



Reducing Homelessness, Improving Lives.

Case Management Guidelines for Family Shelters

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User Guide

Welcome to the DHS family shelter system. As a Case Manager, Supervisor or Director, your job is to work collaboratively with families in your shelter to identify their barriers to independent living, leverage their strengths, work together to overcome these obstacles through direct service or referrals and assist them in moving to permanent housing as soon as possible. Case Managers are on the front line in providing services to clients. A Case Manager's job is to set clear, measurable goals in an effort to work towards housing permanency. Case Managers empower clients to achieve these goals by creating a collaborative and supportive working relationship with clients based on empathy, accountability and trust.

This document outlines DHS' expectations for case management services at all of its shelters for families with children. It is meant to serve as a reference guide for shelter staff and provides a list of required case management activities, corresponding time frames, and proper documentation. This document is not meant to be a comprehensive guide to all case management services and how to provide them, but rather serves as baseline expectations for all family shelters.

The document is divided into eight different sections: **Conditional Review; Assessment and Strategy; Service Planning and Referrals; Service Planning for Children; Permanency Planning and Re-Housing; Case Conferences and Client Responsibility; Health, Safety and Operational Activities;** and **Supervisory Tasks.** Each section contains DHS-required action items, a description of the required services, the appropriate staff member to provide the services, the time frame in which the services must be completed, and how to document your work in CARES and in the case file.

The Conditional Review is a review of all relevant information in CARES and that the family brings to shelter. It provides an opportunity to meet your family and to review the information collected at Family Intake. In this section you will see the requirements for the following actions: **assigning a unit, assigning a case manager, conditional review of documents, verification of school attendance,** and **critical document review.** Although a family is still in conditional status, it is important to obtain a basic understanding of the family's needs and take the preliminary steps towards developing a service plan. These actions are also required for eligible families who transfer in and must be done prior to the Assessment.

During the Assessment/Initial Service Plan meeting you will engage the family, gather in-depth information regarding its past living circumstances and immediate and long-term plans for the future. In this section you will see the requirements for the following actions: **completing the Assessment screens, creating exit strategies,** and **writing the Assessment Summary.** While the assessment process is time consuming, it is the foundation upon which you will develop a plan and set goals for the family to find permanent housing. From this point forward each and every effort in planning services for the family is geared towards the goal of exiting shelter. For families who have transferred in, review the existing screens and update as needed, then generate a new Assessment Summary.

Service Planning is an integral part of case management. Making the right referrals can have a great impact on a family's success in achieving permanency goals. In this section you will find the requirements for the following actions: **developing Independent Living Plans (ILPs), procuring entitlements for families, providing mental health referrals, connecting families with job preparation, and providing other referrals as needed.**

Children in shelter often have special needs, which is why there is a separate section outlining service planning for them. In this section you will find the requirements for the following actions: **connecting families to childcare, ensuring young children are registered for school, supporting families with school attendance, and collaborating with ACS.**

Using the assessment as the foundation for permanency planning, this is a critical point of intervention for families in shelter. This section outlines the expectation that case managers **hold ILP meetings, provide rental subsidy assistance, provide housing referrals, and review critical documents.**

Case Conferencing and Client Responsibility are part and parcel of good case management with ILP tasks and other shelter rules. As a case manager, there are two primary responsibilities when non-compliance occurs: following up with the family and documenting the incident or non-compliance. This section outlines the expectations that case managers address **gross misconduct, families' failure to seek housing, public assistance non-compliance, and ILP violations.** It also speaks to the importance of **holding case conferences** as needed.

The Health, Safety, and Operational Activities section outlines the requirements of case managers with respect to **family shelter exits, late and overnight pass requests, and appropriate response to incidents.**

The Supervisory Tasks section outlines the expectations of supervisors in relation to case management. The activities explained are **assessment approval, service plan approval, and supervisory review.**

Included are two appendices that provide further information about the DHS CARES database platform and OTDA regulations.

We look forward to hearing your feedback about what is effective and what is not as we strive to provide the best services possible to our families.

