

Foster Care Policy

West Virginia Department of Health and Human Resources Bureau for Children and Families Office of Children and Adult Services

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Revised April 1, 2014

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Section 1

Introduction

1.1 Introduction and Overview

This policy provides the philosophical and legal basis as well as the practices and procedures necessary to provide foster care services. Foster care is a comprehensive, complex array of services for children who, for any number of reasons, cannot live with their families. It is part of the larger child welfare system designed to support and nurture the healthy development of children and their families. Foster care is intended to be a partnership of all parties involved including the Department, families, children, foster parents, courts, private agencies, and other entities.

Foster care for children has been evolving for centuries. By the mid-1800s, family foster care emerged as an effort to rescue children whose parents were inadequate or unable to care for them. Due to the first White House Conference on Children, held at the turn of the century, foster care was redefined as a temporary service whose purpose was to reunite children with their families or, if necessary, place them with another family. During this time, a complex child welfare system of government and voluntary agencies began to emerge with an emphasis on family counseling and psychoanalysis.

By the 1960s landmark research studies revealed several important findings in regards to foster care, including: foster care placements were often permanent rather than temporary; frequent moves to new placements left many children with little sense of stability or continuity in their lives; children were often inappropriately removed from their homes; and children from poor and minority families were disproportionately represented in foster care. A growing concern over the negative impact separation from their families had on children also emerged. In addition to these findings, several sociological changes began to impact the perception of out of home care e.g., the rapid increase in the number of children entering foster care, the resurgence of interest in child abuse and neglect, the emergence of advocacy as part of the civil rights movement, and the acceptance of the family as an important social unit.

Pressure to reform the child welfare system evolved along two major themes: out of home care services for children should be provided in the least restrictive appropriate environment and permanency for children shall be a primary goal of services. With the enactment of the *Adoption Assistance and Child Welfare Act* of 1980 (P.L. 96-272) states were mandated to promote permanency planning for all children in out of home care and for children at-risk of removal from their homes. States were also required to make reasonable efforts to prevent out of home placements of children and to reunify children already removed from their

homes.

In 1993, Congress enacted the *Family Preservation and Family Support Services Program* (P.L. 103-66) which provided additional funding for preventive services and crisis services for children and families at-risk of entering the foster care system. Implementation of these programs required active involvement of a broad community of stakeholders to focus on needs and services for children and families.

In response to major concerns about the extended length of stay and poor outcomes for minority children and the prevalence of using race to determine placements for children in foster care, the *Multiethnic Placement Act* (P.L. 103-382) and the *Interethnic Placement Provisions* (P.L. 104-188) were enacted. This legislation forbids the delay or denial of a foster or adoptive placement based solely on the race, color, ethnicity, or national origin of the prospective foster parent, adoptive parent or the child involved. It also compels states to make diligent efforts to recruit and retain foster and adoptive families that reflect the racial and ethnic diversity of the children for whom foster homes are needed.

The *Adoption and Safe Families Act of 1997* (P.L. 105-89) was enacted to ensure that children's safety would be the paramount concern of all child welfare decision-making and to promote the adoption of children who cannot return safely to their own homes. This law has five key principles: safety is the paramount concern that must guide all child welfare services; foster care is temporary; permanency planning efforts should begin as soon as a child enters care; the child welfare system must focus on results and accountability; and innovative approaches are needed to achieve the goals of safety, permanency, and well-being.

The *Fostering Connections to Success and Increasing Adoptions Act* was enacted on October 7, 2008. This legislation addresses some of the most important needs affecting foster children, including extending federal foster care payments up to 21 years old, providing federal support for relatives caring for foster children, increasing access to foster care and adoption services to Native American tribes, providing foster parents with the right to be heard, and improving the oversight of the health and education needs of children in foster care.

Together, these actions and policies have moved foster care into a new phase. Foster care has become a complex system of services and placements that are designed to ensure that children are safe, permanency is achieved and the child's social, emotional and intellectual well-being is addressed.

1.2 Philosophical Principles

Philosophical beliefs about children in foster care and their families is the single

most important variable in the provision of quality foster care services. Values and beliefs about children and their families drive decision making, interaction, and involvement.

Safety is the paramount concern that must guide all child welfare services. When making decisions about a child, including those decisions regarding service provision, placement, and permanency planning, the safety of the child must be the foremost issue in determining what is in the best interest of the child.

Foster care is temporary. Foster care placement provides a substitute living arrangement for a child for a planned period of time. The child's placement must be the most appropriate living situation that can meet the individual child's needs. The time the child is in out-of-home care must be productive in terms of services provided to address the identified needs of the child in order for him to grow, develop, and achieve his permanency plan.

Permanency planning efforts should begin as soon as a child enters foster care. A child should only be placed in foster care when appropriate and only when efforts to strengthen the family's situation have failed or when a child is unsafe and a plan cannot be implemented which controls the threats to child safety. Concurrent planning should be utilized to allow staff to work to reunify the family, while at the same time planning for the possibility that reunification will not succeed. All children are entitled to have safe, permanent living situations that promote their safety and well-being. Permanent placements, whether it is reunification, adoption, legal guardianship, placement with relatives or other permanent planned living arrangement **must be achieved in a timely manner**, with the goal of limiting the number of children who remain in foster care for more than twenty-four months. The total number of children in foster care for more than twenty-four months should not exceed twenty percent of the foster care population at any point in time.

Interventions and decisions should be defined through child-centered, family-focused principles. This system of operation requires that children and families take part in all decisions that impact their lives. Children, their parents, and extended family must be full partners in the process that develops, implements, and reviews their cases. Being part of the case work process makes families more likely to be invested in making the changes necessary to positively address the reasons their children were removed from their homes. Child-centered, family-focused practice also demands that services are individualized to meet the specific needs of the children and families that are being served.

Foster care is a process and not a series of discreet, unrelated steps. It is a continuum of care that is offered in conjunction with other services such as family preservation, child protective services, youth services, or adoption. Foster care involves looking backward to assess the home situation and determine the steps necessary to make it possible for the child to return home. It also requires looking

forward to the steps necessary to provide a permanent substitute living arrangement.

1.3 Mission

The West Virginia Department of Health and Human Resources, Bureau for Children and Families is committed to ensuring that children in out-of-home care and their families receive adequate and appropriate services that best meet their needs for safety, permanency, and well-being.

1.4 Purpose

There are three primary purposes for foster care:

- a) To reunite the child in foster care with his family by providing interventions aimed at reunification whenever possible and when the safety of the child can be assured.
- b) To provide a permanent substitute living arrangement for the child in foster care when reunification is not possible. Such an arrangement may include adoption, placement with relatives, legal guardianship, or another court-sanctioned permanent living arrangement.
- c) To aid a child over the age of fourteen (14) to attain independent living skills necessary to become a successful adult.

1.5 Staff Roles

Many of the staff involved in providing foster care services for the Department is not classified specifically as foster care workers. Instead, staff has various responsibilities for children who come to the attention of the Department for any number of reasons. Regardless of the classification, all of the following staff play a role in assuring that children in the custody of the Department are safe, well-being is continuously assessed and promoted and that children achieve their permanency plan.

1.5.1 Child Protective Services Worker

a) Problem Identifier

The worker gathers studies and analyzes information about the child and the family. The worker also offers help to families in which risk is identified, secures the safety of the child, justifies the need for child protective services intervention and evaluates the causes of risks.

b) Case Manager

When a child is removed from his home due to an investigation of abuse and/or neglect, the Child Protective Service worker becomes, in essence, a Foster Care worker. As such, the worker is the primary case manager for the child while the child resides away from his home. In this capacity the child's worker, with the assistance of the Multidisciplinary Treatment Team, assesses the family's problems and concerns and develops a detailed, appropriate plan to address the issues for which the child was removed from the home. The worker is responsible for orchestrating all of the planning, reporting and follow-up activities related to the case and facilitates the use of agency and community services to assist the child and his family. The worker also reviews the family's progress, maintains accurate documentation and records, and advocates for the appropriate, necessary services to address the identified issues which lead to the child's removal.

c) Treatment Provider

The child's worker works directly with families in helping them to address the issues that necessitated removal of their children by learning new ways of relating to and being responsible for their children. The worker also serves as a role model, encourages client motivation and facilitates problem solving and decision making on the part of families.

d) Permanency Planner

The child's worker, with the assistance of the Multidisciplinary Treatment Team, develops a detailed plan that addresses the permanency needs of the child. The worker is responsible for ensuring that the services provided to the child and their family, if appropriate, are in coordination with the child's identified permanency plan. In addition, the worker must also have a concurrent permanency plan for which services are coordinated in case the primary permanency plan no longer becomes appropriate.

1.5.2 Child Protective Services Supervisor

a) Administrator

The supervisor makes decisions on specific case activities, case assignments and on relevant personnel matters. The supervisor also regulates the practice of social workers with foster care cases and ensures the quality of practice. The supervisor ensures case activities and decisions are congruent with policy, state and federal statutes, and court rules. The supervisor serves as a link between workers and community resources and with administrative staff

b) Educator

The supervisor plans and carries out activities related to the professional development of employees.

c) Coach

The supervisor motivates and reinforces employees in the performance of their duties.

1.5.3 Foster Care Worker

a) Case Manager

When a child is removed from his home, the worker becomes the primary case manager for the child. In this capacity the child's worker, with the assistance of the Multidisciplinary Treatment Team, assesses the family's problems and concerns and develops a detailed, appropriate plan to address the issues for which the child was removed from the home. The worker is responsible for orchestrating all of the planning, reporting and follow-up activities related to the case and facilitates the use of agency and community services to assist the child and his family. The worker also reviews the family's progress, maintains accurate documentation and records, and advocates for the appropriate, necessary services to address the identified issues which lead to the child's removal.

b) Treatment Provider

The child's worker works directly with families in helping them to address the issues that necessitated removal of their children by learning new ways of relating to and being responsible for their children. The worker also serves as a role model, encourages client motivation and facilitates problem solving and decision making on the part of families.

c) Permanency Planner

The child's worker, with the assistance of the Multidisciplinary Treatment Team, develops a detailed plan that addresses the permanency needs of the child. The worker is responsible for ensuring that the services provided to the child, and his family if appropriate, are in coordination with the child's identified permanency plan. In addition, the worker must also have a concurrent permanency plan for which services are coordinated in case the primary permanency plan no longer becomes appropriate.

1.5.4 Foster Care Supervisor

a) Administrator

The supervisor makes decisions on specific case activities, case assignments and on relevant personnel matters. The supervisor also regulates the practice of social workers with foster care cases and ensures the quality of practice.

b) Educator

The supervisor plans and carries out activities related to the professional development of employees.

c) Coach

The supervisor motivates and reinforces employees in the performance of their duties.

1.5.5 Youth Services Worker

a) Problem Identifier

The worker gathers studies and analyzes information about the child and the family. The worker also offers help to families whose children come into the custody of the state as a result of juvenile justice intervention or court proceedings, secures the safety of the child and the child's community, justifies the need for youth services intervention and evaluates the causes of risks.

b) Case Manager

When a child is removed from his home, the worker becomes the primary case manager for the child while the child resides away from his home. In this capacity the child's worker, with the assistance of the Multidisciplinary Treatment Team, assesses the family's problems and concerns and develops a detailed, appropriate plan to address the issues for which the child was removed from the home. The worker is responsible for orchestrating all of the planning, reporting and follow-up activities related to the case and facilitates the use of agency and community services to assist the child and his family. The worker also reviews the family's progress, maintains accurate documentation and records, and advocates for the appropriate, necessary services to address the identified issues which lead to the child's removal.

c) Treatment Provider

The child's worker works directly with families in helping them to address the issues that necessitated removal of their children by learning new ways of relating to and being responsible for their children. The worker also serves as a role model, encourages client motivation and facilitates problem solving and decision making on the part of families.

d) Permanency Planner

The child's worker, with the assistance of the Multidisciplinary Treatment Team, develops a detailed plan that addresses the permanency needs of the child. The worker is responsible for ensuring that the services provided to the child and his family is in coordination with the child's identified permanency plan. In addition, the worker must also have a concurrent permanency plan for which services are coordinated in case the primary permanency plan no longer becomes appropriate.

1.5.6 Youth Services Supervisor

a) Administrator

The supervisor makes decisions on specific case activities, case assignments and on relevant personnel matters. The supervisor also regulates the practice of social workers with foster care cases and ensures the quality of practice.

b) Educator

The supervisor plans and carries out activities related to the professional development of employees.

c) Coach

The supervisor motivates and reinforces employees in the performance of their duties.

1.5.7 Homefinding Specialist

a) Recruiter

The Homefinding Specialist is responsible for recruiting prospective foster/adoptive families to care for the children who are in foster care. It is also the responsibility of the Homefinding Specialist to promote general awareness of foster/adoptive care in the communities.

b) Trainer

The Homefinding Specialist must provide each prospective foster/adoptive family with the opportunity to receive training on the foster/adoptive care system, the children who come into the custody of the state, and the skills required to provide care for these children. This training involves self-evaluation through discussions, participation in small group exercises, and discussion with experienced foster/adoptive parents.

c) Certification Provider

The Homefinding Specialist must evaluate all prospective foster/adoptive families on their ability to and experience in parenting children, their home for safety and capacity measures, and their motivation for becoming foster/adoptive parents.

d) Case Manager

It is the responsibility of the Homefinding Specialist to provide support and guidance to foster/adoptive parents. In this capacity, the Homefinding Specialist must help foster/adoptive families receive any assistance or services necessary to address problems or concerns that the family may develop. Such assistance and services may include respite, additional child-specific training, family counseling, etc. The Homefinding Specialist also reviews the family's progress, maintains accurate documentation and records, and ensures that the family is compliant with policy and regulations that govern foster/adoptive families.

1.5.8 Homefinding Supervisor

a) Administrator

The supervisor makes decisions on specific case activities, case assignments and on relevant personnel matters. The supervisor also regulates the practice of social workers with foster/adoptive care cases and ensures the quality of practice.

b) Educator

The supervisor plans and carries out activities related to the professional development of employees.

c) Coach

The supervisor motivates and reinforces employees in the performance of their duties.

1.6 Definitions

Adoption - Adoption is a family-building permanency option that provides a permanent home for a child until adulthood. A voluntary surrender or termination of parental rights from the birth parents must occur before the adoption can be finalized in a court of law. The adoptive parent then becomes the child's legal parent and as such has the formal and legal responsibility for the child.

CASA – A Court Appointed Special Advocate (CASA) representative is appointed primarily in civil protection proceedings involving child abuse and/or neglect. Duties of a CASA representative include an independent gathering of information through interviews and review of records; facilitating prompt and

thorough review of the case; protecting and promoting the best interests of the child; follow-up and monitoring of court orders and case plans; making a written report to the court with recommendations concerning the child's welfare; and negotiating and advocating on behalf of the child.

Child Placing Agencies - Agencies organized for the purpose of placing children in private family homes for foster care and/or adoption. These agencies are responsible for training, completing home studies, approving, and supervising the homes. These agencies are licensed by the Department.

Child's Case Plan - The plan prepared by the Department pursuant to the federal requirements for a comprehensive plan for every child in foster care developed within 60 days of the date the child entered foster care and the requirements of WV State Code 's49-6-5 following the adjudication by the court that the child is an abused and/or neglected child. For youth entering foster care through juvenile proceedings, the same requirements for all foster children including the Child's Case Plan must be followed. The Child's Case Plan is a comprehensive document which directs the provision of all casework services including the services provided to the child. All casework services provided to the child while the child is in placement must be delivered in accordance with the Child's Case Plan.

Cultural Competence - The ability of individuals and systems to interact responsively, respectfully, and effectively with people of all cultures, classes, races, ethnicity, and religious backgrounds in a manner that recognizes, affirms, and values the worth of individuals, families, and communities while protecting and preserving the dignity of each.

Emergency Shelter Care - Substitute care providers who deliver short term care (less than sixty days) for children just entering foster care or those who are between placements. Emergency shelter care foster parents must meet the same basic qualifications as other foster care providers. Emergency shelter care is also provided in facility settings.

Foster/Adoptive Family Adoption - A permanency option that should be considered for any child who has been in a foster /adoptive home a sufficient amount of time to bond with the family and establish family connections.

Foster/Adoptive Family Care - Services provided by a person not related to the child who has been certified to provide care in an out-of-home living situation.

Foster Care – 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

Foster Care Candidacy - A child who is at imminent risk of removal from the

home as evidenced by the state pursuing removal from the home, or making reasonable efforts or active efforts to prevent removal. A child is at imminent risk of removal from the home because the state is pursuing removal or attempting to prevent it. This includes children and youth who have in-home safety plans or behavioral control plans to prevent removal.

Home Study - A home study or family assessment is the process by which information is gathered and evaluated to assess a family's ability to provide care for children who may be placed in the home through foster care. This assessment includes evaluating the physical environment of the home for safety and to determine adequate space, the family's capacity for parenting, as well as, the family's motivation and commitment to providing a safe, caring environment for children.

Legal Guardianship - A legally binding permanent relationship between a child and a caretaker, other than the child's biological parent, which may be considered as a permanent placement option for the child. This arrangement transfers all the rights and responsibilities for a child from the Department to the caretaker through a court sanctioned process. A monthly maintenance subsidy, medical card, and non-recurring subsidy may be provided to eligible children to ease the financial burden of caring for the child.

Multidisciplinary Treatment Teams (MDTs) - A team designed to assess, plan and implement a comprehensive, individualized service plan for a child who is involved in court proceedings either because of child abuse and neglect or status offense, or delinquency proceedings. This team includes the child's custodial parent(s) or guardian(s), other immediate family members, the attorney(s) representing the parent(s) of the child, the child if over the age of twelve (12) or the child's participation is deemed appropriate, the Guardian Ad Litem, the prosecuting attorney, and any other person who may contribute to the team's efforts to assist the child and the family.

Open Adoption - An adoptive arrangement that permits on-going communication and/or contact between the birth family and the child subsequent to a finalized adoption.

Out-of-Home Care - Assignment of a child in the custody of the state, including those placed by voluntary agreements, to a residence that may include an emergency shelter, foster family, group or residential facility, institution, adoptive family, relative foster family or a transitional living apartment.

Permanency Plan - A formal written part of the Child's Case Plan that determines the permanent placement for a child in the state's custody. Permanent placements include return home, kinship care, adoption, legal guardianship, or another permanent plan that is sanctioned by the court such as emancipation or continued foster care.

Permanency Planning - A systematic effort to provide long-term continuity for children in foster care. This planning must begin the moment the child enters foster care and must drive services and actions for the child.

Placement - The child's living arrangement. For a child to be considered in foster care, the Department must have legal custody of the child and the child is placed outside their own home and in a certified foster home, relative/kinship home or with a licensed facility.

Pre-service Orientation - The training provided to prospective foster/adoptive families to provide those interested in becoming certified foster/adoptive parents with an understanding of the foster care and adoption system, the children who are in foster care and who are available for adoption, and the responsibilities of foster/adoptive parents.

Relative/Kinship Care - Services provided by any person related to the child by blood or marriage including cousins and in-laws. This includes persons who the child considers a relative, such as a godparent or significant others whom the child claims as kin may also be considered as a placement resource.

Residential Treatment - Placement of children in state custody in facilities licensed to provide psychiatric and/or behavioral health care on an acute or long-term basis.

Respite Care - The temporary ease of the responsibilities of a person who provides for the care of another. Respite may also be used for children to ease stressful situations.

Specialized Family Care – Foster/adoptive family care provided through private agencies for children with mental retardation and/or developmental disabilities that are in the state's custody as a member of the Medley class or is considered Medley-at-Risk.

Specialized/Therapeutic Foster/Adoptive Care - A service that combines the benefits of the protection, support and nurturing of a family foster/adoptive care setting with the benefits of treatment services provided by the agency and foster /adoptive parents. Specialized foster/adoptive care is designed to serve children with a variety of issues such as emotional/behavioral disturbance, psychiatric diagnoses, delinquency, developmental disorders, intellectual functioning deficiencies, and medical disorders.

State Custody - Assignment of a child into the legal custody of the Department of Health and Human Resources. Children may enter into the custody of the Department through court ordered child abuse and neglect proceedings, through the juvenile justice system, or by voluntary placement or relinquishment by the parents and voluntary placement by a child age eighteen to twenty-one (18-21).

State Guardianship – legal status of a child following termination of at least one parent's parental rights. Termination of rights may occur through court order or

by voluntary action by the parents.

Subsidized Adoption - The provision of short term or ongoing financial and/or medical assistance for the child with identified special needs which may be required in order to enable the adoptive placement of that child.

Transitional Living - Children over the age of fourteen (14) in foster care must be taught the skills needed to become a successful, self-sufficient adult. These skills must be part of the child's service plan regardless of the type of placement. Children over the age of seventeen (17) may be allowed to live semi-independently in their own households in the community prior to discharge from the foster care system. Youth who are placed in transitional living apartment have the supervision and services available to them to ensure that their needs are being met.

Transitioning Adult - An individual with a transfer plan to move to an adult setting who meets one of the following conditions: (1) Is eighteen years of age but under twenty-one years of age, was in departmental custody upon reaching eighteen years of age and committed an act of delinquency before reaching eighteen years of age, remains under the jurisdiction of the juvenile court, and requires supervision and care to complete an education and or treatment program which was initiated prior to the eighteenth birthday. (2) Is eighteen years of age but under twenty-one years of age, was adjudicated abused, neglected, or in departmental custody upon reaching eighteen years of age and enters into a contract with the department to continue in an educational, training, or treatment program which was initiated prior to the eighteenth birthday.

1.7 Legal Basis for Foster Care

Foster care is a complex array of services for thousands of children provided through dozens of service providers in multiple placement settings coordinated by hundreds of social service staff. Because of this complexity, there are many laws and regulations that determine how foster care services are provided to children and their families.

1.7.1 State Statute

Under §49-2-1 of the West Virginia State Code, the Department of Health and Human Resources is empowered to administer a foster care program for dependent and neglected children. This allows the Department to accept custody of children and place them outside of their families of origin in order to protect and care for them. When children are in foster care, the Department assumes part or all of the responsibility for children that ordinarily rests with the parents. If parental rights have not been terminated, it is the responsibility of the Department to help parents stay involved in their children's lives by

exercising their remaining rights and responsibilities concerning their children.

1.7.2 Federal Regulations/Legislation

- a)** The Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (P. L. 93-247) and amended most recently and re-authorized on October 3, 1996, by the Child Abuse Prevention and Treatment Act Amendments of 1996 (P. L. 104-235). CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects.
- b)** The Indian Child Welfare Act of 1978 (P. L. 95-608) mandates that the placement of American Indian children be governed by their tribe, whose authority was legislated by the United States government. By this Act, tribes are given the authority to care for Indian children, to intercede in court cases regarding adoptive placement of Indian children, and to place Indian children with tribal members or with members of other tribes.
- c)** Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980 was enacted to require states to develop foster care policies and practices that conform to specific standards of casework practice. This federal law discourages excessive reliance on foster care placement and promotes the greater use of services to assist and rehabilitate families, preventing out of home placements.
- d)** Omnibus Budget and Reconciliation Act of 1993 (P. L. 103-66) The Family Preservation and Family Support Services Program was enacted as part of the Omnibus Budget and Reconciliation Act of 1993, to authorize funding for Title IV-B, Subpart 2, Family Preservation and Support Services programs.
- e)** The Multiethnic Placement Act of 1994 as part of the Improving America's Schools Act (P. L. 103-382) removed barriers to permanency for children in foster care waiting for permanent homes, and to ensure that adoption and foster placements are not delayed or denied based on race, color or national origin.
- f)** The Removal of Barriers to Interethnic Adoption (IEP) provisions included in the Small Business Job Protection Act which amended MEPA (P. L. 104-188) to not allow placement decisions to be based on race, color or national origin.
- g)** The Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (P. L. 104-193) requires states to give preference to an

adult relative over a non-relative adult caretaker when determining a placement for a child in foster care provided that the relative meets all foster home standards.

- h) The Adoption and Safe Families Act of 1997 (PL 105-89) ensures that children's safety is the paramount concern of all child welfare decisions and amends federal regulations and law so that children are moved through the child welfare system into permanent placements.
- i) The Foster Care Independence Act of 1999 (P. L. 106-169) was enacted to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency.
- j) Titles IV-B and IV-E of the Social Security Act contain regulations on how states must provide foster care services. These regulations are incorporated into the policies and procedures of the Department.
- k) Fostering Connections to Success and Increasing Adoptions Act of 2008(P.L. 110-351) promotes permanent families through additional funding for relative guardianship and adoption programs. The legislation also emphasizes the importance of placing children with relatives by allowing waivers of non-safety standards for relative/kinship providers and by awarding Family Connection Grants.

1.7.3 State Consent Decrees

- a) Gibson vs. Ginsberg is a consent decree which addresses case work practices in child abuse and neglect cases and specifies the circumstances in which children may be removed from their homes. Most of the provisions of this decree can be met by following the requirements in Child protective services policy including the A Legal Requirements and Processes BChild Protective Services@ policies which are on line in FACTS and by meeting the requirements in the Court Rules issued by the Supreme Court.
- b) Medley vs. Ginsberg required the development of a system of community based services which allow mentally retarded or developmentally delayed people to live in the communities rather than institutions.
- c) Hartley vs. Ginsberg decree is similar to the Medley decree in that it requires the state to develop community services for mentally ill adults and children.

- d) Sanders vs. Panepinto decree mandates that foster children participate in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program for health care services. (EPSDT is now known as Healthcheck.)

1.7.4 Federal Supreme Court Decisions

- a) The Yokum decision does not allow states to discriminate against relative/kinship care providers in placement decisions in cases where the state has custody of a child in foster care.

1.8 How Children Enter Foster Care

There are six separate avenues defined by statute through which children may enter foster care. Each requires specific actions by the parents, child, legal system, and the Department.

- a) A parent may request temporary help in caring for their child while a family crisis is resolved. (Voluntary Placement)
- b) A parent may requests help in meeting the child's physical or mental health needs. (Voluntary Placement)
- c) Child Protective Services or law enforcement may take a child into emergency custody or a petition may be filed alleging abuse/neglect after completing an assessment of the family situation that finds the child unsafe. (Emergency Custody/Temporary Custody)
- d) A status offense has brought the child to the attention of the juvenile court. (Temporary Custody)
- e) The child has been charged and/or adjudicated as a delinquent for engaging in criminal behavior. (Temporary Custody)
- f) A former foster care youth age 18 or older may decide to continue living as a foster child provided that the youth is attending an educational or vocational program and that the youth signs his consent to continue to receive foster care services through the SS-FC-18 contract.

1.9 Voluntary Placement

Under the provisions of Chapter 49, Article Two, section 16 (§49-2-16) the Department "is also hereby authorized and empowered in its discretion to accept children for care from their parent or parents, guardian, custodian or relatives, and to accept the custody of children committed to its care by the courts".

A parent may voluntarily request placement of their child into foster care for a specific period of time when the parent is temporarily incapacitated or there

exists circumstances which prohibit the child remaining in his own home.

In general, the purpose of a voluntary placement agreement (VPA) is to provide a temporary placement for a child whose parent(s) are unable to care for the child for a limited period of time. As the name implies, voluntary placement agreements are expected to be short-term, temporary placement arrangements.

Situations under which a VPA may be used include the following:

- a)** Mental or physical illness of one or both of the parents
- b)** Death of one parent and the inability of the surviving parent to provide care for the child for a determined period of time.
- c)** A single parent who requests temporary placement for a child while considering whether to raise him or relinquish the child for adoption.
- d)** The foster child who becomes a parent while in foster care and the child cannot be placed in the same placement with the minor parent.
- e)** A single parent(s) who is active in the military and has been deployed without family or resources to provide care for the child/children.
- f)** Parental incarceration where no abuse and/or neglect issues are present and the parent is unable to identify an appropriate adult to provide care to the child.

The decision to use a VPA in situations other than those listed above must be approved by the Regional Program Manager or his/her designee.

The decision to accept a voluntary placement request from a parent is discretionary on the part of the Department. The worker must do the following when accepting a voluntary placement contract:

- g)** Thoroughly evaluate all such requests to determine that foster care is the best living arrangement for the child.
- h)** If a voluntary placement is requested and services are available to alleviate the need to place the child in out-of-home care, the worker will make the caretaker aware of these services and utilize alternatives to placement.
- i)** According to federal regulations, it is not permissible under any circumstances to accept the voluntary placement of an infant of a foster child if the child is to be placed in the same foster home or group/residential agency as the minor parent. For those infants placed in the same foster home or group/residential agency as their minor parent who is in foster care, the costs of care for this child must be included in the foster care maintenance payment made for the parent. Children of minors in foster care are eligible for medical assistance under Medicaid through application with the Office of Family Support.

