strategic Family Ther...	5/21/2025		Authorized

Support Service(s) End

Please indicate if the active FFPSA Evidence Base Service should continue in a Family Preservation Service.

Support Service
Haller, Mickey - - 0010014919 - Homebuilders - 5/22/2025

Should Selected Support Service continue in the Family Preservation Service that is associated with this Investigation?
☒ Yes
☐ No

Family Preservation Service
0010009555 - Family Preservation Services - 5/23/2025 -

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
▶ 1	0010005162	Haller, Mickey	Brief Strategic Family Ther...	5/21/2025		Authorized

Add
OK
Cancel

Service Type
Investigations
Open Date
05/15/2025
Closed Date
05/23/2025

Intake(s)
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025 -
Reason Closed
Indicated (Substantiated)
Text

Recipients (View Only)
Haller, L
Haller, J
Haller, M

Recipients
Worker Se
FAST
CANS
Fam

New
Edit

Row
Assessment
▶ 1
107

Support Service(s) End

Please indicate if the active FFPSA Evidence Base Service should continue in a Family Preservation Service.

Support Service
Haller, Mickey - - 0010014919 - Homebuilders - 5/22/2025

Should Selected Support Service continue in the Family Preservation Service that is associated with this Investigation?
☒ Yes
☐ No

Family Preservation Service
0010009555 - Family Preservation Services - 5/23/2025 -

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
▶ 1	0010005162	Haller, Mickey	Brief Strategic Family Ther...	5/21/2025		Authorized

Add
OK
Cancel

OK
Cancel

Once all support services have been added, they will display on the grid below.

Click **OK**.

Update - Program Service (Service ID: 0010009554)

Service Type: **Investigations** Open Date: 05/15/2025 Closed Date: 05/23/2025

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed: Indicated (Substantiated)
Text:

Recipients (View Only):
Haller, L.
Haller, J.
Haller, M.

Recipients: Worker Se

FAST CANS Fam

New Edit

Row Assessment

1 107

Support Service(s) End

Please indicate if the active FFPSA Evidence Base Service should continue in a Family Preservation Service.

Support Service:
Should Selected Support Service continue in the Family Preservation Service that is associated with this Investigation? ☐ Yes ☐ No

Family Preservation Service:
Add

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status
1	0010005162	Haller, Mickey	Brief Strategic Family Ther...	5/21/2025		Authorized
2	0010005163	Haller, Mickey	Homebuilders	5/22/2025		Authorized

OK Cancel

Click **OK** again.

Family Case Id: 0010003200 Case Name: Haller, Mickey - 2/10/1972 - 0010014919

Case Type: Children & Family Services Open 02/04/2025 Close

Recipient:
Program Service:
Primary Recipient: Head of Household

Kinship Caregiver:
Visitation Portal:
Program Services:
Address: CFTM
Linked Files: Locate Request
Family Engagement: Action Log
BabyNet Referral:
DJI Involvement:
Universal Application:
Preserve Connections:
Visitation:
Relationship: Support Svcs/NYTD
Worker:
Dictation:
Collaterals:
Intakes:
Assessment & Planning:
Family Assessment:

Row	Service ID	Recipient	Service Type	Open Date	Close Date	Reason Closed	Primary Car...
1	0010009555	Haller, Mickey	Family Preservation Ser...	5/23/2025			
2	0010009554	Haller, Mickey	Investigations	5/15/2025	5/23/2025	Indicated (Substantiated)	
3	0010009523	Haller, Mickey	Investigations	2/4/2025	5/15/2025	Unfounded - Category II	

Programs Services

You have chosen to close this service. You must commit (or cancel) this change before continuing.

OK

Click **Commit** on the overall case.

Family Case Id 0010003200 **Case Name** Haller, Mickey - 2/10/1972 - 0010014919

Case Type Children & Family Services **Open** 02/04/2025 **Close** 02/04/2025

Recipient

Program Service

Primary Recipient Head of Household

Kinship Caregiver **Address** **Linked Files** **Family Engagement** **BabyNet Referral** **DJJ Involvement** **Universal Application** **Preserve Connections** **Visitation**

Visitation Portal **CFTM** **Locate Request** **Action Log** **Dictation** **Collaterals** **Intakes** **Assessment & Planning** **Family Assessment**

Row	Service ID	Recipient	Service Type	Open Date	Close Date	Reason Closed	Primary Car...
1	0010009555	Haller, Mickey	Family Preservation Ser...	5/23/2025			
2	0010009554	Haller, Mickey	Investigations	5/15/2025	5/23/2025	Indicated (Substantiated)	
3	0010009523	Haller, Mickey	Investigations	2/4/2025	5/15/2025	Unfounded - Category II	

A field has been added to indicate when an Evidenced Based Service has been continued to the Family Preservation program service.

View - Program Service (Service ID: 0010009554)

Service Type Investigations **Open Date** 05/15/2025 **Closed Date** 05/27/2025

Intake(s) ☐ 0010009842 - Haller, Mickey - 2/4/2025 - ☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed Indicated (Substantiated) **Text** **Office** ANDERSON COUNTY DSS

Recipients (View Only) Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients **Worker Selected** **Service Plan Goal** **Support Services/NYTD** **Assessment & Planning** **Assessment & Planning (Read Only)** **CAC Referral**

Support Services **FFPSA Referral**

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status	Authorized Amount	Expended To Date	Continued To Family Pres.
1	0010005162	Haller, Mickey	Brief Strategi...	5/21/2025		Authorized	\$0.00	\$0.00	☒
2	0010005163	Haller, Mickey	Homebuilders	5/22/2025		Authorized	\$0.00	\$0.00	☒

Service Providers

Row	Provider	Start Date	End Date	Rate	Auth. Units	Void	EZ100	Select Health	Req for Serv...	Weekly Tra
1	Bridget's Evidence Based Test LLC	12/11/2023	12/11/2029	\$25.00	0.00		View	View	View	View

Add **Update** **View** **Close**

A field has been added to indicate when an Evidenced Based Service has been continued from the Investigations program service.

Update - Program Service (Service ID: 0010009555)

Service Type: **Family Preservation Services**

Open Date: 05/23/2025 Closed Date:

Intake(s):
☐ 0010009842 - Haller, Mickey - 2/4/2025 -
☒ 0010009860 - Haller, Mickey - 5/14/2025

Reason Closed:
Text:
Office: LEXINGTON COUNTY DSS

Recipients (View Only):
Haller, Laurie - 1/1/1976 - 0010014920
Haller, Jessica - 1/1/2015 - 0010014921
Haller, Mickey - 2/10/1972 - 0010014919

Recipients Worker Selected Service Plan Goal Support Services/NYTD Assessment & Planning Assessment & Planning (Read Only) Aftercare/IL CAC Referral

Support Services **FFPSA Referral**

Row	Support Service ID	Recipient	Service Type	Start Date	End Date	Status	Authorize...	Exp...	Continued from Inv.
1	0010005162	Haller, Mickey	Brief Strategic...	5/21/2025		Authorized	\$0.00	\$0.00	☒
2	0010005163	Haller, Mickey	Homebuilders	5/22/2025		Authorized	\$0.00	\$0.00	☒

Add Update View

Service Providers

Row	Provider	Start Date	End Date	Rate	Auth. Units	Void	EZ100	Select Health	Req for Serv...	Weekly Tra
1	Bridget's Evidence Based Test LLC	12/11/2023	12/11/2029	\$25.00	0.00		View	View	View	View

OK Cancel