Conditional Review



Assign a Unit

What is expected:

The unit is assigned to a family prior to arrival. Once a family arrives, front desk staff shows the family the ACS Life to Love video, provides the Office of the Ombudsman brochure, obtains a signature on the Crib Acknowledgement form and shows the family to the unit.

Who: Front Desk or Social Services staff

When: At arrival for unit assignment; within 48 hours for the ACS Life to Love video and Ombudsman information.

Case File Documentation: Signed ACS Video form and Crib Acknowledgement form. These additional forms must also be signed: Client Code of Conduct, Rules and Regulations, and Voluntary Direct Payment.

CARES Documentation: Case note documenting that the family viewed the ACS Life to Love video. In Document Folder in CARES, note that the forms have been signed. If your location has document management, scan and upload the ACS video form, crib acknowledgment forms, and any other relevant documents.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.12(e).

Assign a Case Manager

What is expected:

The Supervisor must assign a Case Manager to the family in order for the intake process to begin.

Who: Supervisor

When: Within 48 hours of entry

Case File Documentation: None required

CARES Documentation: Assign in CARES.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see generally 900.10.

Perform Conditional Review

What is expected:

The Case Manager must introduce him/herself to the family, and review existing information from Family Intake in CARES for accuracy and to gather background information. The Case Manager must identify any immediate needs and provide referrals. The Case Manager must explain all forms to the family in order to establish expectations and ensure that all adult family members have signed the forms. Finally, the Case Manager must explain the next steps for either an eligible or ineligible determination.

The Case Manager must complete HMIS screens in CARES.

Who: Case Manager
When: Within 48 hours of entry
Case File Documentation: Ensure there are signed copies of the signed Family Code of Conduct, Rules and Regulations, Voluntary Direct Payment, Crib and Life to Love forms are in case file. If not, gather them at this point.
CARES Documentation: Include a detailed case note describing the conditional review meeting with the family. Update Document Folder and complete HMIS screens. If your location has document management, scan and upload ACS Life to Love form, Crib Acknowledgment form, Client Code of Conduct, rules and regulations and VDP, as well as any other relevant documentation.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c)(1), 900.8.

Ensure Children Attend School

What is expected:

Assist the family in connecting with a Department of Education (DOE) liaison or DOE Students in Temporary Housing borough contact to ensure school attendance is not disrupted.

Who: Case Manager
When: Within 48 hours of entry
Case File Documentation: Copies of any school related documents
CARES Documentation: If needed, generate referral or appointment slips in CARES and document in case notes.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.11(a)(2).

Review Critical Documents

What is expected:

The Case Manager must gather required critical documents (i.e., birth certificates, social security cards, etc.) if they have not been received at Family Intake, as well as all relevant documentation regarding housing and family needs.

Review the Document Repository for documents already available in CARES. Update the Document Folder with received documents.

Who: Case Manager
When: Within 48 hours of entry
Case File Documentation: Put copies of all important documents in the case file.
CARES Documentation: Indicate what documents were provided in a case note. Update the Document Folder with received documents. If your location has document management, scan and upload the ACS Life to Love video and Crib Acknowledgment forms to CARES, as well as any other relevant documentation.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c)(2).

Assessment and Strategy



Complete Assessment Screens

What is expected:

The Case Manager must complete the following screens in CARES:

- Independent Living History
- Medical and Mental Health
- Substance Abuse/Alcohol/Mental Health Screens
- Domestic Violence
- Child Information (for adults)
- Child Needs
- Criminal History
- Family Employment and Education History
- Income

Who: Case Manager

When: Within 48 hours of eligibility

Case File Documentation: Copies of any documents that the family provides as support for information recorded in the Assessment (e.g., medical documentation, proof of employment)

CARES Documentation: Document in CARES under Assessment.

If a section does not apply to a family, DO NOT leave the section blank. Please indicate that the information is not applicable so that it is clear you have addressed the section with the family.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; 900.10(a)(1), and 15-ADM-06.

Create an Exit Strategy

What is expected:

Case management staff must create a series of potential exit strategies based on the family's current resources. Each strategy must have milestones with target completion dates. The exit strategy must inform ILP tasks and completion dates.

Some examples of exit strategies include, but are not limited to, family reunification, LINC certification, exit on own to private residence, and Project Reconnect.