- j) The parent or legal guardian who has custody of the child must sign the SS-FC-4 Agreement for Foster Care contract. If both parents share custody, both must sign the agreement. If custody is received from a guardian of the child, proof that the guardian has legal authority to sign the document must be provided and attached to the agreement. The worker will reference the agreement in FACTS document tracking.
- k) Supervisory approval of the voluntary placement must be obtained and the document notarized. The agreement should be approved and signed by the Regional Director or designee.
- l) A copy of this agreement is given to the parents or guardian and a copy is placed in the family's record.
- m) When a voluntary placement is requested the worker will complete a "Receive Service" intake in FACTS with "Foster Care" selected as the case type.
- n) The VPA must be documented on the custody status screen in FACTS. The reason for placement as well as removal information and reasonable efforts documentation must be completed on the placement child removal screen in FACTS.
- o) The child must be placed in the least restrictive, most family like placement available to meet the child's needs.
- p) The Worker must continue to monitor and assess the child's placement to ensure the child is safe, receiving adequate care and his/her needs are being met.
- q) If at any time there is an indication the child may have been abused or neglected while in the care of their parent(s) or custodians, or it is believed the child may be unsafe at the time the voluntary placement agreement expires or revocation has been requested, the worker must immediately consult with their supervisor and refer the family to Child Protective Services(CPS) for assessment.
- r) If a CPS assessment determines the child would be unsafe if returned to the parent(s) or custodian(s), the Department must petition the Circuit Court for custody of the child through the appropriate Child Protective services proceedings.
- s) Within ninety (90) days of signature the worker must petition the Circuit Court to review the VPA as required by §49-2-16. When using the VPA, the worker should re-evaluate the situation at least forty-five (45) days prior to the ninety (90) day expiration date. The petition should include the child's situation, and the circumstances that gave rise to the placement agreement. If the Department intends to extend the VPA the worker must file a copy of the child's case plan with the court as directed in West Virginia State Code (§49-2-16).

- t)** The court must then determine if continued voluntary placement is in the best interests of the child.
- u)** If such a determination is made, the court must enter an order containing the statement that it is in the child's best interest to remain in care, specify under what conditions the child's placement shall continue, and whether or not the Department has made reasonable efforts to preserve and to reunify the family.
- v)** If the parent requests return of custody prior to filing the petition for court review, the parent must submit a written request for revocation to the Social Worker. If possible, the Social Worker will convene a meeting with the parent the same day the revocation request is received. The worker will assess the current situation to determine if the circumstances requiring voluntary placement have been resolved and if referral(s) for community services would be beneficial. After supervisory consultation custody of the child shall be returned to the parent. The Social Worker must convene the meeting with the parent, consult their supervisor and facilitate the return of the child/children to the parent's custody within 72 hours of the receipt of the written request for revocation.
- w)** The worker must enter the end date of the VPA on the Custody Status Screen.
- x)** If a parent/custodian requests return of custody after the petition for the 90 day review hearing has been filed it will be the ultimate decision of the court as to whether or not continuation in placement is in the best interest of the child.
- y)** All services offered and provided to the family during the effective period of the SS-FC-4 and the results of such services must be documented in the case record.

The parent or guardian who voluntarily places a child into foster care must assume the following responsibilities for their child:

- z)** Explaining the placement plan to the child as well as the reasons for the placement.
- aa)** Providing as much of the financial responsibility for the child as possible.
- bb)** Informing the worker of their whereabouts and any significant changes in their circumstances.
- cc)** Working toward a permanent plan for the child's care.
- dd)** Visitation through arrangements made with the child's worker.

The following rights are retained by the parent:

- ee)** The right to consent to marriage.

- ff)** The right to consent to enlistment in the armed forces.
- gg)** The right to consent to adoption of the child.
- hh)** The right to represent the child in legal actions.
- ii)** The right to reasonable visitation with the child unless specifically restricted by a court order.
- jj)** The right to determine the child's religious affiliation until the child is able to make the determination.
- kk)** The right to consent to elective surgery.

ll) The right to guardianship of the child's estate unless vested elsewhere.

While the following rights are surrendered by the parent or guardian who voluntarily places a child into foster care, the child's worker should consult and/or inform the parent about:

- mm)** The right to select the foster home or facility in which the child will be placed. The parents' wishes may be considered in the Department's placement decision.
- nn)** The right to remove the child directly from the foster home or facility where he is placed. The parent has the right to request that his child be returned to him at any time but must allow time for the child to be removed by the Department.
- oo)** The right to visit the child when the parent chooses. The time and frequency of visits must be arranged through the child's worker to suit the convenience of all parties involved.
- pp)** The right to take the child away from the foster home or facility without prior permission from the Department.
- qq)** The right to interfere with the authority to care for the child who has been delegated to the foster home or facility. The parent has the right to make a complaint about the child's care to the child's worker.
- rr)** The right to consent to trips for routine social, educational, or medical services.
- ss)** The right to consent to travel for educational or cultural purposes or to take a vacation with the foster parents or with other residents of a group home or residential facility.
- tt)** The right to consent to routine medical care such as immunizations, EPSDT screenings and routine medical examinations.
- uu)** The right to consent to major medical care in an emergency situation.

1.9.1 Voluntary Placement (SS FC-4) Child Abuse/Neglect or Juvenile Proceeding

In general, the purpose of a voluntary placement agreement is to provide a temporary placement for a child whose parent(s) are unable to care for the child for a limited period of time. As the name implies, voluntary placement agreements are expected to be short-term, temporary placement arrangements.

The purpose of Child Protective Services and one of the primary purposes of Youth Services is to protect vulnerable children from harm. By their very nature voluntary placement agreements provide limited protection to vulnerable children. These agreements can be terminated at any time by the parent. The parent can request the immediate return of their child whether or not the parent is able to provide for the care of the child.

Because of the limited protections offered by a VPA the Department has prohibited their use in cases where abuse and/or neglect is/was present that poses concern for the child's safety. In addition, the Department **strongly discourages** the use of voluntary placement agreements in juvenile proceedings. If it is determined by the Department a child is unsafe in their home and removal is the only option for assuring the safety of the child and the child's family, then the preferred method for a transfer of custody is the initiation of the appropriate court proceeding.

Occasionally a parent may be involved with CPS and/or Youth Services but the children have safely remained in the home or were returned to the parent after CPS/Youth Services and court intervention. A VPA may be appropriate in these **limited** situations if the parent's inability to care for the child is not due to abuse and/or neglect or safety concerns. For example, a pregnant single mother whose children were removed from her home due to physical abuse has regained custody but has **no** resources to care for her children while giving birth and the subsequent hospital stay. A VPA may be appropriate in this situation. The worker should refer to the list of circumstances (listed above) under which a VPA would normally be accepted. The decision to use a VPA in these situations should involve careful deliberation and consideration of the circumstances given the limited protection offered by a VPA.

Whenever a worker is considering the use of a voluntary placement agreement in a juvenile proceeding or in abuse or neglect cases the worker must make the following evaluations and must take the following actions:

- d) A VPA must never be used as a substitute for the filing of a petition in a case of child abuse or neglect. If the Prosecuting Attorney will not file a petition then the worker must use the Dispute Resolution procedures contained in

Chapter 49, Article 6, Section 10a (49-6-10a).

- e) All requests for a VPA in abuse or neglect cases or in a juvenile proceeding must be reviewed by and approved by a supervisor. The supervisor must consult with the Regional Program Manager or his/her designee for approval and signature. **Under no circumstances may a VPA be used in situations where a child is unsafe due to abuse and/or neglect.**
- f) All Voluntary Placement Agreements must be executed according to the provisions described in Section 1.9 above. It is of vital importance that the VPA be reviewed by the court as described in Section 1.9 Worker Actions.
- g) At the time the voluntary placement expires, or at any time the parent requests a return of custody then the worker must assess the suitability of the return according to Section 1.9, Numbers 11 and 12 above.

1.9.2 Voluntary Placement Medley (SS-FC-4A)

The SS-FC-4A, Voluntary Placement Agreement - Medley, is designed to serve as the contract between the Department and the parents of the intellectually disabled and/or developmentally delayed child who is to be placed in foster care. It accommodates those individuals identified as Medley class members and those determined to be At-Risk of becoming Medley class members. Children placed through the SS-FC-4A are considered to be in foster care and the same regulations that apply to children placed into foster care via the SS-FC-4 also apply to these children.

Voluntary placements for children that are mentally retarded/developmentally delayed may be used in circumstances where the parent is unable to adequately or appropriately care for the child.

1.10 Voluntary Relinquishment (SS-FC-47 and SS-FC-47A)

Voluntary relinquishment is the voluntary termination of the rights of a parent to a child. A child fourteen (14) years of age or older, or otherwise of an age of discretion as determined by the court, may object to the termination of his parent's parental rights.

Parents may request that their parental rights be terminated through a voluntary relinquishment under a number of circumstances such as:

- a) The parents of a developmentally delayed or mentally retarded child cannot manage the child's needs.
- b) A single parent wishes not to raise her child after birth.
- c) The parents are not able to physically, mentally or emotionally care for their child.

The worker must consider the following issues before granting a voluntary relinquishment:

- a)** Documentation of prior services
- b)** Parents= understanding of their decision and the appeal process
- c)** The permanency plan for the child
- d)** Efforts made to maintain the child in the home
- e)** Any legal barriers that may be in place
- f)** The special needs of the child
- g)** Child's relationship with parents, siblings, significant others
- h)** What resources are readily available to achieve the child's permanent plan
- i)** What placement resources need to be developed to achieve the permanent plan for the child
- j)** The child's agreement to the plan if over age fourteen (14)

The worker must do the following when accepting a voluntary relinquishment:

- a)** If a parent wants to relinquish a healthy child under the age of eight and there is no protective service case open for the family and there are no siblings of the child already in foster care, the worker must refer the parent to a licensed adoption agency. If there are siblings in foster care, the child's worker must amend the original petition and include this sibling. Under this circumstance, the Department should not take a voluntary relinquishment of the child in questions. In addition, the Department should not accept the voluntary relinquishment of a child that does not have one of the following special needs:
 - 1.** The child is age eight (8) or older,
 - 2.** The child is a member of a sibling group that is to be placed together,
 - 3.** The child is a member of a racial or ethnic minority and over the age of eight,
 - 4.** The child has an emotional, physical or mental disability.
- b)** The worker must document reasons why the relinquishment is being requested, the counseling and services provided prior to and following the acceptance of the relinquishment, and the parent's understanding of the action being taken.
- c)** The Permanency Placement Review Team comprised of the adoption worker and supervisor, Homefinding Specialist and supervisor, child's worker, etc. must evaluate the request for voluntary relinquishment to determine the appropriateness for such action and make placement recommendations.

- d) The Regional Director or his designee must approve the relinquishment.
- e) The agreement must be notarized and three originals are required. One is given to the parents, one is kept in the child's record, and one becomes part of the court record at the time of the adoption of the child.
- f) The child's worker must document in FACTS on the contact screen, in Document Tracking, and save the SS-FC-47/A in the client's file cabinet.
- g) A parent has a right to revoke a voluntary relinquishment within a period of seventy-two (72) hours after the agreement was signed. A relinquishment should not be accepted until seventy-two (72) hours after the birth of an infant as defined by 's48-4-5.
- h) If the parent is under eighteen (18) years of age, a Guardian Ad Litem should be appointed to represent the interests of the consenting minor's parent and the consent must be reviewed and approved by the circuit court. If the parent is not competent to make this decision due to a physical or mental disability, the relinquishment must be approved by the circuit court.

1.11 Court Ordered Custody

Whenever a child enters foster care, the child's worker must meet certain requirements regarding the child, his caretakers, and the court. The processes pertaining to the transfer of a child's legal custody from the parent to the Department are restricted to the following:

- a) A child may enter foster care as the result of a court order granting the Department temporary custody as defined under §49-6-3a.
- b) In certain circumstances, a child may be taken into emergency custody by child protective services staff as defined by §49-6-3c or by law enforcement officers as defined by §49-6-9.
- c) A child may be placed in foster care if the youth is a status offender, is charged with delinquency, or is adjudicated delinquent for conduct that would not be considered criminal if committed by an adult as defined by §49-5-8.
- d) A child may enter foster care as a result of delinquent behavior which requires that he be placed in the least restrictive environment available where possible in order to avoid placement in a correctional facility.

1.12 Emergency Placement

State statute, 49-6-3 (c), authorizes Child Protective Services Workers to take a child into custody absent a court order in certain limited circumstances. According to the statute:

- e) the child must be in an emergency situation which constitutes imminent danger;
- f) a worker must have personally witnessed that the child is in imminent danger; and,
- g) the worker must have probable cause to believe that the child will suffer additional child abuse or neglect or be removed from the county before a petition can be filed and temporary custody can be ordered.

Child Protective Services Social Workers may also take a child into custody absent a court order when a child is abandoned and all reasonable efforts to make inquiries and arrangements with neighbors, relatives and friends have been exhausted and the Department has explored the possibility of placing a worker in the home to care for the child until the parent returns.

Under certain circumstances a worker may determine that the implementation of an out-of-home safety plan requires the immediate and involuntary removal of a child from the home. State statute 's49-6-3, provides the worker the opportunity to file a petition requesting an immediate transfer of custody until a hearing can be held when:

- h) There exists imminent danger to the physical well-being of the child; and
- i) There are no reasonably available alternatives to the removal of the child.

Law enforcement may take custody of a child believed to be abused or neglected without a court order if one of the following conditions occurs:

- j) The child is abandoned; or
- k) The child requires emergency medical treatment by a physician and the child's parent or guardian refuses to permit such treatment or is unavailable to consent.

(See child protective services policy for guidelines detailing the policy and procedures for emergency placement.)

When the Department takes emergency custody of a child or receives custody of a child from law enforcement, the child's worker will enter the custody information on the custody status screen in FACTS. The child's worker will also document removal information including the type of removal and reasonable efforts to prevent removal on the placement child removal screen in FACTS.

1.13 Temporary Custody

1.13.1. Child Protective Services

In Child Protective Services Cases, temporary custody is sought when a child is in present danger and there are no family network safety resources available; and/or the parents/caregivers are unwilling to permit the Worker to deploy a protection plan, the Department must attempt to gain temporary legal custody. In addition, when a child is determined to be unsafe and an in-home safety plan will not sufficiently protect the child, the Department must arrange an out-of-home safety plan. An out-of-home safety plan must include foster care placement and court jurisdiction.

(See Child Protective Services policy for specific guidelines on court ordered custody.)

1.13.2. Youth Services

In juvenile cases the court may order a youth who is an alleged status offender into the temporary custody of the Department. The court may also place a juvenile in the temporary custody of the Department in lieu of placing the youth in a detention facility following a preliminary hearing.

When temporary custody has been granted, the worker must do the following:

- a) Provide services to the youth and his family that are designed to develop skills and supports within families and to resolve problems related to the juveniles or conflicts within their families in accordance with 's49-5-11(a).
- b) Petition the court for a valid court order, if necessary, to enforce compliance with a service plan or to restrain actions that interfere with or defeat a service plan; or
- c) Petition the court for a valid order to place a juvenile out of home in a non-secure or staff-secure setting and/or place a juvenile in the custody of the Department.
- d) The worker must make every effort to place a youth in community-based facilities which are the least restrictive alternatives appropriate to meet the needs and safety of the juvenile and the community.

(See Youth Services policy for specific guidelines on court ordered custody.)

The following rights and responsibilities are retained by the parent when the Department has temporary custody of a child:

- a) The right to consent to marriage.

- b) The right to consent to enlistment in the armed forces.
- c) The right to consent to adoption of the child.
- d) The right to represent the child in legal actions.
- e) The right to reasonable visitation with the child unless specifically restricted by court order.
- f) The right to determine the child's religious affiliation until the child is able to determine this.
- g) The right to consent to elective surgery.
- h) The right to guardianship of the child's estate unless vested elsewhere.
- i) The responsibility to provide for the child's financial support.

The Department has the following rights and responsibilities for a child in the temporary custody of the Department:

- a) The right to determine the child's place of residence. (For youth who come into the custody of the Department via juvenile proceedings, the court has the ultimate authority in determining placement.)
- b) The right to consent to trips for routine social, educational, or medical services.
- c) The right to consent to travel for educational or cultural purposes or to take a vacation with the foster parents or with other residents of a group home or residential facility, as long as the trip is within the state. Any travel out-of-state must be approved by the child's parent/guardian's or by the court, if parental rights have not been terminated.
- d) The right to consent to routine medical care such as immunizations, EPSDT Health Check screenings and routine medical examinations.
- e) The right to consent to major medical care in an emergency situation.

1.14 Permanent Custody/Guardianship

Permanent guardianship of a child applies when a parent's rights to a child have been terminated by the court or through a voluntary relinquishment. If only one parent's rights have been terminated then the child is considered a state ward. If the state ward's permanency plan is adoption, this would be a legal risk

placement until the other parent's rights are terminated either by a voluntary relinquishment or court order.

If the termination of parental rights is via a court order, the court order shall specify all the parental rights to the child including the right to consent to adoption, marriage, visitation, etc., have be transferred to the Department. Any obligation the parents had to financially support their child prior to termination must be addressed by the Courts.

When a circuit court terminates parental rights either through an involuntary termination or a voluntary relinquishment, it must ordinarily require the terminated parent to continue to pay child support for the child pursuant to the Guidelines for Child Support Awards. If the court finds that it is not in the best interest of the child to order the parent to pay support pursuant to the Guidelines, the court may disregard the Guidelines, but must make specifics findings on the record regarding such reasoning. The Court also reiterated prior rulings that held obligation of support is owed to a child by both parents until such time as the child is placed in the permanent legal custody of another guardian/parent/obligor, such as in adoption.

The age of the child should be considered in terminating a parent's rights. If a child is fourteen (14) years of age or older or otherwise an age of discretion, his parents rights should not be terminated without his approval. The child should be involved in evaluating the agency's interest and concerns for his future when developing his permanency plan. Whether a child is Aof an age of discretion@ is determined by the court.

In accordance with the Adoption and Safe Families Act, a petition must be filed or joined by the state as defined in §49-6-5(b) to terminate the parental rights of a child who has been in the custody of the Department for 15 of the most recent twenty-two (22) months. In addition, a petition must be filed to terminate the parental rights of a child if:

- a)** The child has been abandoned;
- b)** If the court has determined that the parent has committed murder or voluntary manslaughter of another of his or her children;
- c)** If the court has determined that the parent has attempted or conspired to commit such murder or voluntary manslaughter or has been an accessory before or after the fact of either crime;
- d)** If the court has determined that the parent has committed unlawful or malicious wounding resulting in serious bodily injury to the child or to another of his or her children; or
- e)** If the parental rights of the parent to a sibling have been terminated involuntarily.

The Department may determine not to seek termination of parental rights:

- a)** At the option of the Department the child has been placed with a relative; or
- b)** The Department has documented in the child's case plan that there exists a compelling reason that filing a petition would not be in the best interest of the child; or
- c)** The Department has not provided, when reasonable effort to return a child to the family are required, the services to the child's family the Department deems necessary for the safe return of the child to the home.

In accordance with §49-6-8b of the code, the local office will annually report to the court the current status of all children the Department has been granted permanent guardianship of, who have not been adopted. The report, in letter form, is to be directed to the circuit court through the prosecuting attorney's office. The child's name, birth date, legal status, and placement status are to be reported. Any changes from the reporting for the previous year are also to be noted in the letter to the court.

Section 2

INTAKE

2.1 Placement Standards/Regulations

2.1.1 Child Assessment Prior to Placement

The individual child's needs must be assessed prior to placement, if possible, so that an appropriate living situation can be chosen. The child assessment form (SS-FC-119A) for voluntary placement and youth services children or the family assessment for child protective services must include the following:

- a)** The presenting problem necessitating the removal of the child;
- b)** A summary of services that have previously or are currently being provided to address the problem;
- c)** Current educational information;
- d)** Current medical information;
- e)** A history of separation, loss and maltreatment;
- f)** The child's physical, emotional, behavioral and developmental characteristics; and
- g)** The problems that are to be addressed in the case plan.

The child's worker will document the necessary information on the child assessment screen in FACTS for voluntary placement and youth services cases or on the family assessment screen for children who come into foster care through child protective services. Education information will be documented on the child's employment/education screen. Immunization and health information will be documented on the child's medical screens. The child's characteristics will be documented on the child's client characteristics screen in FACTS.

2.1.2 Child's Placement Needs

When it becomes necessary to place a child into foster care, the selection of the placement resource (relative home, foster/adoptive home, group home, residential facility, or institution) will depend on the individual child and his situation. The following issues must be considered when making a placement decision:

- a)** The child's age;
- b)** The child's readiness to accept and participate in life in a different living situation;
- c)** The child's wishes, if appropriate;
- d)** The child's ability to perform the necessary daily living activities of grooming, eating, communication, etc.;
- e)** The family's dynamics and the relationship between the child and his family and community;
- f)** The child's psychological and emotional characteristics and development;
- g)** The child's medical needs; foster children with respiratory issues/illnesses cannot be placed with foster/adoptive parents who smoke.
- h)** Child's capacity to attend community schools and his ability to live in a community setting;
- i)** The placement that is the least restrictive (most family-like) setting to meet the child's needs;
- j)** The placement that is closest in proximity to the family to facilitate frequent visitation;
- k)** The placement that is in closest proximity to the child's school, if applicable;
- l)** The goal of the placement and identification of specific actions to be taken to correct the conditions that made the placement necessary;

- m) Anticipated length of the placement; and
- n) The permanency plan and the concurrent permanency plan for the child.

The child's worker will document the child's placement needs in the placement recommendation screen, the enter/exit placement screen, the placement safety evaluation screen, the placement plan and permanency plan screens, and the placement evaluation screen in FACTS.

2.1.3 Kinship/Relative Placement

The child's worker must, according to federal law, identify and review the child's relatives as possible placement resources before a child is placed into a non-relative foster/adoptive home or group/residential facility. Any person related to the child by blood or marriage, including cousins and in-laws, should be considered for kinship/relative care. A person the child considers a relative, such as a godparent or close family friend, may also be considered as a placement resource. **Please see Section 2.4.2 Relative/Kinship and Relative Foster/Adopt Placements for a detailed description of the Relative/Kinship placement process.**

2.1.4 Sibling Placements

State statute, §49-2-14(d) requires the Department to place siblings together when placing a child in foster care that also has siblings in care. Siblings are defined by §49-1-3 as Children who have at least one biological parent in common or who have been legally adopted by the same parents or parent. Workers should consider what is in the best interest of the children. If children within the home consider themselves siblings, efforts should be made to place them together.

In all cases in which a child is to be placed, the worker must ask the child's caretakers, at the time of placement, if they have other children in foster care or other children for whom their rights have been terminated. If so, the worker must do the following:

- a) Notify the foster or adoptive parents of the sibling that this child is available for placement;
- b) Discuss with the foster or adoptive parents their interest in caring for this child;
- c) Refer the family to the Homefinding Unit, or ICPC if the family resides out of state, as soon as possible if the foster or adoptive parents agree to care for the child entering foster care; and

- d) Document in the child's case record in FACTS the results of all contacts made to place children with their siblings and the reasons why siblings are not placed together on the permanency plan screen.

In cases of imminent danger it may not be possible to initially place a child with his or her siblings. Every effort must be made to reunite siblings who are in foster care unless such a placement would not be in the best interest of one of the children. In such a case, the child's worker must ask the court to approve the separate placement of the siblings and judicially determine, based on clear and convincing evidence that it is not in the child's best interest to be placed in the same foster or adoptive home as his siblings and for the court to therefore sanction the sibling separation.

2.1.5 Multi-Ethnic Placement Act

Enacted by Congress in 1994, the Multiethnic Placement Act (PL 103-382) as amended by the Interethnic Adoption Provisions in 1996 (PL 104-188) forbids the Department from delaying or denying a foster or adoptive placement on the basis of the race, color, ethnicity, or national origin of the prospective foster parent, adoptive parent or the child involved. Therefore, race cannot be considered as a basis for which placement decisions are made.

A child may be placed either with foster or adoptive parents of the same race, color, ethnicity or national origin or with foster or adoptive parents of a different race, color, ethnicity, or national origin depending on the prospective parent's ability to meet the child's needs as identified in the child assessment. A parent's wishes on the placement of his child with a family of the same race, color, ethnicity, or national origin cannot be a determining factor for placement. Likewise, placement of a child with a relative must be based on the ability of the relative to meet the child's needs and not on the basis of the relative's similar race, color, ethnicity, or national origin.

2.1.6 Indian Child Welfare Act

The Indian Child Welfare Act of 1978 (P. L. 95-608) requires children of families that have American Indian ancestry to be referred to the tribe, in which ancestry is claimed for child welfare services.

If a child is placed in the custody of the Department and the child or his family is claiming American Indian heritage the worker must do the following:

- a) If American Indian heritage is uncertain or the American Indian tribe is not known, the worker must review the record and discuss the

child's background with the parents to try to discover the child's heritage.

- b) If the child's background is still unknown, the child's worker must document this information in the child's record on the client information screens in FACTS and that Indian heritage is spurious and/or a tribe cannot be located that can determine if the child is a member of that tribe or eligible for membership in the tribe.
- c) If a Tribe is identified the worker must refer the child to the tribe for membership determination or membership eligibility.
- d) If several tribes are suspected contact must be made with each tribe. The child's worker must document that a tribe has been contacted to determine tribal membership.
- e) If a tribe determines the child is not a member nor eligible for membership, the child's worker must document the response in the child's record.
- f) If a tribe responds the child is eligible for membership, the child's worker must request application forms. The child's parents must be contacted and the membership in the tribe explained to them.
- g) If the parent enrolls the child in the tribe's membership, the child's worker must refer the case to the tribe's tribal court if the tribe has exclusive jurisdiction over child welfare matters.
- h) The child's worker must contact the U. S. Department of Interior's Bureau for Indian Affairs to determine if the tribe has child welfare jurisdiction.

2.2 Placement Requirements

When the court grants the Department custody of a child and the child is placed in foster care, the worker must insure that the following placement requirements are met unless they are modified by court order:

- a) Visitation with the child shall be allowed on a regular basis at any reasonable time requested by the parents or legal guardian. Visitation can only be limited or denied if there is a likelihood of danger of physical violence to the child or another person, or if custody was obtained because of physical or sexual abuse, and it is determined that it is necessary to deny, limit, or supervise visitation to protect the child. Whenever visitation is denied or limited, the parents must be informed by the worker of the reasons why and the worker must document these reasons in FACTS on the visitation plan screen. **Visitation is never to be limited or denied due to the child's inability or**

lack of motivation to progress in a placement program's treatment process.

- b)** Children shall only be placed in those facilities which meet the Department's standards for adequate food, clothing, shelter, and supervision as defined by the Department's Homefinding policy, Child Placing, or Group Residential Licensing regulations. In addition, children shall only be placed in a facility which has no more than the number of children for which it has been approved or licensed.
- c)** Children must be placed with siblings whenever possible and in the best interest of the children.
- d)** The worker will maintain regular contact with the child and foster placement. The caseworker will contact the child at least once per calendar month or more frequently if needed (See Worker Contacts Section for more information concerning worker contacts). Contact must be documented on the client contact screen in FACTS.
- e)** When a parent or legal guardian wants to visit their child and cannot make reasonable arrangements to do so, the worker shall arrange the necessary transportation. Visitation must be documented on the family visitation log screen in FACTS.
- f)** Phone calls between the parents or legal guardians and the child will be permitted daily at least five days a week at the option of the parent or child. There will be no charge to the parent or child when the child is placed outside the calling area of the parent. Telephone calls may be denied or limited when custody has been obtained because of physical or sexual abuse and denial or limitation of contact is necessary to protect the child. Whenever phone contact is denied or limited, the parents must be informed by the worker of the reasons why and the worker must document this in FACTS on the visitation plan screen. An itemized telephone bill must be presented to the worker for verifications of the expenses incurred and in order for the foster parents or the placement facility to be reimbursed through a demand payment in FACTS.

2.3 Preparation of Child for Placement

When a child is to be placed in foster care, he will need the support from his parents and the worker to get through the trauma of the experience.

Before the child is placed the following should occur:

- a)** The child's parents, if able, should explain to the child what has occurred in the family which necessitates his placement. The worker must explain the situation to the child if the parents are not able or are not available.

- b) The worker must share information about the proposed placement in order to prepare the child for adjustment to the new surroundings. Information should be given in a forthright and honest manner so that the child and family have a true picture of the placement.
- c) The worker should assure the child that he will see him frequently to talk about how the placement is working and to keep him informed of progress his parents are making.
- d) The child should be allowed to freely ask questions to eliminate or lessen any fears or doubts he may have about the placement.
- e) Pre-placement visits must be conducted, unless it is impossible or causes extreme hardship, in order for the child to feel he has a part in planning for his future and for him to become familiar with the foster family or facility in which he will be placed.
- f) After the pre-placement visit, the worker shall discuss the child's impressions of the visit with him and encourage the expression of any doubts or misgivings.
- g) It is important that his impressions, and especially his fears and misgivings be shared with the prospective family or facility prior to the actual placement.
- h) The child's worker will document the pre-placement or trial visit on the pre-placement/trial visit screen in FACTS.

2.4 PLACEMENT TYPES

2.4.1 Emergency Foster Family Care

For children taken into custody on an emergency basis, emergency shelter foster family care may be the most appropriate placement until a thorough assessment of the child can be completed. Placement in emergency shelter foster family care is limited to a thirty (30) day period. The placement of a child in an emergency shelter foster family may be extended for an additional thirty (30) days if necessary. Emergency shelter foster family care should not, under any circumstances, last for more than sixty (60) days. During this time the child's worker as part of the Multidisciplinary Treatment Team must be developing a plan for the child's placement and services to the family.

Emergency placements must be clearly identified as such in FACTS on the child's custody status screen and placement removal screen with appropriate documentation that emergency custody was obtained following the procedures outlined in Child Protective Services policy. Emergency shelter foster family care may be appropriate when one of the following conditions exist:

- a) The child is homeless.
- b) The child would suffer serious permanent physical or emotional harm if not placed immediately.
- c) There is no possibility of making temporary arrangements with relatives, neighbors or friends.
- d) Adequate time is needed to fully assess the child's placement needs in order to make the most appropriate placement for the child.

2.4.2 Kinship/Relative placement and relative Foster/Adoptive Family

Relatives may not be approved as a placement resource until Department staff, or comparable agency staff in another state via ICPC, has assessed the relatives' ability to provide for the care and safety of the child. If Department staff, or comparable agency staff in another state via ICPC, finds that the relative can meet the certification requirements for becoming a foster/adoptive family, the relative may become certified as a foster/adoptive caretaker and receive boarding care each month. According to federal requirements, all relative caretakers who wish to become certified foster/adoptive parents must meet the same certification standards as non-related foster/adoptive parents, however, waivers for non-safety standards may be granted.

If the child's relatives cannot meet the certification requirements as determined by the Homefinding Unit, or comparable agency staff of another state via ICPC, or the child's relatives do not wish to become a certified foster/adoptive provider and receive monthly boarding care, the worker will report this finding to the court and ask for a reconsideration of the placement. If the court or the Multidisciplinary Treatment Team believes that this placement is in the best interest of the child, the child's worker will request that the court transfer legal custody of the child from the Department to the relative at disposition. The child's worker will inform the kinship/relative caretaker of the availability of TANF Child Only grants and assist the caretaker in filling out the necessary paperwork for the Division of Family Support. The child would also be eligible for Medicaid coverage through the TANF program to cover the child's medical needs.

Note When placing a child with a relative/kinship family who does not wish to participate in the process to become a certified foster/adoptive provider, the child's worker is still required to complete a general safety and well-being check of the relative's home, and the Homefinder will follow up with the completion of the Kinship/Relative Safety Screen form, a fingerprint based state and national criminal background check and a child protective and adult protective services history regarding the relative/kinship family.

When a child comes into foster care, placement preference is given to adult relatives over any non-relative caregivers. Placing a child who needs out of home care with a relative is the least restrictive alternative living arrangement since this placement often allows for more interaction with the child's own family and relatives and often results in a less traumatic separation. The worker shall consider the following issues when placement with a relative is being considered:

- a) If the relative has a criminal history or a substantiated Child Protective Services or Adult Protective Services history.
- b) Careful evaluation indicates the relative will be supportive of the goals of the placement.
- c) It appears that the child may be more accepting of separation from his own parents if he were to be placed with a relative with whom he is more familiar.
- d) The child has formed a positive relationship with the relative and is already familiar with the life style and expectations of the relative's family.
- e) The child, through placement with a relative, is able to maintain some relationship with his family.
- f) The child's parents are supportive of the planned placement with the relative and will cooperate in the process.
- g) An evaluation of the relative's home indicates that it would not perpetuate the same negative family patterns necessitating the removal from the child's own home.
- h) The geographic proximity of the relative's home allows for continued planned involvement with the child's parents.
- i) The relatives have the physical, mental, and emotional ability to provide care for the child.

2.4.3 Foster/Adoptive Family Care

In some cases, especially when relative placement resources are non-existent it may be appropriate to place a child in a non-relative foster/adoptive home. Family foster/adoptive care is a placement option in which services are provided by a person who has been certified to provide care in an out of home living situation. Family foster/adoptive care may be an appropriate placement for a child when:

- a) No suitable relative or kinship placement is available or can be developed;

- b)** The child can profit by placement in a family setting and in a community where access is available to families, school, friends, and resources;
- c)** The family's situation indicates that the child will be able to return to his own home within a short period of time, or if reunification is not appropriate, that an adoptive family, legal guardian or other permanent placement for a child is being considered.
- d)** The child has been in residential care and placement with a family will ease the transition from residential care to the child's own home or other permanent placement; or

2.4.4 Specialized agency Foster/Adoptive care

Specialized foster/adoptive care agencies must have a Child Placing License with the State of West Virginia. Specialized foster/adoptive care may be considered as a possible placement option for a child who:

- a)** Has moderate to severe social, developmental, behavioral, educational, and/or emotional impairments such as sexual misconduct, drug or alcohol abuse; or
- b)** A major physical disability; or
- c)** A child is in need of more structure than a regular foster/adoptive home, but can still benefit from an open environment where he can be cared for by specially trained foster/adoptive parents, has easy accessibility to caseworkers, and appropriate community resources are available.

2.4.5 Group Care

Group care provides the structure necessary for some children whose early experiences and relationships have been inadequate, distorted, or otherwise unproductive. Group care agencies must be licensed as Group Residential Facilities to provide all the necessary basic needs of a child on a twenty-four (24) hour a day, seven (7) day a week basis. Group care may be an appropriate placement option for an older child that has many of the following qualities:

- a)** The child has a close relationship with his parent and cannot or will not accept, even temporarily, a surrogate parent/child relationship of another family setting.
- b)** The child whose parents would undermine a foster family placement because they cannot accept a surrogate parent for their child.
- c)** The child has a life style that has been so disorganized, whose impulsive behavior is so poorly controlled, or whose problems include

behavior which is so deviant or destructive that he needs the structure, routine, and tolerance of group care living.

- d) The child who has had a series of placements or other life experiences which have resulted in a loss of trust in others and who needs a placement resource where he can regroup his emotional strength and begin to relate to peers and adults at his own pace.
- e) The child over age sixteen (16) whose permanency plan is emancipation.

2.4.6 Specialized family care medley

Specialized family care is a comprehensive statewide placement and family support system designed to serve the needs of children and adults with mental retardation and/or developmental disabilities. This placement option may be considered as a possible resource if the child has the following issues:

- a) The child is under the age of eighteen (18) years old and is in the custody of the Department;
- b) The child is at-risk of institutionalization because the family can no longer provide care for the individual (at-risk); and
- c) The child has been diagnosed as mentally retarded and/or developmentally disabled.

Please see Social Services Manual Chapter 18 for more information and practice direction regarding the Specialized Family Care Program.

2.4.7 Residential treatment facility

Care in a residential treatment center is provided through licensed Group Residential Facilities which furnish extensive professional assistance for a child who has problems in the areas of learning, social, or motor skills and provides on campus educational programs to deal with severe learning deficits and acting out behaviors. A residential treatment facility should be considered as a placement option if several of the following characteristics apply to the child:

- a) The child's emotional disturbance is so severe as to require comprehensive, intensive treatment and services (i.e., individual and/or group psychotherapy, special educational needs, vocational training, social and cultural enhancement, after-care services) and on-site supervision.
- b) The child has serious behavior deviations (i.e., severe aggression, chronic runaway, fire setting, sexual acting out, chronic truancy, drug

usage, suicidal gestures, extreme temper tantrums, severe relationship problems, etc.)

- c) The child is depressed, has low frustration tolerance, personality disorders, psychosomatic illnesses, emotional development, mild or severe forms of eating disorders, impaired thought or affect disorders, or exhibiting other symptoms of serious emotional and/or thought dysfunction.
- d) The child is a danger to himself or others, or is severely withdrawn.
- e) The child cannot function in a public school setting because of his acting-out behavior and/or severe learning deficits.
- f) The child needs extensive professional help in areas of social skills, learning skills, and/or motor skills.
- g) The child exhibits pre-psychotic or psychotic symptoms that require a closed setting.

2.4.8 Psychiatric residential treatment facility care

Psychiatric Residential Treatment Facility care is the most restrictive type of care for children in foster care. A secure facility is used for treatment of children who have been clearly diagnosed as having a psychiatric, emotional or behavioral disorder that is so severe the child is a danger to himself or others. If possible, a voluntary commitment or placement should be utilized to lessen the trauma experienced by the child. When the child's behavior is so severe that it warrants involuntary commitment, the worker shall involve staff from the local behavioral health center and use the procedures outlined in Chapter 27 of the West Virginia Code.

The child's mental health needs must be assessed in terms of the physical, emotional, and behavioral symptoms before a referral is made for evaluation or placement. The child should exhibit a combination of the following symptoms:

- a) Physical symptoms of a child that may indicate a need for psychiatric or psychological evaluation include such signs as accident proneness, backaches, body pains, dizziness, excessive eating, fainting, fatigue, headaches, heart complaints, poor appetite, tremors or tics, excessive vomiting, etc.
- b) Emotional symptoms of a child that may indicate a need for psychiatric or psychological evaluation include anxiety, crying too easily, depression, destructibility, excessive daydreaming, excitability, or feeling of rejection, fear, hypersensitivity, inability to make social contacts, insecurity, extreme nervous tension, restlessness, suicidal

thoughts, temper outbursts, extreme unhappiness, unusual shyness, withdrawal, etc.

- c) Behavioral symptoms of a child that may indicate a need for psychiatric or psychological evaluation include aggressive actions, bed wetting, bullying, compulsively repeating destructive acts, masturbation, exhibitionism, extreme disobedience, unreasonable fighting, nail biting, nightmares, and over-conformity or anti-social/delinquent behaviors.

A child may also be placed in a Psychiatric Residential Treatment Facility (PRTF) under conditions including:

- a) The child may be placed in a PRTF at the request of the court in an effort to better understand the personality and behavior of the child.
- b) The child may be placed in a PRTF based on the recommendation of the child's doctor who may want to determine the basis of physical difficulties for which no physical cause can be found.
- c) The child may be placed in a PRTF to determine mental capacity.
- d) The child may be placed in a PRTF to determine a prognosis for treatment and to ascertain the conditions under which treatment can be provided most effectively.

2.4.9 Emergency shelter care facility

For older children removed from their homes on an emergency basis, placement in an emergency shelter care facility may be an appropriate option. Shelter care is designed to meet the child's emergent need for food, housing and supervision and to provide a thirty (30) day period for an organized effort to determine the best plan for the child's care. Placement in an emergency shelter care facility may be extended for an additional thirty (30) day period if necessary.

Emergency placements must be clearly identified as such in FACTS on the child's custody status screen and placement child removal screen with appropriate documentation that emergency custody was obtained following the procedures outlined in Child Protective Services policy. Emergency shelter care may be appropriate when one of the following conditions exist:

- a) The child is homeless.
- b) The child would suffer serious permanent physical or emotional harm if not placed immediately.
- c) There is no possibility of making temporary arrangements with relatives, neighbors or friends.

- d) Adequate time is needed to fully assess the child's placement needs in order to make the most appropriate placement for the child.

2.4.10 Out of state placement/interstate compact on the placement of children

Interstate Compact for the Placement of Children (ICPC) is a legal agreement between West Virginia and other states as outlined in 's49-2A-1 to regulate placement activities that occur between states. If a proposed placement is located outside the state of West Virginia, a referral through the Interstate Compact on the Placement of Children (ICPC) is required. Completed Interstate Compact on the Placement of Children referral packets must be forwarded, in triplicate, to the WV Interstate Compact on the Placement of Children office for all types of proposed out of state placements including parental placements, relative/kinship care placements, foster family care placements, specialized foster care placements, group care placements, residential care placements, and adoptive placements.

All out of state placements of children in the custody of the Department must be approved by the Interstate Compact Office of the receiving state prior to placement. Only the Compact Administrator in the receiving state is authorized to give approval for placement in their state. Any other approval source (i.e., court, probation officer, out of state facility) is not sufficient to meet the requirements specified in the state code.

West Virginia will treat the homestudy report from the receiving state, Indian Tribe or private agency under contract with the receiving state as meeting homestudy requirements unless the child's worker determines within 14 days that placement with the potential provider in the receiving state is contrary to the welfare of the child based on the content of the homestudy. Staff must not impose restrictions on other states to contract the completion of homestudies from private agencies or qualified individuals as determined by the receiving state.

The custodial agency retains responsibility for the child placed out of state until the adoption is finalized or the foster care placement is terminated. Courtesy supervision of the placement shall be requested by the child's worker through the Interstate Compact on the Placement of Children office within ten (10) days of the date of placement. Termination of services must have the concurrence of the Interstate Compact on the Placement of Children office in the receiving state.

Children should not be placed out of state unless one of the following conditions occurs:

- a) The child is being placed with a relative who lives out of state.
- b) The child is being placed with a family for adoption.

- c) The child has a treatment need for which no service exists or can be created in a reasonable period of time in West Virginia.
- d) The out of state placement is in closer proximity to the child's home than a comparable in-state program.
- e) The child's current foster family moves out of state and the child's permanency plan indicates continued placement with this foster family.

2.5 Referral Process (Specific to Placement Type)

When referring a child for a specific placement no matter the placement type, the child's worker must relay to the Homefinding Specialist, foster parent or placement provider any and all information regarding the child's current situation including medical and mental health information (such as disclosure of communicable diseases such as HIV, AIDS or Hepatitis), education information, and information regarding the child's behavior.

Prior to referral the child's worker must document in FACTS on the client characteristics screen, placement plan screen and the placement recommendation screen the child's characteristics identified that make the specific placement type appropriate. The child's worker must also document the appropriate information in FACTS on the provider recommendation screen and the placement safety evaluation screen.

2.5.1 Emergency Shelter Foster Family Care Referral Process

Because of the need for the child to be removed from his home on an emergency basis and placed in a safe environment, there is no formal referral process for placing a child in emergency shelter foster family care. Nevertheless, when a child must be placed in an emergency shelter foster family home, information about the child and his family must be gathered.

The child's worker must perform the following actions:

- a) Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, child's parents, etc. to discuss the child's placement needs.
- b) Complete the family's and child's assessment, if not already done.
- c) Compile the following necessary information:
 1. Uniform Case Plan for voluntary placement and youth services children or the Family Assessment for child protective services children.
 2. Social Summary of the child
 3. School information

4. Psychological/psychiatric evaluation
 5. Birth certificate
 6. Social Security Card
 7. Immunization records
 8. Medical information (including any and all information regarding communicable diseases/infections)
 9. Copy of the court order granting the Department custody
- d) If the above information is not available at the time of the referral, the child's worker will compile the information as soon as possible, but not longer than 4 weeks.
- e) The child's worker must document the referral on the contact screen and placement recommendation screen in FACTS.

2.5.2 Kinship/Relative Placement & Relative Foster/Adoptive Family Referral Process

Because of the need for the child to be removed from his home often on an emergency basis and placed in a safe environment, there is no formal referral process for placing a child in a kinship/relative placement. Nevertheless, when a child must be placed with a relative, information about the child and his family must be gathered.

The child's worker must perform the following actions:

- a) Consult with the supervisor and the Multidisciplinary Treatment Team, if applicable, including the child's current service providers, child's parents, etc. to discuss the child's placement needs.
- b) Complete the family's and child's assessment, if not already done.
- c) Once the child's worker determines that a kinship/relative placement is needed, the child's worker must assess the relative's home for general safety and well-being concerns prior to placing a child in the relative's home and/or making a referral for certification. The child's worker will complete the Kinship/Relative Home Study Request form and submit such to the Regional Homefinding Unit within twenty-four (24) hours. A Homefinding Specialist will visit the kinship/relative home within five (5) calendar days of placing a child in the home. The Homefinding Specialist would then begin the [Kinship/Relative Safety Screen form](#) at this initial visit, and would thereafter have forty-five (45) days to complete the screen. The Homefinding Specialist will immediately make arrangements to obtain criminal background checks and APS/CPS background checks for the relative and all adult members of their household.

- d) The child's worker must document the referral on the placement recommendation screen and on the contact screen in FACTS.

***Note* When placing a child with a relative/kinship family who does not wish to participate in the process to become a certified foster/adoptive provider, the child's worker is still required to complete the Kinship/Relative Home Study Request form of the relative's home, and the Homefinder will follow up with the completion of the Kinship/Relative Safety Screen form, a fingerprint based state and national criminal background check and a child protective and adult protective services history regarding the relative/kinship family. For children who are removed on an emergency basis because of abuse or neglect the provisions in the Child Protective Services policy Legal Requirements and Processes must be followed. This policy is online in FACTS.**

2.5.3 Foster/Adoptive Family Care Referral Process

When a child must be placed in foster care and it is determined that a foster/adoptive placement is appropriate for the child, information about the child and his family must be shared with the Homefinding Unit.

The worker will do the following actions:

- a) Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, child's parents, etc. to discuss the child's placement needs.
- b) Complete the family's and child's assessment, if not already done.
- c) Compile the necessary information as a referral packet to be forwarded to the Homefinding Unit for their determination on appropriate placement. The child's worker must provide information about the child and his family in a factual and forthright manner that accurately portrays the child's situation. The referral packet to be sent to the Homefinding Unit should include the following information:
 - 1. Uniform Case Plan for voluntary placement and youth services children or the Family Assessment for child protective services children
 - 2. Social Summary of the child
 - 3. School information
 - 4. Psychological/psychiatric evaluation
 - 5. Birth certificate

6. Social Security Card
 7. Immunization records
 8. Medical information (including information regarding any and all communicable diseases/infections)
 9. Copy of the court order granting the Department custody
- d)** If the above information is not available at the time of the referral, the child's worker will compile the information as soon as possible. This should not take longer than four (4) weeks.
- e)** The child's worker must document the referral on the document tracking and placement recommendations screens in FACTS.

2.5.4 Specialized Agency Foster/Adoptive Care Referral Process

If the Homefinding Unit does not have an available family that can meet the child's needs, the child's worker must undertake the following activities:

- a)** Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, juvenile probation officer, child's parents, etc. to discuss the child's placement needs.
- b)** Complete the family and child assessment, if not already done.
- c)** Compile the necessary information as a referral packet to be sent to appropriate specialized foster care agency for their determination on appropriate placement. The child's worker must provide information about the child and his family in a factual and forthright manner that accurately portrays the child's situation. The referral packet to be sent to the specialized foster care agency should include the following information:
 1. Foster/Adoptive Family/Residential Referral FACTS form (SS-FC-8)
 2. Child, Youth and Family Case Plan or YS Youth Case Plan
 3. Social Summary of the child
 4. School information
 5. Psychological/psychiatric evaluation
 6. Birth certificate
 7. Social Security Card
 8. Immunization records
 9. Medical information (including information regarding any and all communicable diseases/infections)

10. Copy of the court order granting the Department custody

- d)** If the above information is not available at the time of the referral, the child's worker will compile the information as soon as possible. This should not take longer than four (4) weeks.
- e)** If the specialized foster/adoptive family care home is located outside the state of West Virginia, a referral through the Interstate Compact on the Placement of Children is required and the receiving state Interstate Compact on the Placement of Children office must give approval prior to placement.
- f)** The Department is not to contact the specialized foster/adoptive family directly to request a placement. The specialized foster care agency's administrative office is to be contacted with the appropriate information for a referral. The specialized foster care agency will then determine if it has an appropriate foster/adoptive family that can best meet the needs of the child based on the referral packet.
- g)** If the agency to which the child was referred decides to proceed further with the placement, the child's worker will participate in the intake interviews and pre-placement visits with the specialized foster care agency and the specialized foster/adoptive parents.
- h)** The referral must be documented on the contact and placement recommendation screens in FACTS.

2.5.5 Group Care Referral Process

When a child is to be placed in a licensed group care facility the worker must undertake the following activities:

- a)** Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, juvenile probation officer, child's parents, etc. to discuss the child's placement needs.
- b)** Complete the family and child assessment, if not already done.
- c)** Complete the necessary information on the automated placement referral screen to be sent to appropriate group care facilities for their determination on appropriate placement. The child's worker must provide information about the child and his family in a factual and forthright manner that accurately portrays the child's situation. The following information is mandatory for the automated referral in FACTS:
 - 1.** Child's full name
 - 2.** Parents names
 - 3.** Permanent home address

4. Relationships- two parents and all siblings
5. Custody status
6. Removal
7. Date of Birth
8. School information

The referral to be sent to the group care agency should include the following information:

1. Uniform Case Plan
 2. Social Summary of the child
 3. Psychological/psychiatric evaluation
 4. Birth certificate
 5. Social Security Card
 6. Immunization records
 7. Medical information (including any and all information regarding communicable diseases/infections)
 8. Copy of the court order granting the Department custody
 9. Permanency Plan/Concurrent Plan
 10. Placement Plan
 11. YBE- for Youth Service Cases
 12. Visitation Plan
- d) If the above information is not available at the time of the referral and is not mandatory, the child's worker will compile the information as soon as possible. This should not take longer than four (4) weeks.
- e) If the group care agency is located outside the state of West Virginia, a referral through the Interstate Compact on the Placement of Children is required and the receiving state Interstate Compact on the Placement of Children office must give approval prior to placement. The automated referral process does not apply however, the automated placement referral can be printed and used as part of the referral packet.
- f) If the agency to which the child was referred decides to proceed further with the placement, the child's worker will participate in the intake interviews and pre-placement visits with the group care agency.

- g)** Prepare the child and his family for such interviews and visits. They should understand the purpose of the interviews, who will be present and why, what may be discussed, travel and visit time involved, anticipated expenses if applicable, the physical setting of the agency, and the nature of the agency's program.
- h)** If a child is entering a group care agency from a foster/adoptive family home, it may be advisable to involve the foster/adoptive parents in the intake and placement visits especially if the goal for the child is to return to the foster/adoptive parent's home after discharge from the facility.

2.5.6 Specialized Family Care (Medley) Referral Process

When a child meets the criteria for the Specialized Family Care program, the child's worker must undertake the following activities:

- a)** Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, mental health provider, child's parents, etc. to discuss the child's placement needs.
- b)** The worker will develop a referral packet consisting of the following information:
 - 1.** A current social history
 - 2.** Current psychological
 - 3.** Medical summary, and
 - 4.** Educational plan.
- c)** This packet must then be sent to the Specialized Family Care Program Manager.
- d)** The Specialized Family Care Program Manager will review the information to determine if the child meets the at-risk eligibility requirement.
- e)** The child will then be assessed by a Family Based Care Specialist to determine if Specialized Family Care can meet the child's needs. This determination evaluates the child's current developmental status, current habilitation program and community programs which can meet the child's needs.
- f)** If the child is accepted into the program, a search will be conducted by the Specialized Family Care Program Manager to determine if a suitable home is available for the child.

- g)** If the child is eligible for Medicaid Personal Care services, the local comprehensive mental health or community behavioral health agency must be notified to initiate the Nursing Plan of Care.
- h)** If the child is not eligible for Personal Care Services, the child's community mental health case manager and the child's worker will arrange for reimbursement above the boarding care rate prior to placement. This reimbursement may be through the Title XIX Waiver program or through additional social service funds. The use of additional social service funds must be approved by the Foster Care Program Specialist prior to placement.
- i)** The child's worker and his supervisor must concur with the placement plan developed by the Specialized Family Care Program.
- j)** The child's worker will document the referral in FACTS on the contract and placement recommendation screens.

2.5.7 Residential Treatment Facility Referral Process

When a child is to be placed in a licensed residential facility the worker must undertake the following activities:

- a)** Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, juvenile probation officer, child's parents, etc. to discuss the child's placement needs.
- b)** Complete the family and child assessment, if not already done.
- c)** Complete the necessary information on the automated placement referral screen to be sent to appropriate residential facilities for their determination on appropriate placement. The child's worker must provide information about the child and his family in a factual and forthright manner that accurately portrays the child's situation. The following information is mandatory on the automated referral in FACTS:
 - 1.** Child's full name
 - 2.** Parents names
 - 3.** Permanent home address
 - 4.** Relationships- two parents and all siblings
 - 5.** Custody status
 - 6.** Removal
 - 7.** Date of Birth
 - 8.** School information

The referral to be sent to the residential facility should include the following information:

- 1. Uniform Case Plan**
 - 2. Social Summary of the child**
 - 3. Psychological/psychiatric evaluation**
 - 4. Birth certificate**
 - 5. Social Security Card**
 - 6. Immunization records**
 - 7. Medical information(including any and all information regarding communicable diseases/infections)**
 - 8. Copy of the court order granting the Department custody**
 - 9. Permanency Plan/Concurrent Plan**
 - 10.Placement Plan**
 - 11.YBE- for Youth Service Cases**
 - 12.Visitation Plan**
- d)** If the above information is not available at the time of the referral and is not mandatory, the child's worker will compile the information as soon as possible. This should not take longer than four (4) weeks.
- e)** If the residential facility is located outside the state of West Virginia, a referral through the Interstate Compact on the Placement of Children is required and the receiving state Interstate Compact on the Placement of Children office must give approval prior to placement. The automated referral process is not applicable for out of state referrals; however, the automated placement referral can be printed and used as part of the referral packet.
- f)** If the residential facility to which the child was referred decides to proceed further with the placement, the child's worker will participate in the intake interviews and pre-placement visits with the group care agency.
- g)** Prepare the child and his family for such interviews and visits. They should understand the purpose of the interviews, who will be present and why, what may be discussed, travel and visit time involved, anticipated expenses if applicable, the physical setting of the facility, and the nature of the facility's program.
- h)** If a child is entering a residential facility from a foster/adoptive family home, it may be advisable to involve the foster/adoptive parents in the

intake and placement visits especially if the goal for the child is to return to the foster/adoptive parent's home after discharge from the facility.

2.5.8 Psychiatric Residential Treatment Facility Referral Process

When placement is needed in a Psychiatric Residential Treatment Facility foster care setting, the worker shall secure written medical documentation that psychiatric residential treatment is the recommended placement. The worker shall secure all the appropriate approvals necessary for seeking this type of placement for a child including the following activities:

- a)** The worker shall contact the appropriate facilities that have adolescent units for treatment of mentally ill children. When consideration is being given to psychiatric hospitalization, all planning shall be done in consultation with the Multidisciplinary Treatment Team including a representative of the local community mental health center.
- b)** If no in-state facility is available to meet the child's needs, the protocol for out-of-state placements must be followed.
- c)** First consideration shall be given to facilities that have a current contract with the Bureau for Children and Families and/or have been approved as a West Virginia Medicaid provider. If the facility is not a West Virginia Medicaid provider and the Bureau for Children and Families is being considered as a payment source, a formal contract must be prepared by the Bureau for Children and Families and signed by the Director before the placement occurs.
- d)** If the facility is an approved WV Medicaid provider the MCM-1 form (Physicians Certification for In-Patient Psychiatric Services) must be completed to insure Medicaid payment is made. All efforts should be made to explore insurance and other sources of payment prior to the request for payment by the Bureau for Children and Families for any type of inpatient hospitalization.
- e)** The worker shall explore eligibility for special educational services. When making a referral for Psychiatric Residential Treatment within the State of West Virginia the worker must utilize the following Automated Placement Referral process:
- f)** Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, juvenile probation officer, child's parents, etc. to discuss the child's placement needs.
- g)** Complete the families and child assessment, if not already done.
- h)** Complete the necessary information on the automated placement referral screen to be sent to appropriate psychiatric residential facility

for their determination on appropriate placement. The child's worker must provide information about the child and his family in a factual and forthright manner that accurately portrays the child's situation. The following information is mandatory on the automated referral in FACTS:

- 1.** Child's full name
- 2.** Parents names
- 3.** Permanent home address
- 4.** Relationships- two parents and all siblings
- 5.** Custody status
- 6.** Removal
- 7.** Date of Birth
- 8.** School information

The referral to be sent to the psychiatric residential facility should include the following information:

- 1.** Uniform Case Plan
 - 2.** Social Summary of the child
 - 3.** Psychological/psychiatric evaluation
 - 4.** Birth certificate
 - 5.** Social Security Card
 - 6.** Immunization records
 - 7.** Medical information(including any and all information regarding communicable diseases/infections)
 - 8.** Copy of the court order granting the Department custody
 - 9.** Permanency Plan/Concurrent Plan
 - 10.** Placement Plan
 - 11.** YBE- for Youth Service Cases
 - 12.** Visitation Plan
- i)** If the above information is not available at the time of the referral and is not mandatory, the child's worker will compile the information as soon as possible. This should not take longer than four (4) weeks.
- j)** If the psychiatric residential facility is located outside the state of West Virginia, a referral through the Interstate Compact on the Placement of

Children is required and the receiving state Interstate Compact on the Placement of Children office must give approval prior to placement. The automated referral process does not apply; however, the automated placement referral can be printed and used as part of the referral packet.