Who: Case Manager and Housing Specialist

When: Within 48 hours of eligibility

Case File Documentation: Copy of any form used to create exit strategies.

CARES Documentation: The case note must detail each exit strategy and target exit date.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(2) and 15-ADM-06.

Write the Assessment Summary

What is expected:

The Assessment Summary includes the family's service needs and a detailed note that will outline the service plan and the family's exit strategies.

Who: Case Manager

When: Within 48 hours of eligibility

Case File Documentation: The Case Manager, Supervisor and adult family members must sign the Assessment document.

CARES Documentation: Case Manager's summary section on the Assessment Summary form must be completed.

Don't forget to SUBMIT the Assessment Summary to save a final version in CARES. The Supervisor must approve/return for revisions within 48 hours of submission.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(2), and 15-ADM-06.



Service Planning and Referrals

Develop an Independent Living Plan

What is expected:

The Initial Service Plan/ILP is an agreement developed between the Case Manager and the family that sets certain tasks within specific time frames to achieve short-term goals towards exiting shelter and moving to permanent housing. The ILP tasks must reflect the first phase of the exit strategy. Tasks must be specific and relevant and completion dates must be appropriate.

Who: Case Manager

When: Within 48 hours of eligibility

Case File Documentation: The Case Manager, Supervisor, and all adults in family must sign the ILP.

CARES Documentation: Create a Service Plan and generate an ILP in CARES. Document the exit strategy in the ILP comments sections. Don't forget to SUBMIT the service plan. The Supervisor must approve/return for revisions within 48 hours of submission.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(1), and 15-ADM-06.

Assist in Procuring Entitlements

What is expected:

The Case Manager must assist the family in securing and maintaining all appropriate entitlements including, but not limited to, Medicaid, public assistance, SSI, SSD, and/or veterans' benefits.

If a family needs to apply for benefits as part of the path to permanency, the Case Manager must document applying for benefits as a task on the ILP.

Who: Case Manager
When: Ongoing
Case File Documentation: All referrals and appointment notices must be signed and kept on file. All forms should clearly indicate where the organization is located, how to get there, and the date and time of the appointment.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document in case notes and include the benefit need and task to apply in the most recent ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(a)(1).

Provide Health Referrals

What is expected:

If during the initial assessment and/or through ongoing interactions with the family, a medical or mental health need is identified, the Case Manager must make appropriate referrals to relevant and appropriate services in the community.

Who: Case Manager
When: As needed
Case File Documentation: All referrals and appointment notices must be signed and kept on file. All forms must clearly indicate where the organization is located, how to get there, and the date and time of the appointment.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document the medical or mental health need and referral in a detailed case note. Include a task to attend medical or mental health services on the ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c)(2).

Connect the Family with Job Preparation

What is expected:

Based on the initial assessment, the Case Manager must identify any barriers to employment and refer the family to relevant and appropriate services in the community.

Who: Case Manager
When: As needed
Case File Documentation: All referrals and appointment notices must be signed and kept on file. All forms must clearly indicate where the organization is located, how to get there, and the date and time of the appointment.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document the employment need and referral in a detailed case note. Include tasks to attend job preparation services on the ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c)(2).

Provide Other Referrals as Necessary

What is expected:

The Case Manager must make appropriate referrals to the community in order to assist families in carrying out their service plan and achieving ILP goals. In addition of those listed above, referrals for financial counseling, independent living skills and tenancy preparation programs must be made.

Who: Case Manager
When: Ongoing
Case File Documentation: All referrals and appointment notices must be signed and kept on file. All forms must clearly indicate where the organization is, how to get there and by when.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document the need and referral in a detailed case note. Include tasks to attend services on the ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(4).

Service Planning for Children



Connect the Family to Available Childcare

What is expected:

Family shelters must provide childcare services to children under school age. If the shelter does not have childcare on site, the shelter must have established linkages with local childcare providers. The Case Manager must connect the family to a community childcare or ACS subsidized childcare program.

Who: Case Manager
When: Within 48 hours of eligibility
Case File Documentation: Include appropriate referral forms and/or appointment slips.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document in a case note the identification of need for the child and any actions taken. Include a task to secure childcare on the ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c)(5).

Ensure Young Children are Registered for School

What is expected:

Children who are four years old must be in an ACS Early Learn, Head Start, or a DOE Pre-K for All program. For children five years and older, the Case Manager must verify that they are registered for school, have school supplies and clothes/uniforms, and have appropriate transportation to and from school.

Who: Case Manager
When: Within 48 hours of entry
Case File Documentation: Include appropriate referral forms and/or appointment slips.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document in a case note the identification of needs for the child and any actions taken. Include a task to enroll children in school on the ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.9(d).

Support with School Attendance

What is expected:

If a family is struggling with children's school attendance, the Case Manager must engage the family in a discussion to identify barriers to attendance and discuss different school options as appropriate. When necessary, the Case Manager must connect the family to the DOE Liaison and/or submit an Educational Transfer Request to the DOE if getting to and from the school represents a travel hardship.

Who: Case Manager
When: Within 48 hours of eligibility
Case File Documentation: Include appropriate referral forms and/or appointment slips.
CARES Documentation: Referrals and appointment notices are generated in CARES. Write a case note documenting the identification of needs for the child and any actions taken.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.11(a)(2).

Connect Older Youth to District 79 Programs

What is expected:

The Case Manager must refer older youth who are out of school to a DOE District 79 (Alternative Schools & Programs) program. Shelter staff must invite representatives from District 79 to present options for older youth who are not currently enrolled in school.

Who: Case Manager
When: Within 48 hours of eligibility
Case File Documentation: Include appropriate referral forms and/or appointment slips.
CARES Documentation: Referrals and appointment notices are generated in CARES. Document in a case note the identification of needs for the youth and any actions taken. Include a task to secure services on the ILP.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.9(d).

Collaborate with ACS

What is expected:

Staff must maintain communication with the assigned ACS worker for any family with an ACS case. The Case Manager must add all ACS-mandated tasks to the ILP. The Case Manager must complete weekly unit inspections and weekly ACS Tracking forms.

Who: Case Manager
When: Once notified of an ACS case
Case File Documentation: All documents related to the ACS case.
CARES Documentation: Document in case notes all ACS engagement. Complete the ACS tracking forms.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see generally 900.10 and 900.11.

Permanency Planning and Re-Housing



Hold ILP Follow-Up Meetings

What is expected:

The Case Manager must meet with the family bi-weekly to ensure that ILP goals are appropriate and relevant for the family, and that the family is complying with the ILP tasks. The Case Manager must update ILP tasks and dates to reflect the current phase of, and progress toward, the exit strategy.

Who: Case Manager

When: Bi-weekly (Meetings are weekly for families who have been in shelter for longer than nine months.)

Case File Documentation: The Case Manager, Supervisor, and all adults in the family must sign the ILP. Copies of relevant documents provided include appointment slips, proof of attendance, pay stubs, etc.

CARES Documentation: Document the meeting in a CARES case note. Update ILP tasks at each meeting. Record compliance and non-compliance. Update the exit strategy and target exit dates as needed.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(1).

Provide Rental Subsidy Assistance

What is expected:

The Case Manager must determine which, if any, rental assistance programs the family may be eligible for and help the family secure such assistance. Related tasks must be added to the ILP.

Who: Case Manager/ Housing Staff

When: As needed

Case File Documentation: Any relevant documentation, such as completed applications, proof of income, PA budget letter, copy of subsidy/voucher must be included.

CARES Documentation: Document in a case note the efforts made to help the family access rental subsidy assistance. Document the exit strategy in the ILP comments section, include all subsidies the family has and update as subsidy eligibility changes.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(2).

Provide Housing Referrals to the Family

What is expected:

The Case Manager must provide families with referrals to housing options that are appropriate for the family's needs. Referral appointments must be documented on the ILP. The Case Manager must provide Apartment Review Checklists and follow up with families after scheduled viewings. ILP tasks must include seek and accept, provide proof of search and accept first suitable housing option. The Case Manager must ensure that the family completes apartment rejection information if a referral is rejected.

Who: Case Manager/ Housing Specialist

When: Two referrals per week. Family seeks additional three on its own.