- k)** If the psychiatric residential facility to which the child was referred decides to proceed further with the placement, the child's worker will participate in the intake interviews and pre-placement visits with the group care agency.
- l)** Prepare the child and his family for such interviews and visits. They should understand the purpose of the interviews, who will be present and why, what may be discussed, travel and visit time involved, anticipated expenses if applicable, the physical setting of the agency, and the nature of the agency's program.
- m)** If a child is entering a psychiatric residential facility from a foster/adoptive family home, it may be advisable to involve the foster/adoptive parents in the intake and placement visits especially if the goal for the child is to return to the foster/adoptive parent's home after discharge from the facility.

2.5.9 Emergency Shelter Care Facility Referral Process

Because of the need for the child to be removed from his home on an emergency basis and placed in a safe environment, there is no formal referral process for placing a child in an emergency shelter care facility. Nevertheless, when a child must be placed in foster care on an emergency basis and it is determined that emergency shelter care is an appropriate placement for the child, information about the child and his family must be compiled in a timely manner.

The worker must do the following:

- a)** Consult with the supervisor and the Multidisciplinary Treatment Team including the child's current service providers, child's parents, juvenile probation officer if applicable, etc. to discuss the child's placement needs.
- b)** Complete the family and child assessment, if not already done.
- c)** Compile the following necessary information:
 - 1.** Uniform Case Plan
 - 2.** Social Summary of the child
 - 3.** School information
 - 4.** Psychological/psychiatric evaluation

5. Birth certificate
 6. Social Security Card
 7. Immunization records
 8. Medical information(including any and all information regarding communicable diseases/infections)
 9. Copy of the court order granting the Department custody
- d) If the above information is not available at the time of the referral, the child's worker will compile the information as soon as possible, but not longer than four (4) weeks.
- e) The child's worker must document the referral in FACTS on the contact and placement recommendation screens.

Note: For those children who are removed on an emergency basis because of abuse or neglect the provisions in the Child protective Services policy A Legal Requirements and Processes@ must be followed. This policy is on line in FACTS.

2.5.10 Out of State Placement/Interstate Compact on Placement of Children Referral Process

A child may be referred for an out of state placement by the child's worker who, with the assistance of the Multidisciplinary Treatment Team, has determined that there are no resources available to meet the child's needs in West Virginia. In addition, the court may also order a child in the Department's custody into an out of state facility after it has been determined as a placement resource. When a child is to be placed out of state the child's worker must take the following actions:

- a) A Multidisciplinary Treatment Team meeting and a regional/county staffing must be held to review the placement plan for the child.
- b) All appropriate in-state options must be explored and determined that they are either not available or accessible.
- c) An Interstate Compact Placement Request (ICPC-100A) is completed in FACTS, signed, and submitted, along with the referral packet information outlined below, in triplicate to the Interstate Compact Administrator in the Office of Social Services.
- d) A MCM-1 is completed and sent with any necessary attachments to the Bureau for Medical Services= West Virginia Medicaid Prior Authorization Contractor.

- e)** A referral packet is developed and sent to the Regional Program Manager and the Interstate Compact on the Placement of Children Administrator simultaneously. This packet must contain the following:
- 1.** MCM-1 signed by a physician
 - 2.** The Request for Approval of Out of State Placement form detailing the child's placement situation including the following:
 - a.** Lack of appropriate placement within the state
 - b.** Statement regarding the child's educational status including if the child is eligible for or is currently receiving special education services
 - 3.** Court order with findings in accordance with 's49-2A-1. Article 6 for proposed placement of adjudicated delinquents in out of state residential care
 - 4.** ICPC-100A Interstate Compact Placement Request
 - 5.** Court order granting the Department custody and specifying the out of state facility, if applicable
 - 6.** Psychological or other clinical evaluation done within the past six (6) months
 - 7.** Sex offender assessment if appropriate
 - 8.** Substance abuse assessment if appropriate
 - 9.** Social/Intervention history
 - 10.** Documentation of Multidisciplinary Treatment Team attendance
 - 11.** Documentation of Title IV-E eligibility (copy of the most current IV-E determination/review) if a medical card in the receiving state is being requested. A medical card in the receiving state may not be requested if the placement facility is funded by WV Medicaid.
- f)** The referral packet is then reviewed by the Regional Program Manager. If the packet is incomplete, it will be returned to the child's worker for completion and re-submission. If an alternative plan appears feasible, the Regional Program Manager will work with the child's worker to pursue this plan.
- g)** If the packet is complete and the placement is appropriate, then the Notification of Approval form is completed by the Regional Program Manager and submitted to the Interstate Compact on the Placement of Children Administrator and the Out of State Program Specialist in the Office of Social Services for their approval.

- h) Questions and concerns related to legal issues will be forwarded to the regional Attorney General for review and consultation.
- i) The Commissioner will review the information and provide a decision on the out of state placement.
- j) The Interstate Compact on the Placement of Children Administrator will send the pertinent material and ICPC 100-A to the receiving state. The child cannot be placed until approval is given by the receiving state Compact Administrator. When approval is received, the worker may arrange to place the child in the facility.
- k) Staff will treat any homestudy report completed by the receiving state, Indian Tribe or private agency under contract with the receiving state as meeting homestudy requirements unless the child's worker determines within 14 days that placement with the potential provider in the receiving state is contrary to the welfare of the child based on the content of the homestudy.
- l) Interstate Compact approval is documented by the signature of the receiving state Compact Administrator on the ICPC-100A form.
- m) The child's worker must document the referral in FACTS on the contact and placement recommendation screens.

2.6 PLACEMENT

2.6.1. Diligent Search

Absent/Unknown Parent and Relative Search

WV Foster Care Policy and the Fostering Connections to Success and Increasing Adoption Act of 2008 (federal legislation) require caseworkers to conduct a diligent search, particularly within the first 30 days of a child entering custody. A successful diligent search will benefit the child by providing him with a potential placement with a kin/relative or with possible lifelong significant connections. A diligent search is done in order to:

- Locate/contact non-custodial parents
- Establish placement options
- Preserve continuity of relationships and lifelong connections for children
- Ensure child safety, permanency and well-being
- Locate/contact maternal and paternal relatives and "fictive" kin
- Place children in least-restrictive environment possible

The search for absent or unknown parents and relatives, both paternal and maternal, is vital because it is a way to preserve connections for children who have been removed from their immediate family. **An absent parent or a relative can also serve as a placement resource for the child** which could result in a permanent placement if the child does not return home.

Absent or unknown parents should always be named as respondents in child abuse and/or neglect cases, at the initial filing of the petition. The search for an absent or unknown parent must occur within the first thirty (30) days of the child entering placement, so the parent can be involved in the court process, MDT, case planning process, visitation plan and any other aspect of the case.

The search for relatives must occur within the first thirty (30) days of the child entering placement to successfully implement concurrent planning and to adequately find the best placement for the child. This does not mean that workers should wait to identify appropriate relatives for placement or stop searching for appropriate relatives if none are found in the first 30 days. A kinship/relative placement resource is defined as any person related to the child by blood or marriage, including cousins and in-laws or a person the child considers a relative, such as a godparent or close family friend. When possible, appropriate relatives should be identified and screened as soon as a child comes into care, so the homestudy can be initiated.

a) Absent or Unknown Parents

The following steps must be taken to locate absent or unknown parents:

1. If one of the child's parents is not known to the Department, the child's worker must initiate efforts immediately to locate the absent or unknown parent by obtaining information from the known parent or guardian of the child, by utilizing the SEARCH Screens in FACTS to search OSCAR Records, utilizing the court or MDT to obtain information from the known parent, obtaining information from known relatives of the child, obtaining information from the local Child Support Office or Family Support Office or obtaining information from any other source available. The efforts to locate an absent or unknown parent must occur within thirty (30) days of the child entering placement and/or custody.
2. Once the information has been obtained about an absent or unknown parent, the child's worker must attempt contact with the parent in person, by telephone, mail, fax or any other

means necessary to ensure that every effort has been made to involve them in their child's case.

3. When an absent or unknown parent is contacted and has not been made a party of the court proceeding, the child's worker must contact the prosecutor to have the parent made a party to the court proceeding immediately. If there are any reasons to question the relationship between the parent and the child, the worker should request that a paternity or maternity test be completed on the child and parent.
4. The child's worker must establish or modify a visitation plan in accordance with the Foster Care Policy, Visitation with Parents and Extended Family, for an absent or unknown parent, who has been contacted and made a part of the child's case, within fourteen (14) days of contacting the parent.
5. The child's worker must document all efforts to contact an absent or unknown parent under the contacts screen in FACTS and maintain any written documentation, such as returned mail, in the paper file.
6. There may be situations when it may not be in the best interest of the child to involve an absent or unknown parent with the child, but this does not mean that they should not be involved in the court proceeding. The situation should be shared with the MDT, who will make a recommendation to the court as to how to proceed with the parent's involvement in the child's case.

b) Absent or Unknown Relatives

The following steps must be taken to locate absent or unknown relatives:

1. The child's worker will initiate efforts immediately to locate any relatives by obtaining information from the parent or guardian of the child, utilizing the court or MDT to obtain information from the parent, obtaining information from the child, obtaining information from the local Child Support Office or Family Support Office or obtaining information from any other source available. The efforts to locate absent or unknown relatives must occur within thirty (30) days of the child entering placement and/or custody.
2. Once the information has been obtained about relatives, the child's worker must attempt contact with the relative in person,

by telephone, mail, fax or by any other means to determine if they would be a possible placement resource for the child.

3. The child's worker will follow-up to any face-to-face or telephone contact with the relative, in writing, by sending the [Relative Letter](#), requesting that they respond back to the worker within a time frame of two (2) weeks. This letter will provide the relative an opportunity to express an interest in becoming a placement resource for the child and/or to establish visitation with the child.
4. The [Relative Letter](#) must be saved to the child's record in FACTS, in the file cabinet, and a hard copy filed must be saved in the child's paper record.
5. The child's worker must document any response from the relative in FACTS under the client contact screen.
6. When a relative is contacted and indicates an interest in becoming a possible placement resource for the child, the child's worker must complete a general safety and well-being check of the relative's home using the Kinship/Relative Home Study Request form and then send such to the Regional Homefinding unit immediately. This form will be used as the referral. The Homefinder will then follow up with the completion of the Kinship/Relative Safety Screen form, a fingerprint based state and national criminal background check and a child protective and adult protective services history regarding the relative/kinship family.
7. If a relative indicates an interest in visitation with the child and the visitation would assist in maintaining a connection for the child, then visitation must be established immediately. The child's worker must establish or modify a visitation plan in accordance with the Foster Care Policy, Visitation with Parents and Extended Family, for a relative, within fourteen (14) days of the relative indicating an interest in visitation.

c) Known Relatives

The following steps must be taken to involve the known relatives in the case:

1. If the child has known relatives or individuals, who the child views as a relative, requesting placement, visitation, or involvement in the child's case, the child's worker must immediately initiate efforts to involve the relative in the case.

The child's worker must follow the guidelines under the Foster Care Policy for Kinship/Relative Placement.

2.6.2. General Placement Activities

The child's worker must document in FACTS on the client's characteristics screen, the placement plan and placement recommendation screens the child's characteristics identified that make the placement appropriate. The child's worker must also document the appropriate information in FACTS on the provider recommendation screen and the placement safety evaluation screen.

The child's worker must do the following:

- a) The child's worker shall arrange a date for the placement. The placement should occur in a timely manner following the intake or pre-placement visit. It is possible for the intake interview and pre-placement visit to occur on the same day as the placement. This is not appropriate in most situations and should only be utilized when absolutely necessary.
- b) The child's worker will participate in the actual placement and will provide transportation for the child and his family.
- c) The child's worker will furnish the provider with the SS-FC-6A, agreement to care for the child in the home. The provider must sign the form and be provided a copy as proof that the Department has approved the placement of this child
- d) The child's worker must enter the child's placement information into FACTS the **same day** as the child enters the placement. This will also generate a medical card for the child within a timely manner. In addition, this will also ensure that the child has an EPSDT Health Check screening completed within the 72 hour time frame.
- e) If the child was in foster care prior to this placement, the child's medical card and a new SS-FC-40 is to be given to the provider in case medical services are required prior to the issuance of a card to the provider for the child. If the child was not in foster care prior to this placement or the child's medical card cannot be located, the child's worker will provide the SS-FC-40 and SS-FC-40A to the caretaker for the child's emergency medical needs.
- f) If one of the child's parents is not known to the Department, the child's worker will immediately initiate efforts to locate the absent or unknown parent as a possible placement resource for the child and to include that parent on all court documents.

- g) The child's worker shall assess the child's initial placement clothing needs and complete the wardrobe and personal item inventory, contained in the Journey Notebook, of the child's personal belongings.**(Refer to Assessment Section for more information)**
- h) The child's worker will notify the Office of Child Support Enforcement and the Office of Family Support of the child's placement in foster care, if appropriate.
- i) The placement must take into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and that the State agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement; or if remaining in such school is not in the best interests of the child, assurances by the State agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.'; and that the state agency is responsible for reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement' before the period.

If the child is being placed outside his current school district, the worker must notify both schools of the child's new living arrangements writing three (3) business days of the placement and arrange to have the child's school records transferred to the new school.

- j) The child's worker will obtain a copy of the child's birth certificate and social security card.
- k) The child's worker will obtain current health information about the child, including, but not limited to: current or previous medication, immunization records, allergies, the name and address of any current medical providers.
- l) The child's worker will disclose any information regarding the child's mental and physical health status as well as behavioral issues to the provider.
- m) The child's worker will complete the Birth Parents Background Information merge form (SS-FC-12) and the Birth and Medical History of the Child merge form (SS-FC-12A) in FACTS within the first thirty days of the child's placement.

- n) The child's worker will ensure that the provider purchase an appropriate life book for the child. Please see section 2.8 for further description of an appropriate life book.
- o) The child's worker will document all placement contacts in FACTS on the visitation log screen including progress reports and case staffing as appropriate.
- p) If adjustment problems are anticipated by the child's worker, these are to be discussed with the provider at the time of placement.
- q) The child's worker will complete the child's assessment screen in FACTS. Education information will be documented on the child's employment/education screen. Immunization and health information will be documented on the child's client demographic screens in FACTS.
- r) The child's worker will make sure that the child's SAFEKIDS PIX identification card has been provided to the foster/adoptive parent at placement or that the process to obtain the child's SAFEKIDS PIX identification card has been initiated.

2.6.3. Placement Activities Specific to Relative/Kinship Homes

While the Department is required to look for relatives as placement options, the worker must take specific actions if the Department is planning to petition the court for or take emergency custody of a child, and place the child in the home of a relative.

- a) The child's worker must assess the relative's ability to provide a safe and stable living environment for the child. The child's worker will conduct a general safety and well-being check of the home using the Kinship/Relative Home Study Request form, make contact with local law enforcement to ensure that the relative is not known to them as being active in criminal activity, and conduct a FACTS record check of all adults in the home over the age of eighteen (18) years of age before leaving the child in the home. The child's worker will make a referral to the Regional Homefinding unit for a Homefinding Specialist to complete the certification process by providing them with the Kinship/Relative Home Study Request form within twenty-four (24) hours. The Homefinding Specialist will have five (5) calendar days to visit the relative's home and begin the Kinship/Relative Safety Screen with the relative/kinship provider. The entire screen must be completed within forty-five (45) days of the receipt of the referral. The relative must sign the Kinship/Relative Safety Screen form.
- b) In emergency placement situations it is strongly recommended the child's worker collaborate and consult with local law enforcement to

gather any and all information including criminal history regarding the potential relative/kinship provider and members in the household, to assess and ensure the child's safety.

- c) The child's worker will provide the relatives with the SS-FC-6A, Foster Care Plan and Agreement to care for the child placed in the home and SS-FC-6A Addendum, Benefit form. The relatives must sign these forms and the worker will provide the relative with copies as proof that the Department has approved the placement of this child. The original forms must be maintained in the kinship/relative provider record.
- d) The child's worker must explain the benefits that are available to the child or may become available to the child, while the child is in the custody of the Department and after the child leaves the custody of the Department. The child's worker must also explain how these benefits can be accessed by the kinship/relative family. ***Please refer to the SS-FC-6A Addendum, Benefits form.**
- e) The child's worker will direct the relative/kinship provider to apply for child only TANF and Medicaid through the local county DHHR office in which the relative resides.
- f) The child's worker must document the placement of the child with the relative in FACTS as a Kinship/Relative placement, once the Homefinding Specialist has opened the relative as a Kinship/Relative Provider.
- g) If the court gives the Department legal custody of a child and orders the child placed with a relative, the child's worker must place the child in the relative's home. The child's worker must still complete a general safety and well-being check of the home using the Kinship/Relative Home Study Request form and submit such to the Regional Homefinding Unit, and a Homefinding Specialist will then complete the Kinship/Relative Safety Screen on in-state kinship/relative homes, and have the relative sign the form as indicated in step one. If the relative does not meet the standards of the Kinship/Relative Screen, the child's worker shall request that the court reconsider the kinship/relative home as a placement resource for the child. The kinship/relative provider is NOT eligible to receive any other payments for the child's care during the time period that they received TANF benefits for the child.
- h) If the child is placed in the kinship/relative home and the kinship/relative family wishes to become certified and receive boarding care, the child's worker will then inform the Homefinding Unit or the Interstate Compact on the Placement of Children

Administrator if the family lives out of state, of the placement and request an assessment of the relative. Under no circumstances shall boarding care be paid to a kinship/relative caretaker prior to the relative completing all the requirements necessary to become a foster family. For in-state studies, the assessment must take priority and should be completed within forty-five (45) days from the date of placement of the child in the relative's home.

- i) The Homefinding Specialist will make arrangements with the relative to obtain their fingerprints to complete a criminal background check. The relative should attend pre-service foster parent training if it is offered during the assessment period, unless a waiver was awarded. The homestudy may be approved prior to the training requirement being fulfilled as long as all other requirements have been met.
- j) Once a copy of the CIB results have been received, the results will be entered by the Homefinding Specialist in FACTS. The Homefinding Specialist must retain a copy of the results in the provider record.
- k) If the relatives cannot meet the certification requirements as determined by the Homefinding Unit, or comparable agency staff of another state via Interstate Compact on the Placement of Children, the worker will report this finding to the court. If the court and/or the Multidisciplinary Treatment Team believe that this placement is in the best interest of the child, the child's worker may request that the court transfer legal custody of the child from the Department to the relative at disposition. The family may apply for a TANF Child Only grant through the Office of Family Support. This would also provide the child with medical care. Prior to transfer of custody from the Department, all children in these placements will be considered eligible for all the services and protections of children who are in paid foster care placements.
- l) If the relatives meet the certification requirements as determined by the Homefinding Unit, or comparable agency staff in another state via Interstate Compact on the Placement of Children, the Homefinding Specialist will enter the relatives in FACTS as a Foster Home within three (3) business days of approval of the family or the child's worker forwarding the other state's approved homestudy and family's signed W-9.
- m) The child's placement effective date will be entered in FACTS within three (3) business days of the placement. In addition, this will also ensure that the child has an EPSDT Health Check screening scheduled within the five (5) day time frame required by the Sanders Consent Decree.

- n) If the child was in foster care prior to this placement, the child's medical card and a new SS-FC-40 are to be given to the kinship/relative family in case medical services are required prior to the issuance of a card to the kinship/relative family for the child. If the child was not in foster care prior to this placement or the child's medical card cannot be located, the child's worker will provide the SS-FC-40 and SS-FC-40A to the kinship/relative family for the child's emergency medical needs.
- o) The child's worker will notify the Office of Child Support Enforcement and the Office of Family Support of the child's placement in foster care if appropriate.
- p) Child's worker will follow General Placement Activities as listed in Section 2.6.2.

2.6.4. Placement Activities Specific to Kinship Homes with no blood relation to the child.

In some instances children may be placed in homes where the caretakers are not considered "specified relatives" in regards to receiving child only TANF reimbursement for care. This usually occurs when there is not a blood relationship between the child and the kinship provider or if the relationship is biological but distant therefore ineligible for child only TANF benefits. In these situations the Department may provide a State Paid Kinship Care Placement Payment until the kinship provider is approved as a certified foster/adoptive parent provider. The following guidelines must be followed for a provider to receive this payment:

- a) Kinship providers must first apply and cooperate with the application process for Child Only TANF benefits. Only those who have been denied will be eligible for State Paid Kinship Care Placement Reimbursement through this process.
- b) The payment is to be provided for 45 days which is the allotted time given to complete the relative/kinship homestudy.
- c) A review will occur within 60 days of placement if the kinship provider has not been approved as a foster/adoptive provider and every 30 days following the initial 60 day review until the home is approved.

Rates for this payment will be consistent with the amounts granted for Child Only TANF payments. The TANF chart is as follows:

		TANF Child Only Rates	Per Child Rate	Rounding Difference	Daily Rate
1	Child	\$262	\$262.00		\$8.61

2	Children	\$301	\$150.50		\$9.90
3	Children	\$340	\$113.33	0.01	\$11.18
4	Children	\$384	\$96.00		\$12.62
5	Children	\$420	\$84.00		\$13.81
6	Children	\$460	\$76.67	(0.02)	\$15.12
7	Children	\$497	\$71.00		\$16.34
8	Children	\$508	\$63.50		\$16.70

In order to complete the payment the worker will do the following:

- a) Complete a demand payment in FACTS using “other approved” payment type with a notation in the comment section stating “State Paid Kinship Care Placement Payment”. ***(Homefinding staff will be required to add State Paid Kinship/Relative to the services list in the Service/Admin screen in the provider record in order for the option of “other approved” to be enabled.)***
- b) The child’s worker will complete the demand payment by the 3rd working day of the month following the month the child came into placement. ***Example: If a child was placed in August the child’s worker will make the payment for the month of August by the 3rd working day of September.***
- c) If the child is not placed in the kinship home for the entire month, workers will need to pro-rate the payment based on the daily rate as listed above.

Note: Once a Kinship/Relative Provider is approved as a Foster/Adoptive Provider regular boarding care payments in the amount of \$600 per month will begin. Kin/Relative providers are NOT eligible to receive any other payments or back-payments during the time period that they received state paid kinship care. Please see Foster Care Section ***Boarding Care Payments for more information.**

2.6.5. Placement Activities Specific to Specialized Family Care (Medley)

The following must occur:

- a) The child’s worker will compile the following information:

1. Child, Youth and Family Case Plan or YS Youth Case Plan for voluntary placement and youth services children or the Family Assessment for child protective services children
 - a. Birth certificate
 - b. Social Security Card
 - c. Copy of the court order granting the Department custody
- b) Child's worker will follow General Placement Activities as listed in Section 2.6.B

2.6.6. Placement Activities Specific to Out-of-State Placement (ICPC)

The following must occur:

- a) An Interstate Compact Report on Child's Placement Status (ICPC-100B) is completed in FACTS, signed and submitted, in triplicate, to the Interstate Compact Administrator in the Office of Social Services within ten (10) days of the date of placement to confirm placement and initiate supervision. The ICPC-100B is also used for notification that a prior approved resource will not be used for placement and subsequent compact termination.
- b) Child's worker will follow General Placement Activities as listed in Section 2.6.B

2.7 Journey Placement Notebook

The Journey Placement Notebook was developed to provide foster/adoptive parents with a mechanism to receive and maintain information about a child they care for. The notebooks are to be given to foster/adoptive parents when a child/youth enters foster care and is placed in a foster/adoptive home. There may be times when the child/youth's worker may not have all the information about a child at the time of placement; however it is expected that it should be forthcoming as soon as the information is made available.

The notebook is divided into sections: The Cover/Introduction, the Out-of-Home Observation Report, the Reports and Documents section, the Forms section and the Terms and Information Guide section. The child's worker must add the child specific information to the notebook, prior to providing it to the foster/adoptive parents. The Notebook also contains several forms that may be useful for foster /adoptive parents, such a medication record, provider list, appointment log, schools attended list; etc...Additional blank forms for the Journey Placement Notebook may be obtained through the [Child Welfare Resource](#) webpage.

The Child/Youth Journey Placement Notebook contains confidential information about a specific child. The information about this child is not to be shared with

anyone other than the Multidisciplinary Treatment (MDT) team members. The information in the notebook is not to be copied for any reason by the foster/adoptive parent(s) without permission from the child's DHHR worker.

The following steps must be taken when a child is placed in a foster/adoptive home:

- a)** When a child enters foster care and is being placed into a foster/adoptive or relative/kinship home, the child's worker must provide the Journey Placement Notebook to the foster/adoptive parent(s).
- b)** The child's worker must add all of the child specific documents to the Journey Placement Notebook, such as the child's case plan, medical information and forms, biological parents background information, educational information, MDT information, child summary,
- c)** The child's worker will explain the Journey Placement Notebook's purpose to the foster/adoptive parent(s). They will specifically explain how the Out-of-Home Observation Reports and Clothing and Personal Item Inventory List are to be utilized.
- d)** The Journey Placement Notebook is to be kept in the foster/adoptive home. The foster/adoptive parent(s) should keep the Journey Placement Notebook in a secure place where other members of the family will not have access.
- e)** The foster/adoptive parent(s) should bring the child's Journey Placement Notebook to each MDT meeting so that the child's worker can ensure the Notebook contains current information. The child's workers will provide updated information to be placed in the notebook. The previous information will be put in the child's case record, if it is not already in the record.
- f)** In a situation where the child is moved from a foster/adoptive home to another foster/adoptive home, the Journey Placement Notebook is to follow the child. If the child is moved from a foster/adoptive home to a group/residential foster care setting, the Journey Placement Notebook must be returned to the child's DHHR worker, unless the stay in the group/residential foster care setting will be short term and the child will be returning to the same foster/adoptive home. During the child's stay in a group/residential foster care setting, the child's DHHR worker will maintain the Journey Placement Notebook for the child, until they are placed into another foster/adoptive home. Then the Journey Placement Notebook will follow the child to the new foster/adoptive home.
- g)** The Journey Placement Notebook is to be returned to the child's DHHR worker upon the child's exit from foster care, except when the child exits foster care to permanency of adoption or legal guardianship.
- h)** Information contained within the Journey Placement Notebook, may be provided to the child, upon their exit from foster care, upon their request.

- i) Educational and medical information contained within the Journey Placement Notebook must be provided to children who exit foster care at the age of eighteen (18) years or older.

The Zipper Binder may be re-used for future children entering care, if they are in good condition. You will need to request the materials that go inside of the binders from the Division of Children and Adult Services, Foster Care Specialist.

2.8 LifeBook

Children in out-of-home placements often lose their connection with their life history. For young children in particular, memories may dissipate with time and the recall of grandparents, other family members, family friends, pets and other connections may fade. Community connections with a pastor, teacher, neighbor or others may be forgotten when the child relocates away from his/her community. Stuffed animals, trinkets from carnivals, school awards, valentine cards and other such typical childhood mementoes seldom accompany a child into foster care. For many people, family picture albums, scrap books, family movies and videos, birthday cards, yearbooks, trophies and other types of mementoes are significant items that document history and experiences of life. Through these items, we maintain our identity, accomplishments and history and a connectedness with our experiences.

Children in foster care should have a similar opportunity to stay connected with their identity. A Life book is a scrapbook that contains photographs, drawings, anecdotal stories about the child, his/her family and friends, and other memorabilia. The child can participate in developing the Life book and in dictating or writing his/her own contributions to the history. Life books help document children and youth's personal histories as they go through the foster care and adoption process. They also serve as a way for workers and foster/adoptive parents to connect with and understand the child's history and experiences. The process of developing the life book communicates to the child that the adults in the child's world are interested in his or her history, experiences, culture and family. It can serve as a tool to build new connections with the foster parent and the caseworker.

Upon a child's entry into foster care the provider will purchase a life book for the child. A portion of the child's initial clothing allowance may be used to purchase the lifebook. The worker with the assistance of the care provider will gather as much of the following items as possible for inclusion in the life book:

- a) Photographs
- b) Drawings
- c) Vital information about the child's biological family and pets

- d) How the child was raised in terms of culture and religion
- e) School information
- f) Family memories

The life book will follow the child through all foster care placements until he/she reaches Permanency. It is the responsibility of the child's worker to ensure the life book is maintained and updated. Updates may be completed during Multidisciplinary Treatment Team meetings, family visits, and visits between the biological parents and the foster/adoptive family.