Case File Documentation: Referrals must indicate the location, date, time and contact information. The family must complete a Housing Search Log for all attempts to find housing and must include with whom the family spoke, contact information and an address for the apartment.

For viewed units, the family must complete relevant Apartment Review Checklist and, if needed, Apartment Rejection Form must be in file.

CARES Documentation: Generate referrals and update the ILP as needed with viewing information. The case note must include details on the family's search attempts, referrals provided by staff and all follow-up related to appointments and viewings.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(2).

Review Critical Documents

What is expected:

It is important to continually review the case file to obtain the family's critical documents. This is essential in permanency planning because birth certificates, tax returns and bank statements are often required for housing applications. The Case Manager must include an ILP task to provide required documents.

Who: Case Manager

When: Ongoing

Case File Documentation: Put copies of critical documents in the case file.

CARES Documentation: Indicate what documents were provided in a case note. Include an ILP task to provide specific documents as needed.

If your location has document management, scan and upload into CARES any new or additional documents.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(2).

Assisting Families When They Accept Housing

What is expected:

When accepting housing, a family must be tasked to pack and move out of shelter. Case Management and Housing Specialist staff must ensure that the HRA package has been submitted (if applicable), a lease has been signed and will be provided, the family has beds, and moving services have been requested. Staff must also provide information on services in the family's new community, including the name and contact number for the Homebase office.

Who: Case Manager/Housing Specialist

When: 48 hours after family is ready to move

Case File Documentation: Copy of the Office of Client Resources (OCR) package, as well as a Move Form.

CARES Documentation: All housing-related information is documented in case note.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.10(c)(2).

Case Conferences and Client Responsibility



Addressing Gross Misconduct

What is expected:

Shelter staff must respond to families who break the rules and regulations and/or Family Code of Conduct. When a family engages in gross misconduct, staff must take actions as outlined in the Client Responsibility Procedure. The Shelter Director must meet with staff and review the case record for required documentation.

Who: All Staff

When: As needed

Case File Documentation: A detailed case summary will be submitted to Program Administrator

CARES Documentation: It is important to provide a detailed case note describing the incident, actions taken and the resolution. Submit the incident report in CARES within 4 hours of a Priority 1 and within 24 hours for other incidents.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.8(a).

Addressing Family's Failure to Seek Housing

What is expected:

When a family fails to accept safe, suitable, and appropriate housing, the Case Manager must notify the Supervisor; and he/she must take action as outlined in the Client Responsibility Procedure. Staff must continue to engage the family. The Supervisor must meet with the family to understand the reason for non-compliance and offer assistance to help the family comply. If the family continues to be non-compliant, the Shelter Director must meet with staff and review the case record for required documentation.

Who: Case Manager/Supervisor

When: As needed

Case File Documentation: Complete the Apartment Rejection section of the Apartment Review checklist. All adults in family must sign the form.

CARES Documentation: Document details of non-compliance in a case note. The Case Manager must have tasked the family appropriately on the ILP, and non-compliance must have been recorded in the service plan. Staff must document continued engagement of the family.

OTDA: For more information, visit <http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf> for OTDA Part 900; see 900.8(a).

Addressing Public Assistance Non-Compliance

What is expected:

If a family fails to maintain an open public assistance case, the Case Manager must notify the Supervisor, who must take action as outlined in the Client Responsibility Procedure. Staff must continue to engage the family. The Supervisor must meet with the family to understand the reason for non-compliance and offer suggestions to help the family comply. If family continues to be non-compliant, shelter director must meet with staff and review the case record for required documentation.

Who: Case Manager/Supervisor
When: As needed
Case File Documentation: Appointment slips must be in case file.
CARES Documentation: Document details of non-compliance in CARES case note. Case manager must have tasked family appropriately on their ILP and non-compliance must have been recorded in the service plan. Staff document efforts to engage the family and any follow up.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.8(a).

Addressing ILP Violations

What is expected:

When a family fails to comply with ILP tasks, the Case Manager must notify the Supervisor who must take action as outlined in the Client Responsibility Procedure. Staff must continue to engage the family. The Supervisor must meet with the family to discuss the reason for non-compliance and offer suggestions to help the family comply. If family continues to be non-compliant, the Shelter Director must meet with staff and review the case record for required documentation.