Section 3

ASSESSMENT

3.1 Introduction

All children entering foster care should be thoroughly assessed in order to understand the child's strengths and needs and to ensure the child's placement is appropriate to meet those needs. Thorough assessment of the child and his/her situation is vital in ensuring placement stability and timely permanency. Information gathered by the worker and/or various assessments will be used by the Multidisciplinary Treatment Team to develop a placement plan and compile the Child, Youth and Family Case Plan and/or YS Case Plan.

The worker should explore the following information:

- a) The child's physical health;
- b) The child's developmental and/or educational level;
- c) The child's daily living activities;
- d) The presence of behavioral or emotional issues and recommended treatment;
- e) Strengths and weaknesses for the family and services needed
- f) The attitudes and desires of the child with regard to his future, if age appropriate;
- g) The social development of the child;
- h) The attitude and desires of the family with regard to the child's future;
- i) The child's behavior, attitudes, and ability to relate

The child's worker will document information gathered through assessments on the following screen in FACTS:

- a) Education information will be documented on the child's employment/education screen.
- b) Immunization and health information will be documented on the child's medical screens.
- c) The child's characteristics will be documented on the child's client characteristics screen in.
- d) The child's worker will document the child's placement needs in the provider recommendation screen, the enter/exit placement screen, the placement safety evaluation screen, and the placement evaluation screen.

3.2 Health Care

The Department has the continuing responsibility to develop and maintain the physical and emotional health of children in foster care. In current medical practice, health supervision of children is based on periodic visits for health appraisal and medical care which includes taking a thorough medical history of the child, careful physical examinations, medical treatment, routine immunizations, mental health counseling and treatment, and guidance for caretakers.

3.2.1 Early Periodic Screening Diagnosis and Treatment (EPSDT) HealthCheck Program

Enrollment and participation in the Early Periodic Screening Diagnosis and Treatment Program, known as [HealthCheck](#), is a requirement for every child in foster care. Evaluation of health status and provision of any needed medical treatment is a necessary component of foster care.

Through this program all children in foster care receive a comprehensive range of preventive and primary health services including vision testing; physical examinations; comprehensive health/medical history; dental screens; nutrition assessments; developmental and behavioral assessments; hearing screens; lead testing; immunizations; ear, nose & throat examinations; vital signs assessments; lab tests; and referrals.

An initial [HealthCheck](#) appointment is required at the time a child enters placement. During the initial appointment, it may be determined that a child is in need of additional follow-up appointments, specialized appointments or dental and eye care. If these medical services are needed, the worker is responsible for assuring that the child receives these medical services. **If a child moves from one placement to another, it is not necessary to require the child to have additional initial HealthCheck appointments, dental exams, or eye exams if they have been completed within the periodicity guidelines.** If the worker

feels that the child is in need of an additional initial HealthCheck appointment, they may request one be completed.

The following steps must be taken when a child enters custody:

- a) The child's worker must enter the child's placement information into FACTS the **same day** as the child enters the placement.
- b) The Sanders Field Liaison will contact either the child's foster/adoptive parent or the foster care agency staff, within one (1) working day of the child's placement, to determine if there is a HealthCheck provider preference. During this contact, the Sanders Field Liaison will inform the child's foster/adoptive parents of the availability of transportation reimbursement to the HealthCheck examination.
- c) The Sanders Field Liaison will contact the HealthCheck provider of choice and request that an initial HealthCheck examination be completed within seventy-two (72) hours of placement, for a child who is a first time entry into foster care, a re-entry into foster care or a child who is in need of a new HealthCheck initial appointment.
- d) If the child's foster/adoptive parents or foster care agency staff does not designate a HealthCheck provider, the liaison informs the child's foster parent or foster care agency staff of several names of HealthCheck providers. The child's foster/adoptive parents or agency staff will choose a HealthCheck provider.
- e) The liaison will make the appropriate initial appointment and requests a copy of the HCFA 1500 billing form to be sent to the liaison at the Office of Maternal, Child and Family Health following the child's HealthCheck evaluation.
- f) Child's worker will record any changes with the child's medical/health status in the Uniformed Case Plan The worker will confirm that the child is receiving any necessary referral/follow up medical treatment in the plan.

3.2.2 HealthCheck Periodicity Schedule

The periodicity schedule for [HealthCheck](#) examinations is as follows:

- a) Infants from birth to age one (1) month are required to be seen by a HealthCheck physician every two (2) weeks.
- b) Infants from age one (1) month to six (6) months old are required to have a HealthCheck exam every two (2) months.
- c) Children from six (6) months old to eighteen (18) months old are required to be seen by a HealthCheck physician every three (3) months.

- d) Children age eighteen (18) months old to thirty-six (36) months old are required to have a HealthCheck exam every six (6) months.
- e) Children ages thirty-six (36) months through age twenty (20) are required to be seen by an HealthCheck physician every twelve (12) months.

3.2.3 High Risk Infants HealthCheck Periodicity Schedule

Children who score as high risk through the West Virginia Statewide Birth Scoring Project are scheduled for [HealthCheck](#) exams more frequently. After discharge from the hospital, preventive health examinations are recommended at 2 to 4 week intervals up to 24 weeks. Ideally examinations should occur at:

- a) Birth
- b) Two weeks
- c) Four weeks
- d) Eight weeks
- e) Twelve weeks
- f) Sixteen weeks
- g) Twenty-four weeks

3.2.4 Birth to Three Programs

[West Virginia Birth to Three](#) must be considered for all children under the age of three who have been identified as experiencing or at risk of developing substantial developmental delays or atypical development patterns; or have been determined to fall under an at-risk category. **Children who have been placed in the custody of the Department, due to a substantiated report of maltreatment or due to being unsafe in their home, must be referred to the [Birth to Three Program](#).**

The [Birth to Three Program](#) will provide the child, foster parent(s) and biological parent(s) with services geared toward assisting the child to overcome any identified developmental delays. The child's MDT will determine how to provide the services, so the child's best interests are met. The child's MDT will designate the foster parent as the surrogate parent to make decisions for the Birth to Three services. Birth to Three services may be provided to the foster parent(s) and the biological parent(s) during the same time period. Example: The foster parent may be receiving services to assist a toddler with walking. There may be a plan to send the child home soon, so the biological parent may also be involved in services, during visitation, so they will know how to assist the child with walking.

The following steps must be taken when a child enters custody:

- a) Once a child, who is under the age of three, enters custody the worker must assure that the Initial Health Check Screen is completed within the seventy-two (72) hour time frame. ** Refer to EPSDT, and Foster Care Section 3.2.1 for more details.
- b) The child's worker will gather all results of the initial Health Check Screen, by contacting the foster parent, private providers, doctor or any other individuals, who may have the information, prior to the child's initial thirty (30) day MDT.
- c) The child's worker will provide to the child's initial thirty (30) Day MDT, the referral information concerning the [Birth to Three Program](#). The Birth to Three Program staff should be invited to attend the child's MDT.
- d) The child's worker will make a referral to the Birth to Three Program using the [Birth to Three Referral](#) form for Early Intervention Part C-Birth to Three services. Send the original to the local Birth to Three offices, file one copy in the case record and provide the family with the third copy. The worker will save a copy of the referral to FACTS in the file cabinet. The worker must also include a copy of the results of the Health Check Screen, copy of the Initial Assessment and Safety First Evaluation and any other assessments that may assist in determining the child's need for services, in the referral.
- e) The child's worker will document the referral information on the Service Log in FACTS.

If a child is qualified for services through the [Birth to Three Program](#), the child's worker will maintain contact with the Birth to Three Program staff to ensure that consistent services are provided. The child's worker will also attend the treatment team meetings held by the Birth to Three Program staff.

3.2.5 Dental Care

Routine dental care is provided to children in foster care through the EPSDT, [Health Check](#) program. All foster children are to be referred to a dentist by the time they are three (3) years of age for a yearly check-up and dental services as prescribed by the dentist. Medicaid will only cover dental check-ups once every six (6) months. Any request for dental care that is not routinely covered by Medicaid, such as braces, more frequent check-ups must have prior approval through the [Bureau for Medical Services](#) and be approved by the Regional Program Manager or the Child Welfare Consultant prior to the services being provided.

3.2.6 Immunizations

Every child shall be immunized against childhood diseases including whooping cough, mumps, tetanus, diphtheria, polio, measles, rubella and any other vaccine recommended by the physician and by the [Bureau of Public Health](#). Immunizations can be obtained through the EPSDT Health Check program. In order for a health professional to administer an immunization to any child, they are required by law to insure that the person accompanying the child is aware of the possible side effects of the vaccine and appropriate measures to take in the event of an adverse reaction. The person accompanying the child who receives an immunization must provide informed consent for the procedure and must sign the permanent record card at the time the vaccine is administered.

3.2.7 Eye Care

Routine eye care is provided to children in foster care through the EPSDT, [Health Check](#) program. All foster children are to be referred to an optometrist by the time they are five (5) years of age for a yearly check-up and eye care services as prescribed by the optometrist.

3.2.8 Children with Special Health Care Needs

Foster children are eligible to participate in the [Office of Maternal and Child Health's Children with Special Health Care Needs](#) (formerly Handicapped Children's Services.) Referrals should be made through the EPSDT [Health Check](#) program or by the child's supervising physician.

3.2.9 Substance Abuse Services

Many youth enter foster care with substance abuse problems. For others this diagnosis is made after the youth is already in foster care. Whenever it is suspected that a child may have a problem with substance abuse, a referral shall be made to the Regional Child Specialist at the local Community Behavioral Health Center for an assessment. The results of this assessment must be incorporated into the child's treatment plan.

3.2.10 Mental Health Services

Most children in foster care will be in need of mental health services. A referral shall be made to the Regional Child Specialist at the local Community Behavioral Health Center or through the staff of the specialized foster care or group/residential facility for an assessment. The results of the evaluation will then be used as the basis for the child's treatment plan and for arranging subsequent psychological or psychiatric services that may be needed.

3.2.11 Emergency Services

Provisions shall be made for the immediate services of a doctor or hospital for an ill foster child; for needed follow-up after an illness or accident; or

whenever there is other evidence of medical need. Children in foster care who may need emergency medical services prior to the issuance of a medical card are to be given a copy of the form letter SS-FC-40A stating their name, birth date, social security number, date of placement, the name of the facility or foster parent where the child is residing, and the type of services being provided. The letter is time limited. This form is to be used only if the child does not yet possess a valid medical card. Children in foster care will be provided with an SS-FC-40 at the time of each placement. This form will indicate the child's name, Medicaid number and the provider or foster/adoptive parent's names and is to be used by the provider or foster/adoptive parent to obtain the medical treatment necessary noted on the form. The child's foster/adoptive parents or the group/residential facility should notify the Department in the case of an emergency situation. If the child's worker, supervisor, or Community Services Manager is not available to provide emergency consent for medical care, the foster/adoptive parent or group/residential facility will utilize the child's medical card or SS-FC-40A to provide emergency medical services for the child. The foster/adoptive parent or the group/residential facility must notify the child's worker as soon as possible of the event.

3.3 Comprehensive Assessment Planning System (CAPS)

State statute requires the establishment of a multidisciplinary treatment planning process to assess, plan and implement a comprehensive, individualized service plan for children who are victims of abuse or neglect and their families when a judicial proceeding has been initiated and for certain juveniles who are the subject of a court proceeding (See Multi-Disciplinary Treatment Team Foster Care Policy Section 4.1 for a detailed description of the MDT process). State statute 's49-5D-3 requires the Department to adopt a uniform comprehensive assessment protocol or tool to assess children's individual needs and strengths and subsequently identify services to be included in the service plan. The type of process or tool to be utilized is left to the discretion of the Department.

In order to meet the requirements in 49-5D-3 the Department, in partnership with private providers, developed and implemented the Comprehensive Assessment Planning System (CAPS). CAPS was developed to address the following areas within child welfare:

- a)** To reduce the number of out of home placements
- b)** To decrease the number of disruptions of placements
- c)** To reduce the length of time in custody
- d)** To assist in achieving permanency in a more timely manner

- e) To assist the MDT in making informed decisions regarding treatment needs
- f) To provide a process by which assessments are uniform and consistent
- g) To identify the cause of risk influences and behavioral control influences
- h) Identify conditions in the home which negatively impact the families ability to function successfully
- i) Help to formulate recommendations for safety
- j) Recommend appropriate services
- k) Engage the family in the treatment process and increase ownership in the treatment process
- l) Help the child's worker and MDT in understanding the family dynamics
- m) Recommend appropriate options for permanency planning

3.3.1 Populations served through CAPS

CAPS assessments are **required** to be completed for some juveniles involved in court proceedings and are recommended when working with youth and families through child protective services or youth services. See Youth Services Policy Section 7.0 for an explanation of which youth are required to receive a CAPS assessment.

3.3.2 CAPS Components

The CAPS process requires collaboration between the child's worker and the provider conducting the assessment. The process consists of a series of interviews, assessments and meetings. The components include:

3.3.3 CAPS Tier 1

Consists of a battery of assessments which are completed in every case:

- a) The Psychosocial Domain: The youth's demographic, biological family, referral information, placement history, prior service history, developmental history, health/medical history, education, social and personal recollections/observations, functional assessment, independent living skills assessment, substance abuse history, sexual abuse history, and mental health status are explored.
 - 1. The Physical Domain: For children in placement a Health Check examination must be completed.
 - 2. The Adaptive Functioning Domain: This rating scale assesses the youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, and/or substance use/abuse problems. This also includes a life skills assessment.

3. The Child and Adolescent Needs and Strengths Assessment (CANS): The CANS identifies strengths and needs of the youth and the family, which is an essential piece of the Family Service Plan. This tool assists in case management and services provided to the family with the primary objectives of permanency, safety, and an improved quality of life. Different versions of the CANS can be used to address developmental needs, functioning domain, criminal and delinquent behavior, and sexual behavior.
4. Family Assessment: This measures family functioning in five domains including the youth's home environment; parental capabilities; family interactions; family safety; child wellbeing.

3.3.4 CAPS Tier 2

- a) The initiation of one or more of the assessments in the second tier is triggered by the information obtained from the completion of the first tier. For example, if substance use or abuse is identified then further exploration may be necessary. Tier 2 may include some or all of the following:
 1. Psychological: Focuses on assessing the normal and abnormal nature of a person's overall functioning. The specific nature of these evaluations may vary depending on the issues to be addressed.
 2. Substance Use: Standardized assessment tool to determine the extent alcohol and/or drug use has impacted a consumer's daily functioning. Relating to medical status, employment/support status; alcohol/drug use, legal status, family history, social relations and psychiatric status.
 3. Substance abuse: Brief psychological screening measure that helps identify individuals who have a high probability of having a substance use disorder. SASSI versions are composed of face valid items as well as subtle items that do not address misuse in a direct manner for individuals who may be unwilling to acknowledge relevant substance-related behavior. Final result a clinical picture of dependence.
 4. Juvenile Sex Offender: A checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. It is designed for boys age 12 to 18 and is useful for informing and guiding treatment and risk management decisions.
 5. A clinical interview

6. **Juvenile Service Battery:** A ten item self-report instrument that shows an individual's degree of comfort regarding engaging in certain criminal behaviors. The final product is a score to be used for programming and treatment planning needs.
7. **Meetings**
8. The CAPS process includes the following meetings:
9. The family joining meeting during which the worker introduces the provider to the family and the provider discusses the steps they will take to complete the CAPS assessment.
10. A series of meetings between the provider and the family in which the first, and when necessary, the second tier assessment are completed.
11. The family conferencing meeting which is conducted by the provider with the family to review the results of the assessments and to prepare for the upcoming MDT meeting in which the results will be presented.
12. **Comprehensive Assessment Report (CAR)**

After the assessments have been completed and other necessary information obtained, the provider will prepare the Comprehensive Assessment Report (CAR). The CAR is used during the MDT process to:

1. Provide information about the juvenile and the juvenile's family to the members of the MDT.
2. To serve as the basis for the development of the Youth Services case plan.
3. The comprehensive assessment report consists of the following:
4. the results of the youth/child assessments;
5. the results of the family assessments;
6. the identification of the family's strengths and weaknesses;
7. the integrated child and family summary; and,
8. recommendations

3.3.5 The CAPS Process, Timelines and Responsibilities

In general, it is expected that the CAPS process will require 30 days to complete. In rare instances when it is necessary to arrange for some Tier II assessments the process may take longer than 30 days. Included below are the steps, timelines and responsibilities in the CAPS process:

- STEP 1: 24 hours
Set up Family Joining Meeting
Schedule EPSDT
Coordinate Visitation
- STEP 2: 3 days
Hold Family Joining Meeting
Care Connection Form
Master Treatment Plan
Schedule 30 day MDT
- STEP 3: 7 days
Schedule psychological evaluation
- STEP 4: 14 Days
NCFAS
CANS
Genogram
Schedule Tier II Assessments
- STEP 5: 19 days
Complete Tier II Assessments
- STEP 6: 25 days
Complete CANS
Schedule 30 day MDT
- STEP 7: Prior to MDT
Conduct Family Conferencing
Conference to prepare family for MDT and discuss CAR
Results

3.3.6 Locations where a CAPS assessment may be completed

The CAPS assessments can be performed whether the child is in an emergency shelter, in the family's home, in a relative placement or in a foster home. To distinguish between the two, we have separated them into two categories which we refer to as CAPS-Shelter and CAPS-Mobile.

- a) **CAPS-Shelter:** Those CAPS assessments which are completed while the child is in placement at an emergency shelter.
- b) **CAPS Mobile:** The CAPS assessments which are conducted in settings other than an emergency shelter (this would include foster home and relative/kinship placements).

3.3.7 CAPS Referral Process

To initiate a referral the YS Worker will contact the provider to determine if they complete the CAPS assessment. If the provider can provide this service then the worker will complete the referral form which will be generated from the FACTS system. The Worker will provide the following basic information to the CAPS Provider:

- a) Date of referral
- b) Date of custody if in Department custody
- c) Name of the agency to whom the referral is being made
- d) Name of child's worker
- e) County of residence
- f) FACTS client identification number
- g) Family name
- h) Parent/caregiver's name
- i) Family's address and telephone number
- j) Directions to the family's home
- k) Names of all household members, including siblings, spouses and significant others and their ages if available
- l) Youth's medical card number
- m) Youth's social security number
- n) Race/sex
- o) Name of school child attends and contact information
- p) Type of CAPS referral

3.4 Initial Clothing Assessment and Allowance

All children who first enter foster care are entitled to an adequate wardrobe and are eligible to receive an initial clothing allowance at the time of placement.

The child's worker shall assess the child's initial placement clothing needs and complete the [Placement Wardrobe and Personal Inventory](#) form of the child's personal belongings. If a child does not have an adequate wardrobe at the time of initial entry into the foster care system, items of clothing may be purchased by the foster/adoptive parents or the facility. In considering the purchase of clothing, the child's worker should be aware of the usable clothing the child already possesses. The initial clothing purchase is not intended to completely outfit the

child but only supply the child with immediate clothing necessities.

This clothing payment is to only be made when a child initially enters foster care. The child's worker is not to issue another clothing payment for a child if the child moves from one placement to the next. The child's clothing brought from his home and purchased with the initial clothing payment must follow the child. A child's initial foster care placement clothing allowance may be up to \$300.00.

The initial clothing allowance can be approached and completed through two separate avenues. If the placement provider can expend the \$300 they may purchase the child's clothing using their own funds with the expectation of reimbursement from the Department. The placement provider must supply the purchase receipt(s) to the child's worker. The child's worker will then use the Initial Clothing Allowance Demand Payment type to generate a payment to the child's placement provider. The placement provider may purchase clothing from different vendors as long as the total clothing purchase does not surpass the **\$300 total** limit.

Many times the placement provider may not possess available funds to purchase the child's initial clothing. In these situations the child's worker may issue a BA-67 Clothing Voucher (not to exceed \$300) which will be accepted by any vendor who has agreed to this form of payment. The BA-67 is a form of demand payment which allows a voucher to be presented to the vendor in lieu of funds provided by the placement provider. In some instances a placement provider may wish or need to purchase clothing from multiple vendors using the BA-67 voucher. If a placement provider wishes to split the \$300 clothing allowance between multiple vendors the worker can generate multiple BA-67 vouchers to separate vendors as long as they do not exceed the **\$300 total** clothing allowance limit.

Both forms of payment for the initial clothing allowance require the worker to enter the "clothing assistance" service in the child's service log screen in FACTS and they both also require a demand payment request.

3.5 Title IV-E Foster Care Eligibility/Reimbursability

Title IV-E of the Social Security Act is a federally funded program which provides fiscal support on behalf of individual children in foster care, or children who have gained permanency through legal guardianship who would have been eligible for AFDC benefits, as determined by the July 1996 standards for the program, had they remained in their own homes. A review of each child coming into foster care must be conducted by the Division of IV-E Finance to determine the child's eligibility for Title IV-E funds. When a child is determined to be eligible and reimbursable for Title IV-E funds, the Department is reimbursed a percentage of the expenses incurred in providing room, board and supervision to the foster

child. In addition, the Department is also reimbursed for a percentage of the administrative costs of the foster care program and training costs for staff.

Eligibility for Title IV-E is established at the time a child enters the care and custody of the Department. The child's worker will do the following actions within thirty (30) days of the child entering foster care:

- a)** Document in FACTS the child and family specific information necessary to make a Title IV-E determination including:
 - 1.** Who the child was living with during the month the initial petition was filed or the voluntary placement agreement was signed;
 - 1.** The date of the court order removing the child from the home;
 - 2.** If the child has medical and/or dental insurance coverage; Not a IV-E Requirement
 - 3.** If the child was deprived of parental care or support by one or both parents such as absence, death, disability, or unemployment;
 - 4.** The income and assets of each parent;
 - 5.** Marital and employment information of each parent;
 - 6.** The child's legal history and educational status; and
 - 7.** If the family is receiving any benefits such as social security, child support, black lung, etc. either directly or for the child.
- a)** The child will automatically be assigned to the Division of IV-E Finance for a Title IV-E determination. The Division of IV-E Finance will contact the child's worker to provide copies of the following information necessary for determination purposes:
 - 1.** The initial petition alleging child abuse and/or neglect resulting in a removal court order, if the child is in care because of child abuse and neglect;
 - 2.** The initial court order resulting in the physical removal of the child from the home, if the child is in care due to child abuse/neglect or youth services; or
 - 3.** The voluntary placement or relinquishment agreement if the child is placed into foster care by his parent.
 - 4.** A copy of the child's birth certificate and Social Security Card.

(Refer to the FACTS Desk Guide for more information about the Title IV-E determination process.)

3.6 Regional Clinical Reviews

The clinical review process is a coordinated effort designed to provide a comprehensive, objective, clinical review of designated youth.

The role of this review process is to identify what the youth's current treatment and permanency needs are and serve as a resource to the youth's individual Multidisciplinary Team (MDT) in guiding decision making.

Targeted Population

Youth that are targeted for this review process include youth currently in out-of-state residential treatment facilities or at risk of out-of-state placement. The youth to be referred to the Regional Clinical Review Process are:

- Youth at risk of out-of-state placement;
- If a quality Comprehensive Assessment & Planning System (CAPS) has been completed within the past six months, or a youth has received an inpatient diagnostic within six months by an individual meeting the Regional Clinical Review Team (RCRT) individual reviewer credentialing standards, and a youth is at risk of out-of-state placement—the DHHR worker will complete section I of the Regional Clinical Review Tool and refer the youth to the Regional Clinical Coordinator (RCC) for Regional Clinical Review. The CAPS Assessment or Diagnostic Report will be utilized instead of having an individual reviewer complete section II. The Regional Clinical Review Team will complete section III.
- If a quality CAPS or inpatient diagnostic (by an individual meeting IR credentialing standards) has not been completed within the past six months, and the youth is at risk of out-of-state placement, the DHHR worker will follow the standardized Regional Clinical Review process.
- Youth currently out-of-state for whom discharge planning is required.;
- Youth identified for discharge within 120 days, as well youth with 12 month stays or longer in out-of-state placement. The RCC and regional designees will work together using the discharge criterion checklist to determine if the youth needs Regional Clinical Review.
- Youth in out-of-state placements for whom funding is being discontinued (youth's continued stay does not meet medical necessity).
- Per request of youth's MDT at significant treatment junctures (applies to youth in out-of-state placement).
- Youth sent out-of-state without regional clinical review (reviewed by a modified regional clinical review process).
- As Regions reduce the number of youth in out-of-state placements it is the intention that they will begin reviewing those youth in out-of-state placement at six month intervals.

Process

The responsibility of the Regional Clinical Coordinator is to complete the following activities of the regional clinical review process:

1. The Regional Clinical Coordinator (RCC) will receive the initial referral and screen for the purpose of determining eligibility. The referral source will be notified of eligibility for review within two (2) business days.
2. The RCC will send the clinical review packet, including Section I if the review tool to the DHHR worker for completion within ten (10) business days.
3. DHHR worker and RCC will work together to provide the ASO referral and completed packet (including Section I, consent to release information and other necessary information) to the Individual Reviewer.
4. The RCC follows up with the Individual Reviewer during the time allotted for completing Section II. The Individual Reviewer will complete Section II within ten (10) business days of receiving designated referral information.
5. The RCC receives the youth's packet, including completed sections I & II at least two (2) business days prior to the scheduled youth's Clinical Review, unless specified as an emergency review.
6. The RCC schedules the regional clinical review.
7. The RCC makes the appropriate copies, facilitates the meeting, fills in the Child and Adolescent Strengths & Needs (CANS) Assessment score sheet per the Regional Clinical Review Team's scores, and enters the information on Section III of the Clinical Review Tool.
8. The RCC enters the information into the data base, and provides the packet to the DHHR Worker, Supervisor and the Regional Program Manager as a resource for the MDT.

INDIVIDUAL REVIEWERS

The role of the individual reviewer is to review, assess, and evaluate the youth's needs based on a clinical review of records and interviews with the youth and agency. The role of the individual reviewer is to make a determination of:

1. The youth's treatment and permanency needs.
2. The agency where the youth is placed has the program/services in place to meet the youth's need.
3. The youth and family/legal guardian are involved in the treatment with their input being considered in the treatment and discharge planning process.
4. Discharge planning is occurring from the time of admission throughout the youth's treatment.
5. The identified discharge plan is based on the youth's need.
 - The individual reviewer is not taking the role of a licensing specialist or DHHR representative. Must report all instances of suspected abuse, neglect

or concerns about the agency the youth is placed at to the DHHR district office.

- Individual Reviewers may not review youth in an agency where they are employed or in any instance where a conflict of interest may exist.

Responsibilities

The responsibilities of the Individual Reviewer are multi-faceted. The following are the specific activities involved in their review process:

1. The Individual reviewer is contacted by the Regional Clinical Coordinator (RCC) and accepts the youth's case to review.
2. The Individual Reviewer is contacted by the youth's legal guardian, who gives him/her and the RCC Section I of the Clinical Review Tool and all available records to assist with the review (examples: consent, ASO referral, assessments, etc.)
3. The Individual Reviewer reviews Section I and all pertinent data to become familiar with the youth. Requesting additional information from the legal guardian may be required. The Individual Reviewer contacts the facility where the youth is currently placed and completes an interview with the youth's primary treatment provider, typically the therapist or case manager/social worker and completes an interview with the youth.
4. The Individual Reviewer inputs all information into Section II of the Regional Clinical Review Tool.
5. The Individual Reviewer completes an initial CANS and any subsequent CANS modules on the youth.
6. The Individual Reviewer makes sure that Sections I and II of the tool are completed and forwarded, along with the CANS and subsequent CANS modules, to the Regional Clinical Coordinator.
7. The Individual Reviewer attends the Regional Clinical Team Review to staff his/her case.
8. Following staffing the case, the Individual Reviewer gives all written/typed notes/information to the legal guardian.

3.7 Educational Stability

Child welfare agencies are required to assure educational stability for children in care. At the initial time of removal of the child from their home, the agency must make diligent efforts to maintain the child in the school that they are currently enrolled in unless it is not in the child's best interest. The child welfare agency must cooperate with the local education agency to assess what would be in the child's best interest for continuing to attend their current school. If the child can be maintained in the current school but is placed outside of that school's living district, the education agency must work with the child welfare agency to

arrange transportation. Should the placement not allow for the child to remain in their school due to it not being in the child's best interest, such as distance, travel time, safety concerns, etc., the social worker must immediately contact the attendance director to enroll the child into the new school in the placement's district. There should be no time lapse due to the transfer of schools, and the new school must accept the child immediately, even if previous records have not yet been obtained. The social worker will reassess educational stability at each subsequent placement during the child's time in care.

Federal funding is available to cover education related transportation costs for children in foster care. The social worker must work with the local education agency and the foster parents, kinship/relative parents or residential agency staff to develop a plan for transporting the child to and from their home school. The child may be eligible for assistance from the education agency to assist with transportation costs or other needs. This could include assistance funded by the McKinney-Vento Act or other available education funding. If the education agency does not cover the costs for transportation, the child welfare agency may do so using supplemental boarding care payments for foster or kinship/relative parents. The social worker must calculate the costs for transporting the child to and from school and reimburse the foster or kinship/relative parents each and every month in which transportation was provided. Payments for transportation to and from school are only utilized whenever the foster or kinship/relative parents are transporting or paying for transporting a child to and from a home school in order to assure educational stability. The exact amount of the transportation costs should be reimbursed to the foster or kinship/relative parents or if private automobile is utilized, the standard state rate per mile for travel reimbursement should be used to calculate the costs. If a child is enrolled in a school that is in the home district of the foster or kinship relative parent, it is expected that the child will utilize the same means of transportation for all students in the district and will not be eligible for transportation payments through [supplemental boarding care](#). Group residential agencies will be reimbursed for their transportation costs in a different manner and are not eligible for a supplemental boarding care payment. The Fostering Connections to Success and Increasing Adoptions ACT also requires that every school-age child in foster care and every school-age child receiving an adoption assistance or subsidized guardianship payment is enrolled as a full-time elementary or secondary school student or has completed secondary school.

3.8 Life Skills Assessment for youth 14 years and older

Foster care is a transitional living arrangement. Either the child in foster care is going to be reunified with his parents or be placed in another permanent living

arrangement. For those children who do not return home the Department has the responsibility to help them develop into self-sufficient adults. In addition, all agencies and individuals who provide substitute parental care for these children and youth are charged with helping to ensure that their social, emotional, and intellectual development is achieved to each youth's highest potential.

The Department must ensure that all adults entrusted with the care of the state's children and youth demonstrate appropriate social behavior; respond properly to stressful situations; and promote good physical, emotional, and intellectual well-being. It is through the observation of positive adult behavior and through interaction with positive adult role models that children and youth develop and demonstrate positive attributes.

For all foster children over the age fourteen (14), the child's caseworker is responsible for ensuring a Life Skills Assessment is completed. Please refer to Social Services Manual Chapter 26 "Services to Older Adolescents" for detailed information regarding the life skills assessment and subsequent activities.

Section 4

CASE PLAN

4.1 Multidisciplinary Treatment Teams

A multidisciplinary treatment team (MDT) is a group of individuals, from different disciplines, who work together with the child(ren) and family to develop a service plan and coordinate services. An MDT becomes the central point for decision making during the life of a case. The Case Plan is developed by the MDT, therefore the child(ren) and family's participation is vital throughout the process. Any person or professional who may contribute to the team's efforts to assist the family and child(ren) must be notified and invited to participate in the MDT, **but extra attention must be placed on encouraging the child(ren) and family to participate in the MDT process.**

State Statute 49-5D-1, requires the Department to establish a multidisciplinary screening, advisory and planning system.

The purpose of the multidisciplinary system is to:

- b)** assist courts in facilitating permanency planning following the initiation of judicial proceedings;
- c)** recommend alternatives to the court including types of services and types of placements, if any; and,

- d) assess, plan and implement a comprehensive, individualized service plan for children who are victims of abuse or neglect and their families involved in an abuse and neglect proceeding or juveniles and their families involved in status offense or delinquency proceedings when, in a status offense proceeding, the court refers the juvenile for services and when, in a delinquency proceeding, the court is considering placing the juvenile in the department's custody or placing the juvenile out of home at the department's expense. In any such status offense or delinquency case, the juvenile probation officer shall notify the local office of the Department of Health and Human Resources and the Division of Juvenile Services at least five working days before the court proceeding in order to allow the multidisciplinary treatment team to convene and develop a comprehensive individualized service plan for the child: *Provided*, That such notice is not required in cases where the child is already in state custody or there exist exigent circumstances which justify taking the child immediately into custody without a judicial proceeding. In developing an individualized service plan for a child, the team shall utilize a uniform comprehensive assessment of the child. The department shall adopt a standard uniform comprehensive assessment instrument or protocol to be used by treatment teams.

The following steps should be followed when a child enters foster care:

- e) A Multidisciplinary Treatment Team meeting should be established within thirty (30) days of the child entering foster care if one has not already been established. The Multidisciplinary Team shall assess, plan and implement a comprehensive, individualized service plan for children who are victims of abuse or neglect and their families. The Multidisciplinary Team shall obtain and utilize any assessments for the children or the adult respondents that it deems necessary to assist in the development of such a plan.
- f) The membership of the team should include the child or family's case manager in the Department of Health and Human Resources, the adult respondent(s), the child's parent or parents, guardians, any co-petitioners, custodial relatives of the child, foster or pre-adoptive parents, any attorney representing an adult respondent or other member of the treatment team, the child's counsel or the guardian ad litem, the prosecuting attorney or his or her designee, a member of a child advocacy center when the child has been processed through the child advocacy center program or programs or it is otherwise appropriate that a member of the child advocacy center participate, any court-appointed special advocate assigned to a case, any other person entitled to notice and the right to be heard, an appropriate school official and any other person or agency representative who may assist in providing recommendations for the particular needs of the child and family, including domestic violence service providers. The child may participate in the multidisciplinary treatment team meetings if the child's participation is deemed

appropriate by the multidisciplinary treatment team. Unless otherwise ordered by the court, a party whose parental rights have been terminated and his or her attorney shall not be given notice of a multidisciplinary treatment team meeting and does not have the right to participate in any treatment team meeting.

- g)** School personnel must be invited to attend all MDT meetings. The caseworker will send the invitation to the principal and/or counselor of the school that the child is currently attending, most recently attended, and/or will be attending, which shall be decided on a case by case basis. Along with this invitation to the principal and/or counselor, the caseworker may request that other school personnel attend as needed, such as a teacher, secretary, or attendance director.
- h)** Adult services staff should be invited to the treatment team meetings for all children age seventeen years or older to plan for continued adult support if necessary. Homefinding staff should be invited to the treatment team meetings to assist the team with placement decisions. Adoption staff should be invited to the treatment team meetings when discussing adoption and permanency planning.
- i)** A team leader should be designated who is responsible for convening meetings, keeping and distributing records, and overseeing all service provision.
- j)** All participants must sign a confidentiality statement.
- k)** The Multidisciplinary Treatment Team must gather sufficient information to thoroughly and comprehensively assess the child's and family's social, emotional, environmental, physical, educational, and financial strengths and needs to determine an appropriate, comprehensive, individualized case plan for the child and his family. The assessments utilized are the FFA and PCFA for child abuse and neglect proceedings, the YBE and CAPS for status offense and juvenile delinquency proceedings and any other health, mental health, developmental, educational or life skills assessments available or needed as determine by the Department or the MDT.
- l)** If the child is in foster care due to Child Protective Services intervention, copies of the Protective Capacities Family Assessment and all other necessary documents shall be shared with the treatment team participants in order to develop the Uniform Case Plan. If the child is in foster care due to status offenses or delinquency, copies of the YBE and CAR shall be shared with the treatment team.
- m)** Copies of the family case plan and all other necessary documents shall be shared with the treatment team participants in order to develop the Uniform Case Plan.

Once the Uniform Case Plan has been developed, a copy of the plan shall be provided to the prosecuting attorney, the child's attorney, and all members of the Multidisciplinary Plan.

- n) At least every ninety (90) days, the Multidisciplinary Treatment Team is to review and evaluate the progress of the child and family in meeting the goals identified in the Uniform Case Plan, the safety of the child in placement, the continuing necessity for and appropriateness of the placement, and the extent of compliance with the case plan. If the child is in foster care due to Child Protective Services intervention, the Child Protective Services Social Worker must complete the Family Case Plan Evaluation and Continuing Safety Evaluation, or if the child is in foster care due to status offenses or juvenile delinquency, the Youth Services Social Worker must complete the Family Services Plan Review, in order to assist the Multidisciplinary Treatment Team in making decisions concerning goal achievement and continuing necessity for placement. Following this review, a written report of the results is to be provided to the court. This will be the document used to review the case at the permanency placement review hearings and judicial review.
- o) The child's foster/adoptive parents will provide the out of home observation reports to the child's worker or the Multidisciplinary Treatment Team which will include a report on the progress of the child, any changes in the child's case, an evaluation of the services provided to the child and his family, the status of the child's health and education, and any other relevant information for each month the child has been in placement with the provider.
- p) Once the case plan has been developed, it must be filed with the court and a copy of the plan shall be provided to the prosecuting attorney, the child's attorney, and all members of the Multidisciplinary Plan, the Multidisciplinary Treatment Team is to be used to review and evaluate the progress of the child and the family in implementing the provisions of the plan. This evaluation is to be completed by the Multidisciplinary Treatment Team at least every ninety (90) days. Following this review, a written report of the results is to be provided to the court. This will be the document used to review the case at the permanency placement review hearings and judicial review.
- q) In addition to the development of Uniform Case Plan. The Multidisciplinary Treatment Team meetings should also be used to meet other necessary case review requirements such as the administrative review.
- r) The Multidisciplinary Team, when discussing placement of the child, must first consider appropriate relatives. If no appropriate relatives are available, the Multidisciplinary Team may then consider foster care homes, facilities, or programs located within the state. The Multidisciplinary Team may only recommend placement in an out-of-state facility if it concludes, after considering the best interests and overall needs of the child, that there are no

available and suitable in-state facilities which can satisfactorily meet the specific needs of the child. In any case in which the Multidisciplinary Team and the court decide to order the child placed in an out-of-state facility or program it shall set forth in the order directing the placement the reasons why the child was not placed in an in-state facility or program.

- s) The Multidisciplinary Team shall be afforded access to information in the possession of the Department of Health and Human Resources, Division of Juvenile Services, law enforcement agencies and other state, county and local agencies; and the agencies shall cooperate in the sharing of information, as may be provided in sections three (d) and six, article five-D and section one, article seven, all of chapter forty-nine, and any other relevant provision of law. Any multidisciplinary team member who acquires confidential information shall not disclose such information except as permitted by the provisions of the Code or court rules.
- t) If the Multidisciplinary Team cannot agree on a plan or if the court determines not to adopt the Team's recommendations, a hearing shall be held within ten days of such determination, and prior to the entry of an order placing the child in the custody of the Department or in an out-of-home setting, to consider evidence from the Team as to its rationale for the proposed service plan. If after such hearing the court does not adopt the Team's recommended service plan, it shall make specific written findings as to why the team's recommended service plan was not adopted.

4.2 Interdisciplinary Team (IDT) (Only for children placed in Specialized Family Care Medley)

The Interdisciplinary Team is similar to the Multidisciplinary Treatment Team in scope and makeup. This team is for children who are receiving case management services through a behavioral health agency. The child may also be receiving Title XIX Waiver or Medicaid Personal Care programs. It is responsible for identifying and developing the delivery of services in the community for the child with developmental disabilities.

The Interdisciplinary Team is designated to determine the services the MR/DD waiver needs and/or wants based upon assessments and professional evaluations. This determination is the basis for the Individual Service Plan including the type and the amount of each service. The units of behavioral health services are to be based upon documented need. The QMRP is responsible for developing training programs for each goal and objective of the Individual Service Plan and to recommend activities and settings which optimize attainment of these goals and objectives. All programs must be agreed upon by the members of the Interdisciplinary Team prior to implementation.

It is, therefore, necessary for the child's worker to coordinate the efforts of the Interdisciplinary Team and the Multidisciplinary Treatment Team. The Interdisciplinary Team may serve as the Multidisciplinary Treatment Team and vice versa as long as all the necessary participants for both the Multidisciplinary Treatment Team and the Interdisciplinary Team are present at the meeting.

All necessary Interdisciplinary Team members need to attend the Interdisciplinary Team meetings held every six months. The minimum composition of the Interdisciplinary Team includes:

- a)** The individual;
- b)** The individual's guardian/legal representative (the child's caseworker);
- c)** The individual's licensed psychologist;
- d)** The individual's specialized foster care worker;
- e)** The individual's service coordinator (behavioral health case manager responsible for coordinating services with the provider);
- f)** Medley advocate if the individual is a Medley class member;
- g)** QMRP (responsible to develop and monitor specific instructional programs); and
- h)** The Family Based Care Specialist.

In addition, the following people should also attend the Interdisciplinary Team meetings:

- a)** The child's foster/adoptive parent (Specialized Family Care provider);
- b)** The child's Guardian Ad Litem;
- c)** The child's CASA, if one has been assigned;
- d)** The child's parents;
- e)** Other members of the child's Multidisciplinary Treatment Team as necessary.

The following must occur:

- a)** The child's worker must attend all Interdisciplinary Team meetings.
- b)** The child's worker is responsible for providing the team with the legal/custodial situation of the child, advocating for the child to achieve his permanency plan, and informing the team of services and treatments available through foster care.

4.3 General Case Planning

Regardless of the way that a child enters foster care (i.e. CPS, Youth Services, voluntary placement) a Case Plan must be developed and documented in FACTS within 60 days of the date the child entered care. In child abuse and neglect proceedings the plan is also filed with the court within thirty (30) days of the entry of an order granting an improvement period (Family Case Plan 49-6D-3 and 49-6-12) and/or five (5) days prior to a dispositional hearing (Child's Case plan 49-6-5).

The Uniform Case Plan contains the information necessary to fulfill the state requirements in child abuse and neglect proceedings for a Child's Case Plan (49-6-5) and a Family Case Plan (49-6D-3 and 49-6-12) as well as the federal requirements for case planning.

Assessment and case planning should be continuous throughout the life of a case. The Case Plan is developed jointly with the parents to ensure that all of their needs and any diminished protective capacities are being addressed through such plan. Throughout the casework process and the court proceedings the plan may change and modifications should be made in FACTS as indicated and distributed to all members of the MDT.

The case plan requires the following information:

- a)** The requirements of the Uniform Case Plan where applicable;
- b)** A description of the type of home or facility where the child is to be placed;
- c)** A discussion of the safety and appropriateness of the placement;
- d)** A discussion of if the placement is the least restrictive (most family-like) available;
- e)** A discussion of if the placement is in the closest proximity to the parent's home;
- f)** A discussion of if the child is placed a substantial distance from the home of the parents or in a different state, why the placement is in the best interest of the child;
- g)** A description of how the child will receive safe and proper care in this placement;
- h)** A description of the child's educational plan, whether he/she has remained in the same school he/she was attending at time of removal and how educational stability will be achieved.
- i)** A description of the services that are to be provided to the parents, child and foster parents in order to improve the conditions in the parents' home to facilitate the return of the child to his home or to secure a permanent placement for the child;

- j) A discussion of the services which will be provided to the child while in foster care in order to address the specific needs of the child;
- k) A discussion of the appropriateness of the services that have been provided to the child;
- l) A listing of the child's siblings and their locations and the date of the court order sanctioning separation, if applicable;
- m) A description of the parents ability to contribute to the cost of placement;
- n) The recommended visitation plan;
- o) Documentation of the efforts to ensure that the child is returned home within the approximate time lines set out in the plan;
- p) Documentation of the concurrent efforts to achieve permanency should the services designed to achieve reunification be deemed unsuccessful;
- q) If return home is not the permanency plan for the child then the case plan must state why reunification is not appropriate and specify in detail the alternative placement for the child including approximate time lines for when such placement is expected to become a permanent placement;
- r) In the case of a child whose permanency plan is adoption or placement in another permanent home, documentation of the steps being taken to find a permanent living arrangement including child specific recruitment efforts;
- s) A written description of the programs and services which will help children age fourteen (14) and older prepare for the transition from foster care to independence;
- t) Documentation of an age appropriate plan for the child that educates him/her about family planning, pregnancy prevention, sexually transmitted infections, and other issues related to healthy sexual development. If a child self-identifies as being sexually active, the case plan will contain documentation of supportive counseling to work with him/her on issues of abstinence and healthy sexual development. This will be done in conjunction with the child's MDT in all cases and including the biological parents if parental rights are intact; and
- u) Documentation of the child's health and education background and progress including all medical appointments, counseling, IEPs, school conferences, etc.

4.3.1 Case Planning Specific to Youth Services

When a child enters foster care through Youth Services the Case Plan will be developed by completing the Uniform Case Plan. This information is documented in FACTS on the case plan screens under the youth's name (child focus).

In completing the Uniform Case Plan the worker must address all of the information required in items 1-19 below. This information is required to fulfill the federal requirements for case planning.

A copy of the case plan must be filed in the FACTS file cabinet. A copy may also be printed for use by the MDT and to be filed with the court as appropriate. A copy of the case plan must be provided to all members of the MDT including the child's biological parents, foster parents, service providers and so forth. Throughout the casework process and the court proceedings the plan may change and modifications should be made in FACTS as indicated and distributed to all members of the MDT.

4.3.2 Case Planning Specific to Voluntary Placement

When a child enters foster care through a voluntary placement the Case Plan will be developed by completing the Uniform Case Plan

In completing the Uniform Case Plan the worker must address all of the information required in items 1-19 below. This information is required in order to fulfill federal requirements for case planning.

4.3.3 Case Planning Specific to Child Protective Services

The Uniform Case Plan contains the information necessary to fulfill the state requirements in child abuse and neglect proceedings for a Child's Case Plan (49-6-5) and a Family Case Plan (49-6D-3 and 49-6-12) as well as the federal requirements for case planning.

The Uniform Case Plan serves as the Case Plan which is to be used with the Multidisciplinary Treatment Team in assessing, planning and implementing a comprehensive, individualized services plan for YS and CPS cases under the requirements of 49-5D-3.

For CPS cases various screens have been developed in FACTS to capture all of the required information necessary for the plan such as screens associated with Case Plans, Removal, Placement, Client Information and Court. These screens should be completed in FACTS as part of the Family Assessment and Treatment Planning and foster care policy requirements.

The Uniform Case Plan is a DDE report in FACTS. When the DDE report Uniform Case Plan is accessed it is printed into Microsoft Word. In all cases this Plan will be populated by pulling information from the screens described above. A copy of the report must be filed within the FACTS file cabinet. A paper copy must also be printed to be used with the MDT and filed with the Court. A copy of the Uniform Case Plan must be provided to all members of the MDT including the child's biological parents, foster parents, service providers and so forth.

Throughout the casework process and the court proceedings the plan may change and modifications should be made in FACTS as indicated and distributed to all members of the MDT.

4.3.4 Individualized Program Plan (IPP) Case Planning Specific to Medley

All children who are covered under the Title XIX Waiver program or are receiving services through Medicaid's Personal Care program are required to have an Individual Program Plan. The Individual Program Plan is the key document for accessing services through the MR/DD waiver program. This document details the array of services needed by the child and those currently being provided to the child, as well as the long range service needs and the plan for meeting these needs.

The child's worker is responsible for assuring that the Individualized Program Plan is coordinated with the Child, Youth and Family Case Plan developed for the child as part of the foster care program.

4.3.5 Right to be heard

The child's worker, in accordance with the Social Security Act (475(5)(G)), must provide substitute caretakers with notice and the right to be heard in court hearings.

The State/Tribe provides the foster parent(s) of a child and any pre-adoptive parent or relative providing care for the child with timely notice of and a right to be heard in any proceeding to be held with respect to the child during the time the child is in the care of such foster parent, pre-adoptive parent, or relative caregiver. Notice of and a right to be heard does not require the State/Tribe to make the caregiver a party to the proceeding.

4.4 Permanency Planning

As part of the Uniform Case Plan, the Multidisciplinary Treatment Team is required to develop a permanent plan for the child, which includes the specific actions required for the child to achieve his plan, time lines for these actions, services necessary, agencies/providers responsible for providing these services, etc.

There are several common denominators that help determine when a child's permanency plan is most likely to occur and under what conditions. These include the following:

- a)** Extended stays in out of home care can have negative and lasting developmental effects on child development;

- b)** Multiple placements increase the likelihood of having a negative impact on the ability of the child to achieve his permanency plan;
- c)** Children placed close to their own family and communities are more likely to have parent visitation and to return home;
- d)** Parents who visit regularly are more likely to be reunited with their children; and
- e)** Children who remain in foster care longer than twelve to eighteen (12 - 18) months are less likely to return home.

As defined by the federal government, there are four (4) primary permanency options available for children in foster care. These include:

- a)** Reunification;
- b)** Adoption;
- c)** Legal Guardianship; and
- d)** Placement with a fit and willing relative (relative/kinship care)

4.4.1 A Reunification

For all children under sixteen (16) who enter care through juvenile proceedings, children who are placed in foster care through voluntary placement agreements, and those children who have been in foster care due to child abuse or neglect proceedings for less than fifteen (15) months whose parents have not committed aggravated circumstances, reunification should be considered the primary permanency plan.

In order to facilitate reunification efforts, the Multidisciplinary Treatment Team must identify and/or develop specific and individualized services to help the family address the issues that brought the child into foster care. These services should be:

- a)** Defined through a strengths-based, comprehensive family assessment;
- b)** Focused on the strengths and resources within the family and community;
- c)** Addressed in an open and inclusive forum with the family;
- d)** Goal-oriented and focused on building skills;
- e)** Focused on strengthening the family's problem solving abilities;
- f)** Appropriate and timely to meet the child's needs;
- g)** Concentrated on identifying family supports; and

h) Provided in a culturally competent manner.

Such services may include, but are not limited to:

- a)** Family support groups,
- b)** Individual, group or family counseling,
- c)** Parenting education,
- d)** Mental health services,
- e)** Substance abuse treatment services,
- f)** Assistance to address domestic violence,
- g)** Structured visitation,
- h)** Career training/job placement services,
- i)** Homemaking/chore services, and/or
- j)** Family focused therapy.

Facilitating frequent and structured visits between the child and his parents is the most critical element to successful reunification. The child's foster /adoptive parents should be utilized as resources and mentors for the child's biological parents.

In order for reunification efforts to be productive, services and activities should be a collaborative effort between the biological parents, foster/adoptive parents, the child's worker and the other members of the Multidisciplinary Treatment Team. The child's worker should fully disclose the rights, responsibilities, expectations, options, and consequences of the reunification plan to the child's biological family as well as the entire Multidisciplinary Treatment Team. For any child who has reunification as his identified permanency plan, the child's worker, as well as the entire Multidisciplinary Treatment Team, must develop a concurrent permanency plan for the child. Depending on the child's situation and needs, the concurrent permanency plan could be adoption, legal guardianship, or placement with a fit and willing relative.

The child's worker has specific responsibilities when reunifying families. These include:

- a)** Assess the parent's and child's progress in resolving the initial problems necessitating placement and identify a tentative return date with the parents.
- b)** Negotiate a new written service agreement, based on the requirements of the case plan, with the parents and child containing tasks necessary for the smooth transition to return the child.

- c) Assist the family in obtaining the necessary resources to establish and maintain the child in an acceptable standard.
- d) Prepare the child, parents, foster/adoptive family or other caretaker for return of the child.
- e) Develop a worker and family visitation schedule in order to aid both child and biological parents in the process of reintegrating the family.
- f) Provide follow-up services to the biological parents and child in order that the progress made by the family during separation is continued.
- g) Identify community supports needed to aid family reintegration. The worker must assist parents in seeing that these supports are in place and coordinated within the context of the treatment plan.
- h) Continue any specialized treatment services needed to maintain family stability and prevent reoccurrence of the behaviors which resulted in the original placement.
- i) If it is determined that the family demonstrates an adequate level of stability, then termination of services can be considered. This determination would include the following conditions:
 - 1. The family is engaging in those behaviors which were defined as desirable in the treatment plan.
 - 2. There is evidence that the family has methods that support their capacity to cope adequately with life stresses, problems, and complexities.
 - 3. The family is capable of establishing a warm, give and take relationship with each other and expresses recognition for the individuality of all family members.
 - 4. There is evidence that the family can tolerate a high enough level of discomfort, if necessary, to allow the family members to strengthen their relationships with each other.
 - 5. The child's safety is protected by the family and its support system.
 - 6. The family can use its energies to concentrate on meeting its needs.
 - 7. The worker will meet with the Multidisciplinary Treatment Team to assess the family's progress in meeting the goals of the Uniform Case Plan.
 - 8. The worker will plan with the family a projected date for case closure, submit necessary reports to the court with the

recommendation to terminate the Department's responsibility and return legal custody to the biological parents.

9. The worker will continue to provide after care services, if necessary, for up to six (6) months of return of the child.

4.4.2 Kinship Care

Placement with a fit and willing relative, in and of itself, does not necessarily provide a child in foster care with permanency. Every child in the custody of the Department deserves to have a home that gives the child a sense of security and belonging while also providing the caretaker with the tools and resources necessary to meet those child's individual needs. Kinship care can provide a child with permanency as well as providing the relative with the financial, medical and legal assistance necessary to raise the child to maturity through three (3) separate avenues.

a) Adoption by Relative/Kinship

The relative foster/adoptive parent may elect to adopt the child placed in his home. This option allows the relative caretaker to become the legal parent of the child and receive all the benefits of legal custody. The relative may also receive a monthly maintenance adoption subsidy for the child that has been adopted to assist the caretaker in covering the additional expense of caring for the child. A medical card that covers the child's physical and mental health care needs is also available to the relative caretaker that adopts the child. In addition, a subsidy is available that covers one-thousand dollars (\$1,000.00) of the legal expenses incurred by the relative in adopting the child.

For more information about the adoption process, please see the Adoption Policy Section of the Social Services Manual.

b) Legal Guardianship and Relative/Kinship

The relative foster/adoptive parent may elect to become the legal guardian of the child placed in his home. This option allows the relative caretaker to become the legal custodian of the child and receive all the benefits of legal custody. The relative may also receive a monthly maintenance legal guardianship subsidy for the child to assist the caretaker in covering the additional expenses of raising the child. A medical card that covers the child's physical and mental health care needs is also available to the relative caretaker that enters into a legal guardianship agreement for the child. In addition, a subsidy is available that covers one thousand dollars (\$1,000.00) of the legal expenses incurred by the relative to cover attorney fees for the legal guardianship proceedings.

For more information about the legal guardianship process, please see the legal guardianship section of the Social Services Manual.

c) Transfer of Custody to Relative/Kinship Family

If a relative is unwilling, or does not meet the requirements to become a foster/adoptive parent or legal guardian, the Department may elect to ask the court to transfer legal custody of the child to the relative currently providing care for the child at the dispositional hearing. This option does not provide the relative caretaker with any financial or medical support for the child. The relative may elect to receive TANF benefits for the child which also provides a medical card to cover the physical and mental health for the child. This option may only be utilized under the following conditions:

1. Reunification has been ruled out as a possible permanency option for the child;
2. The child's worker has explained all the benefits of adoption and legal guardianship to the relative foster/adoptive parent who decides not to pursue these options; or
3. The relative caretaker cannot meet the requirements necessary to become foster/adoptive parent or legal guardian; and
4. The Multidisciplinary Treatment Team and the Court determine that this placement is in the best interest of the child and the relative is able to provide an appropriate and safe permanent home for the child.
5. The child's worker will request that the court transfer custody of the child to the relative caretaker at the dispositional hearing.

4.4.3 Legal Guardianship

Legal guardianship is the permanent transfer of legal responsibility for a child in state custody to a relative or person other than his or her parents. Unless specified otherwise by the court, a grant of custody of a child to the Department by the court is sufficient for the Department to transfer legal guardianship. The Department may consent to the transfer of legal guardianship when certain conditions are met.

Legal guardianship should be considered for a child when the following conditions have been met:

- a) The permanency goals of reunification and adoption have been ruled out by the Multidisciplinary Treatment Team for the child and the reasons are documented in the case record.

- b) The child has resided with the prospective non-relative guardian for at least six (6) months immediately prior to establishing legal guardianship. There is no time limit when the caretaker is related to the child.
- c) The child must be at least twelve (12) years old if he or she is in the home of an unrelated caretaker. There is no age limit when the caretaker is related to the child.
- d) The best interest determination must be documented in the child's case plan.
- e) The child must have a strong attachment to the prospective legal guardian and the guardian must have a strong commitment to the child.
- f) The child, if twelve (12) years of age or older, must consent to the legal guardianship arrangement.

For a child who does not meet these eligibility requirements for legal guardianship, the child's worker will work with the Multidisciplinary Treatment Team to develop an appropriate alternative permanent living arrangement to be included in the child's case plan.

For a child who meets the criteria for legal guardianship, the child's worker must assess the appropriateness of the case for this permanency plan. A child may be considered for legal guardianship even though it is not the permanency goal for all children in a sibling group.