Who: Case Manager/Supervisor
When: As needed
Case File Documentation: Appointment slips and referral forms must be in case file.
CARES Documentation: Document details of non-compliance in a CARES case note. The Case Manager must have tasked the family appropriately on the ILP, and non-compliance must have been recorded in the service plan. Staff must document continued efforts to engage and follow up with the family.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.8(a).

Holding Case Conferences

What is expected:

Case Conferencing with a family is sometimes necessary to help address ongoing issues of non-compliance. Supervisors must hold regular case conferences to meet with non-compliant families.

Who: Case Manager/Supervisor/DHS Staff if needed
When: As needed
Case File Documentation: Appointment slip must be generated in CARES.
CARES Documentation: Document details of case conference, outcomes, and all those present in case note.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10, 900.11 and 352.35.

Health, Safety, and Operational Activities



Documenting When Families Exit on Their Own

What is expected:

Email HERO as soon as family exits to permanency or has been absent for 48 hours since first missed curfew. For permanent placements, immediately submit a Reconciliation Form.

Who: Shelter staff
When: As soon as family exits, or 48 hours after a curfew violation occurs.
Case File Documentation: Reconciliation Form
CARES Documentation: Document in case note
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.8.

Performing Unit Inspection

What is expected:

The Case Manager and/or Supervisor must inspect the units for safety and compliance with rules and regulations.

Who: Case Manager/Supervisor
When: Bi-weekly (weekly for ACS cases and newborns)
Case File Documentation: Unit inspection forms, work orders, and photos of identified issues must be kept on file.
CARES Documentation: Case note documenting inspection, findings and follow up.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.12.

Processing Late Night and Overnight Pass Requests

What is expected:

The Case Manager or Supervisor must determine whether to issue late passes and overnight passes.

Who: Case Manager/Supervisor
When: As approved
Case File Documentation: Any documentation provided as proof of a need to arrive past curfew or be absent from shelter (e.g., work schedule).
CARES Documentation: Request and determination must be documented in a case note of Pass screen and in a case note.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900.

Incidents

What is expected:

When there are incidents and emergency situations, please follow all steps as outlined in Incident Reporting Procedure. Necessary documentation is required.

Who: Shelter Staff
When: As needed
Case File Documentation: Incident Reports must be completed thoroughly and within 4 hours of a Priority 1 and within 24 hours for other incidents.
CARES Documentation: It is important to provide a detailed case note describing the incident, actions taken and a resolution. Staff must document any follow up.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.11.

Supervisory Tasks



Assessment Approval

What is expected:

The Supervisor ensures submission of the Assessment within 48 hours of eligibility for each family. The Supervisor reviews the Assessment for thoroughness – all screens must be asked and answered by each adult. The Supervisor highlights areas that are missing for the Case Manager to revise. The Supervisor checks that the Case Manager's summary component contains exit strategies and target exit dates.

Who: Supervisor
When: Within 48 hours of submission
Case File Documentation: After reviewing and approving, the Supervisor must sign the Assessment.
CARES Documentation: Approve the Summary in CARES; document with a Supervisory Review case note.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c).

Service Plan Approval

What is expected:

The Supervisor ensures submission of the Service Plan within 48 hours of eligibility for each family and weekly/bi-weekly thereafter. The Supervisor ensures that tasks are relevant, and that all case members have tasks. The Supervisor ensures that completion dates are appropriate. The phase of the exit strategy must be evident, and the target exit date must be aligned with the exit strategy.

Who: Supervisor
When: Within 48 hours of submission
Case File Documentation: After reviewing and approving, the Supervisor must sign the ILP.
CARES Documentation: Approve the Service Plan in CARES; document with a Supervisory Review case note.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c).

Supervisory Review

What is expected:

The Supervisor reviews the CARES case record and related hard copy document to ensure that the Case Manager is working productively with each family, and that documentation and engagement requirements are met. The case must show progress towards permanency and/or attempts to assist the family in getting on track to permanent housing.