Please see Social Services Manual Chapter 25 Legal Guardianship for further information on the legal guardianship process.

4.4.4 Adoption

Adoption is a way of providing security for, and meeting the developmental needs of, a child by legally transferring ongoing parental responsibility for the child from the birth parents to adoptive parents. Section 's49-2-1 gives the Department the responsibility to provide child welfare services and to accept guardianship of children and consent to their adoption. In order for the Department to have the right to place a child for adoption and later give formal consent to his adoption, the Department must obtain legal guardianship of the child. This may occur through the termination of parental rights to the child either through a voluntary relinquishment or through a court order. The parental rights shall not be terminated if a child fourteen (14) years of age or older or otherwise of an age of discretion as determined by the court objects to such termination.

- a) The decision to pursue adoption as a permanency option should be made by the Multidisciplinary Treatment Team which should include

the child's worker, the supervisor, the private agency staff if any, the child, the child's foster/adoptive parents, the regional adoption specialist and/or supervisor, and the Guardian Ad Litem.

- b)** Within the Uniform Case Plan, filed with the court prior to disposition, the child's worker must recommend adoption as the permanency plan for the child and detail the steps necessary to achieve permanency.
- c)** Request an updated homestudy from the Homefinding Specialist or Child Placing Agency if one has not been done within the past year or initiate the Interstate Compact on the Placement of Children process if the prospective adoptive parent lives in another state. (If the home is a specialized agency foster/adoptive home, the study and annual updates, will need to be requested from the Specialized Agency)
- d)** The Multidisciplinary Treatment Team should also act as the permanent placement review committee to monitor the implementation of the permanency plan for the child and report on the progress and developments in the case every three months until the child's permanent placement is achieved.
- e)** If an order of sibling separation has not been previously entered and the Uniform Case Plan includes placement of a child in a placement separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome, details screens, and document tracking in FACTS.
- f)** If not already completed, the child's worker must complete the Birth Parents Background Information form (SS-FC-12) and the Birth and Medical History of the Child form (SS-FC-12A) in FACTS.
- g)** The child's worker must obtain a certified copy of the birth parents birth certificates and death certificate if applicable.
- h)** The child's worker must follow the specific steps outlined in adoption policy.

4.4.5 Other Planned Permanency Options

In addition to the four (4) federally sanctioned permanency options, the court may sanction another permanency option to meet an individual child's needs. After considering and ruling out reunification, adoption, legal guardianship and relative/kinship care as viable permanency options for the child, the child's worker, with the assistance of the Multidisciplinary Treatment Team, may conclude that the most appropriate permanency plan for the child is placement in another planned permanent living arrangement.

a) Emancipation

For children who are over sixteen (16) years old, emancipation may become the permanency plan for those youth who are not able to return home or live with relatives and cannot or do not wish to be adopted or placed with a legal guardian.

1. The decision to pursue emancipation as a permanency option should be made by the Multidisciplinary Treatment Team which should include the child's worker, the supervisor, the private agency staff if any, the child, the biological parents if appropriate, and the Guardian Ad Litem.
2. Within the Uniform Case Plan, filed with the court prior to disposition, the child's worker must recommend emancipation as the permanency plan for the child and detail the steps necessary to achieve permanency.
3. The child's worker must document to the court the compelling reasons emancipation is in the best interest of the child.
4. If an order of sibling separation has not been previously entered and the Uniform Case Plan includes placement of a child separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome, details and document tracking screens in FACTS.

b) Continued Foster Care

For a child age twelve (12) or older for which reunification, adoption, legal guardianship, and kinship care have been ruled out, continued foster care may be an appropriate plan. This permanency option is only appropriate when a parent and child have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him, by signed agreement, to the age of majority and to facilitate visitation with the disabled parent.

The following must occur:

1. The decision to pursue continued foster care as a permanency option should be made by the Multidisciplinary Treatment Team which should include the child's worker, the supervisor, the private agency staff if any, the child, the biological parents, and the Guardian Ad Litem.

2. Within the Uniform Case Plan filed with the court prior to disposition, the child's worker must recommend continued foster care as the permanency plan for the child and detail the steps necessary to achieve permanency.
3. The child's worker must document to the court the compelling reasons continuation in foster care is in the best interest of the child and show the reasons why reunification, adoption, legal guardianship and kinship care have been ruled out as permanency options for the child.
4. Initiate the Interstate Compact on the Placement of Children process if the foster parent lives in another state.
5. If an order of sibling separation has not been previously entered and the Uniform Plan includes placement of a child separate from his or her siblings, the worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as his or her sibling. The order must be documented on the Hearings Outcome screen, details screen and document tracking in FACTS.
6. The foster/adoptive parents must agree to the following in writing: that they will provide care for the child until the child exits foster care; specific requirements for visitation with the child's parents; and specific responsibilities towards the child and Department as indicated in policy. All of these must be outlined in the Uniformed Case Plan
7. The Department must assure that foster children whose permanency goals are continued foster care receive the same rights and protections provided to any child in the foster care system. This includes a six-month review of the child's case plan, an annual judicial review, life skills instruction, medical and mental health coverage, educational planning, etc.
8. All children in foster care must continue to participate in judicial reviews once every twelve (12) months.

4.5 Concurrent Planning

Concurrent planning supports intensifying and expediting efforts to achieve permanence for a child within one (1) year - a time frame that reflects a child's sense of the passage of time. Concurrent planning safeguards opportunities for secure childhood attachments by safely building a stronger bond between the child and birth parent through reunification efforts, and by supporting the tie

between the child and the caretaker through relative care, adoption or legal guardianship when appropriate.

Effective use of concurrent planning allows the child to have an alternative permanency option that is being worked on at the same time as efforts are made to achieve the primary permanency plan for the child. All children whose permanency plan is reunification must have a concurrent permanency plan. For other children, concurrent planning should be utilized in an effort to expedite the achievement of permanency for these children. Concurrent planning has several practices that are designed to make cases move quickly through the foster care system until permanency is achieved. Some of these primary objectives include the following:

- a)** Everyone involved in the child's life must attend the Multidisciplinary Treatment Team meetings where the child's case will be discussed in a forthright, honest manner.
- b)** The services identified for the child's parents as part of the Uniform Case Plan must be appropriate, intensive and directly address the reasons the child was removed from the home.
- c)** Full disclosure of information to birth families early in the planning process regarding the importance of their regular involvement in planning for the return of the child, their rights and responsibilities, and the legal consequences of inaction by the child's parents or continued inappropriate behavior must be stated to the child's parents in a manner that they understand.
- d)** The child should be placed the most family-like placement appropriate to meet the child's needs. If possible, the child should be placed in a foster/adoptive home that is willing to help facilitate reunification with the child's family while also be willing to become a permanent placement for the child if reunification efforts do not work.
- e)** Frequent visitation with birth parents is vital as long as the child's safety can be assured.
- f)** Aggressive search for absent or non-custodial parents and addressing all paternity issues such as blood tests, child support, etc, within the first three (3) months of placement.
- g)** Search for appropriate relatives who might have an interest in caring for the child within the first thirty (30) days of placement.
- h)** The use of an assessment of the birth family's strengths, needs and current/past problems that assist the child's worker in determining the risk of foster care drift and the need to place the child with a foster/adoptive family who will actively engage in supporting family reunification efforts, and also

commit to serve as a permanent home for the child if reunification is not possible.

- i) Conduct frequent and substantive case reviews that carefully assess the efficacy of services being provided to assist the family to achieve the case plan goals and modify the case plan as required.
- j) The ability to mobilize a reluctant family by confronting birth parents ambivalence and indecision - not allowing the crisis to paralyze case planning and decision-making.
- k) A respect for the sense of time of young children because separations and relationship disruptions in the early months and years of life interfere with the younger child's initial capacity to learn how to trust and form secure attachments with adults.

Section 5

Case Management

5.1 Visitation

5.1.1 Visitation With Parents and Extended Family

Visitation arrangements must be agreed upon as soon as possible after placement and documented in FACTS on the visitation plan screen. These arrangements must be made in agreement of the biological family, the foster/adoptive family and the child's worker. Any restrictions on visitation arrangements by the worker or the court will be noted in the Uniform Case Plan. All visits will be coordinated through consultation with the child's worker.

The biological family is to be given a copy of the visitation agreement and a copy is given to the foster/adoptive parents. This agreement must include the visitation schedule, the visitation site, and time, date, and transportation arrangements. If the child's parents or other family members who are to visit with the child do not have transportation, the child's worker must assist the family in finding transportation to assure the visitation takes place.

The child's worker is responsible for ensuring that the visitation plan is followed. The child's foster/adoptive parent should provide routine transportation for visitation, if possible. If transportation is a hardship for the foster/adoptive parent, the child's worker will provide the transportation to enable the visit to occur.

5.1.2 Sibling Visitation

State Statute, 49-2-14(d) requires the Department to place siblings together when placing a child in foster care that also has siblings in care. Siblings are defined by 49-1-3 as A Children who have at least one biological parent in common or who have been legally adopted by the same parents or parent. Workers should consider what is in the best interest of the children. If children within the home consider themselves siblings, efforts should be made to place them together.

If the child's case plan includes placement of a child in a placement separate from his or her sibling, the worker must secure a court order which finds that it is in the child's best interest not to be placed in the same home as his or her sibling. This order must be documented on the Hearings Outcome screen, Details screen and in document tracking in FACTS. In some circumstances, children in foster care may need to be placed separately from their siblings who are also in care. This may occur when one sibling is a danger to his or her sibling or when a large sibling group is being removed from their home and a placement resource, to allow all of the children to be placed together, is not readily available.

When siblings are placed separately, the Multidisciplinary Treatment Team must develop a visitation plan to maintain the sibling relationship. This plan must be contained in the Uniform Case Plan.

The child's worker is responsible for ensuring that the visitation plan is followed. The child's worker will provide a copy of the visitation plan to the child's foster/adoptive parent. The child's foster/adoptive parent should provide routine transportation for visitation, if possible. If transportation is a hardship for the foster/adoptive parent, the child's worker will provide the transportation to enable the visit to occur. The child's worker is responsible for documentation of the visitation plan in FACTS on the visitation plan screen.

5.2 Caseworker Contact

5.2.1 Contact with Child in Foster Care or Introduction

Regular contact between the child who is in foster care, and the child's worker, allows the child to have ample opportunity to express concerns, fears, problems with the placement, or other special issues. These meetings also provide the child's worker with an opportunity to discuss the

child's case plan, services being provided and to directly assess the child's progress.

The child's worker is required to maintain contact with the child either by telephone or by face to face to assure that the placement is meeting the child's needs. The child's worker will provide an opportunity for the child to have time alone with them, during each visit, to address any concerns or issues related to the child's needs or placement. (If the child is physically, emotionally or developmentally unable to communicate, the worker may fulfill this requirement by discussing the child's progress with the caretaker.) The child's worker is required to have a minimum number of face to face visits with the child and caretaker in the home where the child is placed. (See below for minimum contact required)

[The Child and Family Services Improvement Act of 2006- P.L. 109-288](#), made a change to the Title IV-B Act. Under the new requirements of IV-B, States are now required to report on caseworker visits with children in foster care. Specifically, the requirement is for a child in a foster care setting to have a face to face visit at least once a month, by the case worker, with a majority of the visits occurring in the child's foster care residence. And, during the visit, the case worker is to focus on issues related to case planning and service delivery.

The US Department of Health and Human Services, [45 CFR 1355.20](#), defines foster care as "24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes of relative, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the State or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are made". The federal guidelines also require visitation to occur monthly with children who are in their biological homes on a "trial home visit", when the Department retains care and control of that child or legal custody of the child.

The caseworker will be defined as the worker who is responsible for the handling of the child's case and will therefore be the worker who is assigned to the case in FACTS. In cases where a Specialized Foster Care Agency is providing foster care services to the child, they will assist the Department in meeting the caseworker visit requirements. Therefore the child's Specialized Foster Care Agency worker, who is responsible for

handling the child's case plan within the Specialized Foster Care Agency, will be responsible for making visits to the home.

In some situations the caseworker visitation requirements will be more stringent than the federal requirements, since the child's needs will be of a higher degree and require more contact. These requirements are standards set forth under the Council for Accreditation (COA), with which the State of West Virginia has indicated that they will comply.

5.2.2 Visitation/Contact Requirements

a) In-State Placements

- 1.** Face to face visits/contacts are to occur within 72 (seventy-two) hours of placement to assess the child's adjustment to the placement.
- 2.** Face to face visits/contacts are to occur at least once during a calendar month.

Exception: If the child is placed in a therapeutic foster home, which would be when a child is placed with a Specialized Foster Care Agency or placed in a Specialized Foster Family Home (Medley), the face to face visits/contacts are to occur twice during a calendar month.

- 3.** If the child is placed with a Specialized Foster Care Agency, the child's Department case worker must make telephone contact with the child at least once during a calendar month.

5.2.3 Out of State Placements

- a)** Telephone or face to face visits/contacts are to occur within 72 (seventy-two) hours of placement to assess the child's adjustment to the placement.
- b)** Telephone contacts are to occur at least once during a calendar month.
- c)** Face to face visits/contacts are to occur at least once during a calendar month.

5.2.4 Are visits/contacts ever required more often?

- a)** There are situations and circumstances that may require special attention or more frequent contacts. During the following times, the child's worker should increase the visits/contacts with the child to facilitate the use of the corrective environment and relationships within the home/facility:

1. When the child experiences separation or loss; is in need of medical care or hospitalization; has other disturbing experiences; or has social or school problems.
2. When there is going to be a transfer of the child's worker.
3. When there are new or additional problems in the child's biological family.
4. When a child has severe problems of maladjustment and difficult behavior.

5.2.5 Who is responsible for the visits/contacts?

- a) If the child is placed in a Department foster/adoptive home, kinship/relative home, group/residential foster care setting, shelter, CED (Medley) home, transitional living placement, or in a trial home visit placement setting, the child's Department case worker is responsible for making the visits/contacts with the child.
- b) If the child is placed in a foster/adoptive home under a Specialized Foster Care Agency, the child's Specialized Agency worker is responsible for making the visits/contacts with the child.

In addition to above: The child's Department case worker is responsible for making a face to face visit/contact with the child in the foster care placement once every (3) three months.

5.2.6 What is considered a foster care setting?

- a) A foster care setting could be an out of home placement, such as a foster/adoptive home, kinship/relative homes, group residential home or shelter or it could also be a placement where children are placed with their biological parent or relative on a "trial home visit".
- b) Foster care settings also include those placements out of state, such as psychiatric treatment facilities, pre-adoptive homes, or residential facilities.

5.2.7 Where are the visits/contacts to occur?

- a) The majority of the required monthly visits/contacts are to occur in the child's foster care placement or residence.
- b) In addition to the required monthly visits/contacts occurring in the foster care placement, the child's worker should take other opportunities to meet with the child. These meetings may occur at case reviews and hearings, Multidisciplinary Treatment Team meetings, other treatment team meetings, child & parent visits, etc. (Visits should not disrupt the child's school day, so they should not occur at the

child's school and a child should not miss school for a visit with a worker).

5.2.8 Who is involved in the visit/contact?

- a) The child must be involved in the visit. (If the child is physically, emotionally or developmentally unable to communicate, the worker may fulfill this requirement by discussing the child's progress with the caretaker.)
- b) The child should be involved in the telephone contacts, but if they are unable to do so as indicated above, the worker may fulfill this requirement by discussing the child's progress with the caretaker.
- c) The child's substitute caretaker/parent should always be involved in the visit, whenever possible, but must be involved when the visit occurs in the foster care placement or residence.

5.2.9 What is the purpose of the visits/contacts?

- a) Visits/contacts are to provide an opportunity for the child's worker to observe the child in the foster care placement or residence.
- b) To provide an opportunity for the child to express any concerns or needs to the worker about their foster care experience or placement.
- c) The worker is required to assess the child's safety and well-being during visit/contacts.
- d) The child's worker is also required to focus on issues related to case planning and service delivery.

5.2.10 What visits/contact are required with the Foster Care Agency?

- a) If the child is placed with a Foster Care Agency, the child's Department worker will have contact with Specialized Agency staff at least once a month, to assure that visits/contacts are occurring with the child and provider, to address any placement issues, and to address any case planning or service delivery concerns.

5.2.11 Are visits/contacts required with the child's parent/guardians?

- a) The child's Department worker must have contact with the child's parents once during a calendar month.

5.2.12 How and when are the visits/contacts to be documented?

- a) The child's Department worker must document all contacts with the child, provider and agency staff in FACTS, in the CONTACTS SCREEN, within **five (5) working days** of the contact being made. The contact must contain the child's name and date of visit/contact. From the **Type/Location** picklist select **Face to Face with Child in**

Placement, and then select from the **Purpose** picklist, some type of case planning or service delivery reason for the visit. Some values for that may be chosen in FACTS, as the purpose for the visit are: **Case Plan/Review, Education, Evaluation, Medical/Dental, Placement Assessment, Referral for Service, Service Delivery, Treatment Plan Review and Treatment Planning.**

5.3 Case Staffing

When children are placed in foster/adoptive family care, case staffings should be utilized to communicate the child's and family's progress on issues that do not require a full-blown Multidisciplinary Treatment Team meeting but do require consultation between the child's worker, supervisor, biological family, foster family, agency staff, and/or others who may provide positive support and/or information.

At a minimum, staffing should be held at the end of the child's first thirty (30) days of placement and prior to discharge. The child's worker will be expected to attend and to transport the child's family when necessary and appropriate.

5.4 Termination of Parental Rights (TPR)

Permanent guardianship of a child applies when a parent's rights to a child have been terminated by the court or through a voluntary relinquishment. If only one parent's rights have been terminated then the child is considered a state ward. If the state ward's permanency plan is adoption, this would be a legal risk placement until the other parent's rights are terminated either by a voluntary relinquishment or court order. In cases where a child's parent is deceased, a certified death certificate must be obtained and presented to the court for purposes of termination. The death certificate should be documented in FACTS and placed in the child's paper file.

If the termination of parental rights is via a court order, the court order shall specify all the parental rights and responsibilities to the child including the right to consent to adoption, marriage, visitation, etc., have be transferred to the Department. When a circuit court terminates parental rights either through an involuntary termination or a voluntary relinquishment, it must ordinarily require the terminated parent to continue to pay child support for the child pursuant to the Guidelines for Child Support Awards. If the court finds that it is not in the best interest of the child to order the parent to pay support pursuant to the Guidelines, the court may disregard the Guidelines, but must make specifics findings on the record regarding such reasoning. The Court also reiterated prior rulings that held obligation of support is owed to a child by both parents until such time as the child is placed in the permanent legal custody of another guardian/parent/obligor,

such as in adoption.

The age of the child should be considered in terminating a parent's rights. If a child is fourteen (14) years of age or older or otherwise an age of discretion, his parents' rights should not be terminated without his approval. The child should be involved in evaluating the agency's interest and concerns for his future when developing his permanency plan. Whether a child is ~~A~~of an age of discretion~~@~~ is determined by the court.

In accordance with the Adoption and Safe Families Act, a petition must be filed or joined by the state as defined in 's49-6-5(b) to terminate the parental rights of a child who has been in the custody of the Department for 15 of the most recent twenty-two (22) months. **In addition, a petition must be filed to terminate the parental rights of a child if:**

- a) The child has been abandoned;
- b) If the court has determined that the parent has committed murder or voluntary manslaughter of another of his or her children;
- c) If the court has determined that the parent has attempted or conspired to commit such murder or voluntary manslaughter or has been an accessory before or after the fact of either crime;
- d) If the court has determined that the parent has committed unlawful or malicious wounding resulting in serious bodily injury to the child or to another of his or her children; or
- e) If the parental rights of the parent to a sibling have been terminated involuntarily.

The Department may determine not to seek termination of parental rights:

- a) At the option of the Department the child has been placed with a relative; or
- b) The Department has documented in the child's case plan that there exists a compelling reason that filing a petition would not be in the best interest of the child; or
- c) The Department has not provided, when reasonable effort to return a child to the family are required, the services to the child's family the Department deems necessary for the safe return of the child to the home.

When the court terminates parental rights and commits the child to the guardianship of the Department, the child's worker will do the following:

- a) Initiate the permanency placement review process to review the child's case every 3 months.
- b) If the child's permanency goal is adoption, the child must be referred to the Adoption Resource Network within thirty (30) days; and

- c) Develop a post-termination placement plan which is to be submitted to the court and the Multidisciplinary Treatment Team.

In accordance with §49-6-8b of the code, the local office will annually report to the court the current status of all children the Department has been granted permanent guardianship of, who have not been adopted. The report, in letter form, is to be directed to the circuit court through the prosecuting attorney's office. The child's name, birth date, legal status, and placement status are to be reported. Any changes from the reporting for the previous year are also to be noted in the letter to the court.

5.5 Medicaid and Medical Insurance

5.5.1 Medicaid for Children in Foster Care

All children in foster care are eligible for the [Medicaid](#) program. The Department will issue a Medical Card for each child in foster care placement on a monthly basis.

Children in foster care who may need medical services prior to the issuance of a medical card are to be given a copy of the form letter SS-FC-40A stating their name, birth date, social security number, date of placement, the name of the facility or foster/adoptive parent where the child is residing, and the type of services being provided. The letter is time limited. This form is to be used only if the child does not yet possess a valid medical card. Children in foster care will be provided with an SS-FC-40 at the time of each placement. This form will indicate the child's name, Medicaid number and the provider or foster/adoptive parent's names and is to be used by the provider or foster/adoptive parent to obtain the medical treatment necessary noted on the form.

Children who have been adopted from the Department may continue to receive a medical card as well as an adoption subsidy. Occasionally, the adoption will disrupt and the child/children will return to DHHR custody. With placement the FACTS system will automatically generate a medical card and the child will receive both the medical card generated from the child entering custody and the medical card generated from the final adoption. In order to prevent medical card duplication the worker must check the "no medical card" box located on the Enter/Exit Screen in the child's record in FACTS.

The Department will pay for any necessary medical or dental costs in accordance with Medicaid policy. Unusual or extraordinary non-emergency medical or dental costs shall be paid for by the Department only upon prior approval of Regional Program Manager or Child Welfare Consultant.

5.5.2 Continued Medicaid Eligibility

The majority of children up to the age of 21, who come into the custody of the Department and are placed in foster care, may be eligible for Continued Medicaid coverage upon discharge from a foster care placement. Children in the following placement types may be eligible for Continued Medicaid coverage: DHHR foster/adoptive homes, therapeutic foster/adoptive homes, specialized family care (Medley), group residential, psychiatric hospitals, psychiatric treatment facilities, medical hospitals, trial adoptive homes, transitional living, emergency shelter care, family emergency shelter care, and schools for children with special needs (Romney School).

A child's eligibility for Continued Medicaid coverage is initially determined by placement in one of the above mentioned settings and how they are discharged from care. They are eligible, for Continued Medicaid coverage, from the date of placement for a continuous period of twelve months, whether or not they remain in placement. Eligibility will be re-determined during the child's one year anniversary month, which is the child's initial placement month. For a child to be eligible for another twelve month episode, they must be in a foster care placement and in the custody of the Department.

For children who come back into the care and custody of the Department during a Continued Medicaid Eligibility episode, a new eligibility episode will not start. The original eligibility episode will continue until the child's anniversary month and then be re-determined for another 12 month period.

Children who are discharged from foster care permanently will be eligible for Continued Medicaid coverage, unless the exit reason chosen is "death" or "runaway". Children who are discharged from foster care on a temporary basis will only be eligible for Continued Medicaid coverage if the exit reason is "trial return to caretaker/parents of removal".

NOTE: A child who is living out of state is not eligible for Continued Medicaid coverage.

- a) When a child is being discharged from a foster care placement the following must occur:
 - 1. Worker will contact the child's parent and enter the parent's address in FACTS at discharge, the worker will document where the child will be residing in FACTS under the client demographic address screens. The worker must document that this is the permanent home address. When the worker does not know a

child's permanent address, the child will not be eligible for extended Medicaid.

2. The worker will then exit the child from placement, after making sure the child's address has been updated in FACTS.
3. At the time the child is being discharged from placement, the worker will discuss with the parent/child/guardian all Medicaid options available to them including the Continued Medicaid coverage. The Continued Medicaid coverage will automatically continue, but the parent/child/guardian has the option of declining the continued coverage.
4. The worker will provide the Notification of Continued Medicaid Eligibility coverage letter in duplicate, to the parent/child/guardian when the child has been exited out of placement, for their signatures. One signed copy of this letter must be maintained in the child's record to indicate that the parent/child/guardian has been given the option of accepting or declining the Continued Medicaid coverage. The second signed copy of the letter must be given to the parent/child/guardian for their records. This letter will be a standard form which indicates that the Continued Medicaid coverage is a free service offered to children exiting out of foster care. It will explain that the parent/child/guardian is responsible for notifying the DHHR of changes such as, address changes, death, receiving SSI or incarceration in a juvenile or adult facility which could affect their receiving the Continued Medicaid coverage. The letter will also explain that this offer to continue to receive the coverage, if refused at this time, cannot be requested at a later date.
5. If the parent/child/guardian does not accept the Continued Medicaid coverage, the worker will document this by clicking on the check box in FACTS under the medical insurance screen that they have "declined the Continued Medicaid coverage"
6. The case may be closed if there is no need for services after discharge and the child will only receive the Continued Medicaid coverage. Due to the child remaining eligible for Medicaid, the Department is responsible for providing records management of the case.
7. If a child comes back into the care and custody of the Department during an eligibility episode and the worker places the child in an approved foster care setting, then the original Continued Medicaid coverage episode will continue until the child's anniversary month and then be re-determined for another 12 month period.

b) Notifications

If the child is no longer in custody and the Continued Medicaid coverage will be ending, the Department will automatically send the parent/child/guardian a letter of notification prior to the eligibility end date. This letter will inform the parent/child/guardian of the termination of the Continued Medicaid coverage and of their right to a fair hearing and/or a pre-hearing conference with a Child Protective Services, Foster Care or Youth Services Supervisor, if they feel the coverage was terminated prematurely or for unjust reasons. It will also provide a statement about other services that the Department provides which the family may be eligible for and explain that they will need to contact the local county office to apply for any benefits, including medical coverage.

c) *Hearings Process*

1. When a parent/child/guardian feel that the Continued Medicaid coverage was terminated prematurely or for unjust reasons, the parent/child/guardian has a right to a fair hearing, with a State Hearing Officer, and/or a pre-hearing conference, with a Child Protective Services, Foster Care or Youth Services Supervisor, in accordance with [Common Chapters 700](#). The parent/child/guardian will be sent written notification of their right to a fair hearing and/or pre-hearing conference automatically through FACTS, prior to termination of the Continued Medicaid coverage. This notification letter shall contain the following: the reason for service termination, date of termination, right to a hearing and/or pre-hearing conference, length of time client has to request a hearing and/or conference, right to legal representation and where to locate legal representation, right to bring witnesses to a hearing and/or conference, right to assistance in preparation for a hearing, right to assistance for transportation to the hearing and that the hearing shall only be conducted on issues set forth in the written notice.
2. The parent/child/guardian will request a hearing or pre-hearing conference within 90 days from the effective date of the termination of the service. This request is to be made in writing, using the hearing request form included in the notification letter. Any verbal requests for a hearing will be transcribed by the Department worker receiving the request, and shall include the reasons for such request ascertained by the worker.
3. If the parent/child/guardian has not requested a hearing, but requested a pre-hearing conference and they do not reach a solution in the pre-hearing conference, the supervisor will inform

the parent/child/guardian of their right to a fair hearing and assist them in completing the necessary form.

4. Once a parent/child/guardian requests a hearing, the hearing will be held within 90 days from a request being received and a decision will be issued. If the parent/child/guardian has requested a pre-hearing conference, the supervisor conducting the conference shall notify the State Hearings Office, who will take the pre-hearing conference into account when scheduling the hearing date.
5. Continuations of a hearing may occur if the State Hearings Officer requests additional information or evidence to make a proper decision.
6. The parent/child/guardian may withdraw their request for a hearing by submitting a signed statement requesting such withdrawal. If the request is received verbally, the worker will confirm the withdrawal in writing to the parent/child/guardian, file a copy in the record and forward a copy to the State Hearings Officer. A withdrawal shall not prevent the parent/child/guardian from reinstating a hearing request within the applicable time limits.
7. If the parent/child/guardian fails to appear at a scheduled hearing without notifying the Department in advance, any proposed action shall be taken and a letter shall be sent to the parent/child/guardian offering to schedule another hearing if they reply within ten (10) days. This letter will advise the parent/child/guardian that if they fail to establish good cause in writing within the said time, their hearing will be considered abandoned.
8. The parent/child/guardian will be notified of the hearing decision in some situations at the close of the hearing. They will also receive a written report of the hearing and a decision.
9. The parent/child/guardian will be advised that they may bring a petition in the Circuit Court of Kanawha County within a reasonable period of time from receipt of the hearing decision. If the parent/child/guardian feels that an alleged violation of their Civil Rights has occurred, they may file a complaint with the [Secretary of the United States Department of Health and Human Service](#).

d) Records Management

1. If the case is being closed, the worker will inform the parent/child/guardian of the length of time the child will be eligible for the Continued Medicaid coverage and provide them with an address and/or telephone number of the local DHHR office and the

Worker of the Day or Reception Social Worker, who they can contact if they have changes such as, address changes, death, receiving SSI or incarceration in a juvenile or adult facility to their case.