Who: Supervisor
When: Review each case monthly
Case File Documentation:
CARES Documentation: Document with a Supervisory Review case note. Follow up with staff about needed changes to service plans, note writing, engagement strategies, etc.
OTDA: For more information, visit http://www1.nyc.gov/assets/dhs/downloads/pdf/part-900.pdf for OTDA Part 900; see 900.10(c).

CARES Appendix

CARES is the DHS comprehensive online case management system and the bedrock of case management.

Client meetings, service planning, referrals and case conferencing must be documented in detailed case notes. While the process of entering information into CARES can be time consuming, proper case documentation is a necessary tool in helping clients plan for and achieve their permanency goals. Writing quality case notes can have a significant impact on the effectiveness of your work as a Case Manager. Furthermore, the data captured in CARES is used to inform decisions about how to provide support to shelter staff and the best services to our clients. Remember that case notes are legal records that can be requested and disclosed at any time for any reason.

ILP case notes must reflect the discussion that took place between the client and the Case Manager. ILP case notes must also reference the client's exit strategy. Case notes must not only include the ILP activities with which families have been tasked, but also must document the subsequent follow up with families, including the outcomes of families' assigned activities. When families experience obstacles to completing ILP activities, case notes must also reference the Case Manager's efforts to assist and resolve the obstacles.

In addition, at each meeting the client's ILP must be updated to reflect current activities and information, including removing or adding service plan activities, extending activity due dates, and recording compliance or non-compliance. When families are referred to other services, those referrals must be included in the ILP. The client's exit strategy must be noted in the comments section of the ILP.

For client documents and forms, if your location has document management services, you must scan and upload those materials into CARES where possible.

When documenting the details of any type of meeting with a client, it can be helpful to model your note on the following case note writing format. The S.O.A.P. case note format is a widely used approach to writing case notes. In this format a case note has four components. The "S" indicates documenting the subjective experience of the client in session. Example: Client stated, "I can't do a housing search because I am too busy at work."

The "O" indicates the need for documenting the Case Manager's objective observations about the meeting. Example: Client arrived on time for a meeting and presented 3 examples of housing searches in the past week.

The "A" indicates the formulation of an assessment from the details discussed in the meeting. It is an important part of the case note because it helps to develop a plan to move forward. Example: Client needs support in managing work schedule and housing search.

The "P" indicates the plan moving forward for the client. It should reflect the next steps for the client and the Case Manager. Example: Case Manager will help client identify apartments that can be viewed outside of her working hours. Client commits to seeing three apartments per week.

If you are not sure about the quality of your documentation, a general rule of thumb for case note quality is to ask yourself, “If one of my colleagues had to take over my case today, would he or she get a full understanding of the case and know what to do next by reading over the documentation in CARES?” If the answer is yes, then you know you’re on the right track.

OTDA Appendix

The Office of Temporary and Disability Assistance (OTDA) is responsible for the oversight of family and single shelters that are operated by local social services districts and/or not-for-profit organizations in New York State. All family shelters in New York City must follow the regulations set forth by OTDA. For your reference, this document indicates which case management actions are required by OTDA.

OTDA's oversight of the shelters in New York includes annual and as needed inspections of all licensed facilities. Inspections focus on health and safety issues, including building safety and compliance with state and local codes, and the provision of programs designed to promote self-sufficiency and enable shelter residents to move to permanent or supportive housing.

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Glossary

ACS – Administration for Children’s Services, New York City Agency that oversees welfare, juvenile justice, early care and education for children and families.

CARES – Client Assistance and Rehousing Enterprise System, DHS’ comprehensive online case management system.

DOE – Department of Education, New York City Agency that operates public schools.

HERO – Homeless Emergency Referral Operations and Systems, Sub-division of DHS that is responsible for managing placement into shelter units.

OTDA – Office of Temporary Disability Assistance, New York State agency that supervises programs that assist low income residents.

PATH – Prevention Assistance and Temporary Housing, family intake and first stop for families who are entering the shelter system.

SSD – Social Security Disability, A federal program that provides monthly cash payments to people who have been deemed disabled.

SSI – Supplemental Security Income, Supplemental a federal program that provides monthly cash payments to people in need.



Guiding the
journey home.