2. If the case is remaining open, the worker will inform the parent/child/guardian of the length of time the child will be eligible for the Continued Medicaid coverage.
3. On closed cases, it will be the responsibility of the local DHHR office to process changes such as, address changes, death, receiving SSI or incarceration in a juvenile or adult facility in FACTS, which are submitted to the Worker of the Day or Reception Social Worker to their office by the family. If the parent/child/guardian requests termination of the Continued Medicaid coverage due to receiving SSI, client being incarcerated, or for other reasons, the worker will need to enter a decline date into the closed case in FACTS. The worker will search for case through Client Search to make an address change or to enter a decline date into FACTS to terminate the Continued Medicaid coverage. If the Continued Medicaid coverage needs to be terminated due to the death of the client, the worker will need to re-open the case to enter the date of death for the client in the Client Demographic Screen and then close the case again.
4. On open cases, it is the responsibility of the child's worker to process changes such as, address changes, death, receiving SSI or incarceration in a juvenile or adult facility in FACTS, which are submitted to their office by the family.

5.5.3 Medicaid Home and Community Based MR/DD Waiver (Medley)

a) Eligibility Requirements

1. Mental retardation and/or developmental disability requiring the Intermediate Care Facilities level of care;
2. Income is less than three (3) times the amount of monthly SSI and less than two-thousand dollars (\$2,000.00) in assets;
3. Care must be cost effective;

b) Services under the MR/DD waiver are designed to instruct, train, support and assist the child. These services include:

1. Service coordination activities designed to establish a life-long person centered, goal-oriented process for coordinating the range of services, instruction and assistance needed;
2. An annual medical evaluation; and

3. Day habilitation services - a program of skills, instruction and supervision designed to assist in achieving increased independence or maintaining skills of daily living such as:
 - a. QMRP services that include professional services provided directly to an individual and evaluations of an individual and/or current plans of intervention or instruction, documentation of an evaluation and/or development of a plan of intervention or instruction, training in the person-specific aspects and methods of a plan of intervention provided to the individual and/or primary care providers, and evaluation and monitoring of the effectiveness or instruction;
 - b. Pre-vocational services to assist an individual to acquire and maintain basic work and work-related skills;
 - c. Supported employment services to enable an individual to engage in work settings in which persons without disabilities are employed;
 - d. Residential habilitation support services delivered in a participant's residence and the community which provide instruction and assistance to enable the individual to acquire and maintain skills which will allow him to live, socialize, and recreate more independently;
 - e. Transportation to or from a Medicaid reimbursement service; and
 - f. Respite for an individual on a short-term basis due to the absence of or need for relief of the primary care provider.

5.5.4 Medicaid Personal Care Services (Medley)

Personal Care Services are medically-oriented activities or tasks ordered by a physician, to be implemented according to a Nursing Plan of Care which is developed and supervised by a registered nurse. These services which are provided within the recipient's residence enable people to meet their physical needs and be treated by their physicians as outpatients, rather than on an inpatient or institutional basis. Services include those activities related to personal hygiene, dressing, feeding, nutrition, environmental support functions, and health-related tasks.

- a) Services must be:
 1. Prescribed by a physician in accordance with a written Plan of Care;
 2. Necessary to the long term maintenance of the recipient's health and safety;

3. Provided within the recipient's place of residence;
4. Provided pursuant to a Plan of Care developed and periodically monitored by a registered nurse; and
5. Rendered by an individual who is a specialized family care provider or respite provider through the Medicaid Personal Care program.

b) Eligibility Requirements

A pre-admission screening assessment tool, the PAS-95 is used to certify an individual's medical need for in-home personal care level of services. This medical assessment must be signed and dated by a physician, thus becoming the physician's order and certification for personal care level of services for the individual. The PAS-95 must be completed upon application and at least annually thereafter. In addition, a standardized personal care nursing assessment must be completed at least once every six (6) months.

Upon request for Personal Care Services a registered nurse must review the pre-admission assessment information to determine that it is current within sixty (60) days of the physician signature and that the medical and physical care needs of the applicant do in fact meet the medical needs criteria as delineated by Medicaid for in-home personal care services.

When requesting approval of personal care services for a child, feeding, toileting and assistance in ambulation or other activity appropriate to the developmental and chronological age of the child are considered normal parenting duties and therefore are not reimbursable as Personal Care Services.

c) The following services done by a registered nurse are covered by the Personal Care Services program:

1. The initial, six (6) month, and annual recertification assessments which must include face-to-face, hands on activity, and direct observation of the individual who is being assessed.
2. Development and modification of the nursing care plans which must consider any in-home support from family or community support which is available to address care needs. Plans must be modified as necessary to account for progress, decline, or other changes in the client's condition.
3. Supervision and monitoring of the implementation of the nursing care plan by non-licensed staff. The nurse assesses the quality and appropriateness of care and activity by non-licensed direct care staff and assures that it is provided according to the care plan. The

nurse must also assure that environmental support activity does not exceed one-third of the total care activity allotted by the care plan.

- d) The following hands-on, medically-oriented activities and supportive tasks described in the nursing care plan are implemented by qualified and trained staff. These include activities and tasks which enable individuals with physical and/or mental disability to carry out activities of daily living and to assist with environmental support tasks such as:

1. Grooming,
2. Bathing,
3. Toileting,
4. Dressing,
5. Laundry (incontinent),
6. Repositioning/transfer,
7. Medical equipment,
8. Assistance with self-administration of medications,
9. Meal preparation
10. Feeding,
11. Special Dietary Needs,
12. Housecleaning,
13. Laundry/Ironing/Mending
14. Bed changing/making,
15. Dishwashing,
16. Grocery shopping,
17. Bill paying, and
18. Essential errands such as obtaining medication.

5.6 Consents

There are various times when parental consent or consent by the child's guardian is required before certain activities can be undertaken. These include the following:

5.6.1 Surgery/Anesthesia/Emergency Medical Treatment

When a child in foster care requires surgery, anesthesia or emergency medical treatment, the child's worker must obtain a valid consent for the procedure, as indicated:

- a) For children who are in the temporary custody of the Department, every effort should be made to locate the child's parent or guardian and obtain their written consent for the necessary surgery, anesthesia or emergency medical treatment. In the event the parents cannot be located, the Regional Director or his designee may sign the consent for the procedure in an emergency circumstance. The child's worker must document the situation in the child's case record.
- b) For children who are in the permanent guardianship of the Department, the Regional Director will sign the consent for surgery, anesthesia or emergency medical treatment. The procedure must be documented in the child's record.

5.6.2 Out of State Travel

When a child needs to travel out of state, the following must be done:

- a) If the Department has been granted guardianship with a termination of parental rights, the Community Services Manager will be consulted for consent by the child's worker for out of state travel. The written consent must include the nature of the trip, the duration, location and signature. The original should be given to the foster/adoptive parents or group/residential facility and a copy kept in the child's record.
- b) If the Department has temporary legal custody of the child, the child's parents must consent to out of state travel unless the court order granting custody gives the Department the right to consent to out of state travel. If the child's parents cannot be located, the Department must have the court approve of the plan for out of state travel.

5.6.3 Routine Medical Care

Most court orders and the SS-FC-4 that transfer custody to the Department contain language that transfers the right to consent for routine medical care to the Department. While the Department has the authority to consent to routine medical care, every effort should be made to keep the child's parents informed of the child's health. Foster/adoptive parents and group care providers are provided with the responsibility to consent and obtain authorization for medical care for a child, through the Medical Care Authorization for Child in Foster Care Form (SS-FC-40). It is necessary that the SS-FC-40 be given to each provider upon the child's placement.

5.6.4 HIV/AIDS Testing and Counseling

When HIV testing of a child in custody is being considered, the requirements of State Code [§16-3C-2](#), [§16-3C-3](#), and [§16-3C-4](#) must be followed. Utilization of all HIV test results will be limited to only those who are caretakers of the child. Anyone releasing HIV information improperly shall be subject to the penalties prescribed by [§16-3C-5](#).

Testing cannot be used as a screening device. Consent for HIV/AIDS testing will not be approved for a child in custody unless the worker has reason to suspect the child has been exposed to the virus. If the worker has reason to suspect that a child in temporary custody or permanent guardianship of the Department has been exposed to HIV, the worker will document this information in FACTS, citing specific reasons for their suspicions. This documentation shall be maintained in the strictest confidence. The worker will then get written consent from the parents of the child or, if the child is in state guardianship, by the Regional Director.

5.6.5 Marriage

The following steps must be taken before consent for marriage can be considered or granted:

- a) Marriage of a minor child in foster care should not be considered except in very rare cases and may only be considered at the consent of the Multidisciplinary Treatment Team.
- b) The Department cannot consent to the marriage of a minor child for children who are in the temporary custody of the Department. The child's parents must consent to the marriage of a minor child. If a parent cannot be located, the child could request the circuit court to appoint a guardian for the child who can then consent to the marriage.
- c) The Regional Director may consent to the marriage of a minor child who is in the permanent guardianship of the Department.

5.6.6 Entry into the Armed Services

The following steps must be taken before consent for entry in the armed services can be considered or granted:

- a) The Department cannot consent to the entry of a minor child into the armed services for children who are in the temporary custody of the Department. The child's parents must consent to the enlistment of a minor child into the armed services. If a parent cannot be located,

the child could request the circuit court to appoint a guardian for the child who can then consent to the enlistment.

- b) The Regional Director may consent to the entry of a minor child into the armed services for a child who is in the permanent guardianship of the Department.

5.6.7 Driver's License/Junior Operator's License

The Department will consider consenting for a Junior Operator's License or Driver's License for foster children between the ages of sixteen (16) and eighteen (18). In order for this consent to be given, the following must be completed:

- a) There must be a general agreement on allowing the child to get a Junior Operator's or Driver's License between the child's worker, the foster/adoptive parents or facility in which the child is placed, and the child's parents if the child is in the temporary custody of the Department.
- b) The child's foster/adoptive parents or the facility must also be willing to provide a vehicle that is registered with the state Division of Motor Vehicles and has appropriate liability insurance.
- c) When the above conditions are met, the Regional Director may sign the consent for the Junior Operator's License or Driver's License.

5.6.8 Tobacco Usage by Minors

West Virginia Code [§16-9A-2](#) states "No person, firm or corporation shall sell, give or furnish, or cause to be sold, given or furnished to any person under eighteen (18) years, tobacco products in any form." Section [§16-9A-3](#) states that possession or consumption of tobacco products is illegal for persons under the age of eighteen (18).

Although tobacco usage may be habit prior to the time a youth enters the Department's custody, this practice is often difficult to control. All employees of the Department, licensed facilities, or contracted agencies must abide by this code.

5.7 Transportation Payment and Car Safety

5.7.1 Car Safety

Every child should be buckled in a child safety seat, a booster seat, or with a lap/shoulder belt. According to West Virginia Code [17C-15-46](#) and National Highway Traffic Safety Administration, the use of different safety features depends on the age and size of the child being transported. The child's worker must inform the child's foster/adoptive parents or the staff of

the foster care agency of the proper procedures for transporting a foster child safely.

a) The following rules apply when transporting a foster child:

1. The safest place for any child twelve (12) years old and under is in the backseat.
2. Infants up to twenty (20) pounds and up to one (1) year old should ride in a rear-facing child seat. The child seat must be in the back seat and face the rear of the car, van, or truck. Babies riding in a car must never face front. In a crash or sudden stop, the baby's neck can be hurt badly. Infants in car seats must never ride in the front seat of a car with air bags. In a crash, the air bag can hit the car seat and hurt or kill the baby. Never hold a baby or allow a baby to be held when riding a car. In a crash or sudden stop, the child could be hurt badly or killed.
3. Children over twenty (20) pounds and at least one (1) year old should ride in a car seat that faces the front of the car, van or truck. It is best to keep children in the forward facing car seat for as long as they fit comfortably in it.
4. Older children up to the age of eight (8) years old should ride in a booster seat that meets the [Federal Vehicle Safety Standards](#) . If a child is under the age of eight (8) years old and at least four (4) foot, nine (9) inches tall, they may be secured in the vehicle with the car's safety belt system. A car safety belt must fit low and snug on the child's hips. The safety belt must not cross the child's face or neck. Never put the shoulder belt behind the child's back or under their arm.

5.7.2 Transportation Payment

Foster/adoptive parents and Relative/Kinship providers may be reimbursed for the costs of transporting foster children to visits with the biological family or pre-adoptive visits with the potential adoptive family. The rate of reimbursement shall be based on the guidelines for payment of transportation of the Non-Emergency Medical Transportation program. Receipts or invoices are required before this payment can be issued. The receipts or invoices must be kept in the foster/adoptive parent provider paper record and documented in FACTS in document tracking.

Foster/adoptive parents and Kinship/Relative providers may also be reimbursed for the costs of transporting foster children to medical appointments using the Non-Emergency Medical Transportation (NEMT) program through the Office of Family Support. Applications for NEMT must be made at the local Department office. The child's worker will

assist the foster/adoptive parent in applying for and use of this service. This payment is made through the Office of Family Support, not through FACTS.

In order to facilitate visitation between children in foster care and their families, child protective services and youth services families may be reimbursed for the costs of the visitation. Payment can also be made to a vendor to provide transportation for the parent to participate in services/treatment, office visits, Multidisciplinary Treatment Team meetings, reviews and court hearings. Receipts or invoices are required before this payment can be issued. The receipts or invoices must be kept in the parent's paper record and documented in FACTS in document tracking.

5.8 Boarding Care Payments

5.8.1 General Boarding Care

Boarding care payments on behalf of the child are intended to pay for the ordinary basic maintenance and child care needs of the child placed in foster/adoptive family care. Foster care maintenance payments may be made only on behalf of a child who is (1) in the foster family home of an individual, whether the payments are made to the individual or to a private child placing agency or (2) in a residential child care and treatment facility whether the payments are made to such facility or to a private child placing agency, which payments shall be limited to include only those items which are included in the term "foster care maintenance payments".

The term "foster care maintenance payments" means payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of group residential facility care, such term shall include the reasonable costs of administration and operation of such institution as are necessarily required to provide the items described in the preceding sentence. In cases where a child placed in a foster family home or group residential facility is the parent of a son or daughter who is in the same home or group residential facility, and payments are being made with respect to such child, the foster care maintenance payments made with respect to such child shall also include such amounts as may be necessary to cover the cost of the items-defined as foster care maintenance.

Boarding care is paid for the first day's care, but not for the day the child leaves placement. Payment is to be discontinued during the child's absence

from the foster/adoptive home due to hospitalization, planned home visits or for other reasons if longer than fourteen (14) days. Generally, if the child is away less than fourteen (14) days and the plan is to return the child to the same foster/adoptive family, boarding care should not be discontinued.

The current boarding care rate for a foster/adoptive family is six-hundred dollars (\$600.00) per month per child.

Boarding Care Payment Specific to Emergency Shelter Family Care

For each full month that a youth is in DHHR custody and Provider's care, DHHR will pay the current monthly rate. BCF per diem is for basic supervision, room and board, social services, personal incidentals, transportation, and replacement clothing.

For each day a child is in DHHR custody and Provider's care for a partial month, DHHR will pay the current BCF per diem, excluding the date of discharge.

Provider will receive the current BCF per diem during temporary absences of youth due to:

1. Hospitalization for a period not to exceed two (2) consecutive days, when the plan is to return the youth to Provider's care;
2. Visits not to exceed two (2) consecutive days in accordance with the youth's individual visitation plan;
3. Elopements not to exceed one (1) day of absence when the plan is to return the youth to Provider's care;
4. Any special circumstance not covered in items 1-3 should be directed to the Division of Grants and Contracts for consideration as an exception.

5.8.2 Boarding Care Payment Specific to Specialized Foster/Adoptive Care

The current boarding care rate for a specialized foster/adoptive family is at least six-hundred dollars (\$600.00) per month per child, but the rate is determined by the Specialized Agency. The Specialized Agency is paid a \$50.00 dollar per day per child per diem rate. Children in Region IV who were under the Region IV Foster Care Pilot Project will continue to receive the Pilot boarding care rate until they permanently exit that placement.

There will be no adjustments to the Region IV rates with two exceptions. The rates will continue to be adjusted according to the age of the child. The rates will also be adjusted when siblings who are placed together are separated. The rates will not be changed if the siblings are reunited in the same placement.

5.8.3 Boarding Care Payment Specific to Group Care, Residential Treatment Facilities and Emergency Shelter Care Facilities

Rates for these placement types are set at the state level. These rates are considered all inclusive except for medical and initial placement clothing, when the child enters foster care. All other expenses including transportation, clothing, food, shelter, personal needs, supervision, etc. are included. No other payments are to be paid.

5.8.4 Boarding Care Payment Specific to Specialized Family Care Medley

Rates for specialized foster care are set at the state level. These rates are considered all inclusive except for medical and placement clothing. All other expenses including transportation, clothing, food, shelter, personal needs, supervision, etc. are included. No other payments are to be paid to any specialized foster care agency or specialized foster family.

The current boarding care rate for a specialized foster family is fifty dollars (\$50.00) per day per child. Children in Region IV who were under the Region IV Foster Care Pilot Project will continue to receive the Pilot boarding care rate until they permanently exit that placement.

There will be no adjustments to the Region IV rates with two exceptions. The rates will continue to be adjusted according to the age of the child. The rates will also be adjusted when siblings who are placed together are separated. The rates will not be changed if the siblings are reunited in the same placement.

5.8.5 Boarding Care Payment Specific to Psychiatric Residential Treatment Facilities

Rates for Psychiatric Residential Treatment Facility facilities are set at the state level and paid through the Medicaid Program.

5.9 Child Care

Child care services are available for children in state's custody when the foster/adoptive or relative/kinship parents are employed or participating in an educational program. Child care will only be provided to the family's foster children, not the biological or adopted children unless the family meets the income eligibility requirements of the child care program. All child care arrangements must be coordinated through the Child Care Resource and Referral (R & R) agency that covers the county in which the foster/adoptive or Relative/Kinship parent resides. The R & R staff will request the child's worker forward a copy of the child's birth certificate to them within 90 days of their request. In addition, relative/kinship caretakers must supply the R & R worker with a copy of the signed (by both the placement worker and relative/kinship provider) Kinship/Relative Safety Screen and the Child Placement Agreement (SS-FC-6A).

5.10 Respite Care

The purpose of respite care is to make available to foster/adoptive parents an opportunity to have time away from caretaking responsibilities. All foster/adoptive parents have fourteen (14) days of respite care available each year. The time may be taken all at once or scattered throughout the year. The foster/adoptive family must find a certified respite provider or another certified foster/adoptive family who is registered to provide respite services by ASO or day care provider to care for the child while the foster/adoptive parent is on respite. The amount paid to the respite provider is the same rate as that paid for boarding care to the foster/adoptive family.

5.11 Financial Responsibilities

The child's worker will be responsible for arranging for payments of benefits that are due to the child to be directed to the Department to cover expenses incurred in providing care. The child's worker will also be responsible for coordination of payments to providers and other vendors. These responsibilities include completing any forms necessary and advising parties of any changes in the child's financial circumstances.

When legal custody of a child is transferred to the Department either through court order or voluntary placement, the child's parents will retain responsibility for the child's support. All parents of children in foster care are expected to contribute to the cost of the child's care.

a) The following steps must be taken when a child enters custody:

- 1.** The worker will discuss with the parents all financial resources available to meet the child's needs (i.e., Social Security, SSI, Veterans Benefits, endowments, trust funds, assets, etc.) If benefits are being paid by one of the above, the worker will contact the appropriate office to initiate having the representative payee changed from the parent to the Department. The information obtained on financial resources will be documented in FACTS.
- 2.** The worker will enter all information on parents, including absent or unknown parents into FACTS correctly and complete all necessary screens, including the Relationship Screens. FACTS will generate a referral to the Child Support Enforcement Division, ten (10) days after a placement has been entered, for the possible assessment of fees to contribute to the cost of the child's care as defined in [§49-7-5](#), [§48-11-101](#), [§48-11-102](#) & [§49-13-101](#) and explain this process to the parents.

- a.** If the court at the initial hearing believes that it has adequate financial information from a financial disclosure statement or from testimony to determine child support, then the court should apply the income shares child support formula and include the amount in the official standard form order appropriate to the proceedings.
 - b.** If the court does not have adequate financial information at the initial hearing then the court should order that the parent or, in two parent households, each parent complete a Financial Statement for Child Support (SCA-DR-100) and submit the form to the child's worker. The child's worker will submit the financial form to the Child Support Enforcement Division. If the court issues an order for the form to be completed, the order should include a date by which the form is to be submitted to the child's worker.
 - c.** The court should also order that the parent(s) pay to the Child Support Enforcement Division either a minimum of \$50 per child monthly or, if the parents are living separately, \$50 monthly per parent per child; or a higher monthly amount per child as the court deems appropriate.
 - d.** When the court makes a determination at the hearing based on the income-shares formula, then the worker should, whenever a report is made to the court or a hearing is held, report on whether or not the parents(s) are complying with the order.
 - e.** Once an obligation for child support is established for a child in foster care, the child support payments will not be stopped upon the termination of the parental rights, unless the court issues and order terminating the child support. Any arrearages will continue to be collected post-termination of parental rights.
- 3.** The child's worker shall apply for any unearned benefits the child may be eligible for including Social Security, Black Lung, Veteran's or Railroad Retirement. These benefits shall be accepted by the Department and applied toward the cost of providing boarding care and other expenses for the eligible child.
- 4.** A child's monthly income is considered a resource towards the cost of foster care. The benefits and contributions received by the Department for a child each month are deposited monthly in the child's centralized account. The Department is reimbursed monthly from that account for boarding care and other related child care expenses incurred by the child. Boarding care reimbursements, including those incurred to provide emergency shelter care are to be met first before any other expenses are encumbered or incurred.

5. If a child in foster care has special items or services that can be met by using the child's account, the child's worker may deduct the amount for the items or services from the child's account. The items that can be reimbursed using the child's account include: placement wardrobe, school books/fees, tutoring/summer school, camp fees, respite care, post high school education, life books, prescription drugs not covered by Medicaid, dance or music lessons, etc.
6. As a result of monthly deposit and reimbursement practices, favorable interest is earned for each child. When the child's income plus accrued interests is less than the boarding care rate the income plus interest are used to reimburse the Department. Any amounts received monthly in excess of the costs of care for the child remains in the child's account as savings.
7. The child's savings are not to be used to reimburse the Department for any part of monthly boarding care rate or special needs items paid for in previous months. However, any lump sum payments received for the period the child was in care shall be used for reimbursement, but only for the amount of the boarding care rate in effect for the month covered by the reimbursement period. The entire amount of the payment will not be used unless the monthly boarding care payments exceed the amount of the lump sum benefit.
8. Close attention should be paid to children's accounts where benefits received include SSI. For these children, it is important for the child's worker to keep track of their savings and develop plans for purchasing items that the child needs, wants, or will benefit from in order to keep the child's assets from exceeding the SSI limit of \$2,000. If a child's assets are in excess of the SSI limit, the child will become ineligible for SSI and his benefits will end.
9. SSI back payments must be dispersed below \$2,000 to prevent termination of SSI. One method of allocation of a child's resources is the establishment of an inaccessible trust fund. If the child's SSI is terminated because the resources exceed the allowable limit, the money in the principle of the account may not be used to reimburse any current boarding care expenses. Interest accrued on the account may be used, however.
10. When children leave foster care, savings are given to the child or parents, as appropriate. When the child leaves care or when the child attains his eighteenth (18th) birthday, all money that has accrued for him is to be disbursed. Disbursement will vary depending on the nature of the benefits and the child's circumstances.

5.12 Education

Every child in foster care must be afforded educational opportunities commensurate with the child's abilities. All children in placement are expected to attend school on a regular basis. All children in foster care are expected to attend high school through graduation rather than quitting school and/or completing their General Equivalency Degree (GED). Educational issues will be discussed during the MDT meetings and will be included in the child's case plan.

5.12.1 Alternative School Placements

All foster children are expected to use the public education system to meet their educational needs. The Department will not approve placing a child in a non-accredited school or educational program. Alternative school placements such as church affiliated schools, private schools, or home schooling, will only be considered if they are recommended by an Individualized Education Plan, the Multidisciplinary Treatment Team has agreed to the plan and there is appropriate documentation that a private school or home schooling is in the child's best interest. The child's worker must seek approval from the Foster Care Program Specialist before an arrangement to transfer the child to a church affiliated school or private school can be made or home schooling can be approved.

If approved the child's worker will issue a demand payment in FACTS directly to the educational facility using the educational per diem demand payment type for the actual educational costs of a child placed in family foster/adoptive care setting seeking tuition for a private or church affiliated school. If a child is declared to need special education services before he leaves the state, the Board of Education is to reimburse the provider for the cost of the child's education. Receipts or invoices are required before this payment can be issued.

5.12.2 Special Education Services

- a)** When a child in foster care is in need of special education services, the child's worker will work with the child's parents, foster/adoptive parents, or agency caseworker to request the necessary services.
- b)** The Department of Education is required by law to develop an Individual Education Plan (IEP) for all children who need special education services. This plan must be approved by the child's parent, legal guardian, or surrogate parent. If the Department does not have guardianship of the child with a termination of all parental rights, the child's parents have the right and responsibility to approve this plan.
- c)** When parents are unavailable or unable to participate, foster/adoptive parents may act as surrogate parents if they are willing to serve as educational advocates for the child and attend training as outlined in

the Surrogate Parent Training manual developed by the Department of Education. If foster/adoptive parents do not wish to serve in this capacity, a trained surrogate parent will be assigned by the Department of Education.

- d) According to [P.L. 105-17](#), (section 615) an employee of a public agency or private child care center which is involved in the education or care of a child may not serve as a surrogate parent and therefore cannot sign an Individual Education Plan.
- e) If a foster child is in permanent guardianship, the foster/adoptive parents should be involved in the special education planning.

5.12.3 Continuing Education

A child in the care of the Department who has graduated from high school and has the interest and ability to pursue further education either in college or vocational school should be strongly encouraged to pursue their educational goals. The Department may support youth who are continuing their education up to age twenty-one (21) through the foster care program. Youth over the age of eighteen (18) must voluntarily elect to remain in foster care by signing the SS-FC-18 in order to be eligible for continued foster care services.

Generally, out of state schools and private institutions will not be approved. Only in those cases where it can be demonstrated that an out of state or private program is less costly than a comparable in-state program may the situation be approved. This approval must be given by the Foster Care Program Specialist. All avenues of financial aid shall be pursued prior to determining the amount the Department will pay for a youth attending a post-secondary education or training program. The child, foster/adoptive parents, and the child's parents, if appropriate, should take the responsibility for the exploration of financial assistance.

School tuition and fees are to be paid directly to the school by the child's worker. The school must be set up as a provider and must forward an invoice for the complete amount of all required tuition, fees, room, board, books, etc. The child's worker will issue a demand payment in FACTS using the Post-Secondary Education payment type directly to the educational facility.

With the assistance of the financial aid officer of the school, the child's worker and the youth should determine what his expenses are likely to be including transportation, books, personal expenses, clothing, and any other required needs. This amount will be paid directly to the youth on a monthly basis as a personal allowance. This payment should not be over \$200.00 per month unless the child's worker has prior written approval of

the Regional Program Manager or Child Welfare Consultant. The child's worker will need to set up a provider in FACTS in the child's name. The provider category will be Transitional Living Client and the provider type will be Transitional Living Client. Once the provider has been set up, the child's worker will enter the child into placement with this TL provider. This process will ensure that the child continues to receive his medical card and that the personal allowances can be made monthly. The child's worker will issue a demand payment directly to the child for his personal expenses using the Post-Secondary Education payment type in FACTS.

5.13 Clothing

5.13.1 School Clothing Allowance

All school-aged children placed in **family foster/adoptive care** are eligible for an annual school clothing allowance each year. Children from the age of four (4) to age eighteen (18), or twenty-one (21) if the child is continuing his educational goal, are entitled to the annual school clothing allowance. School clothing checks are mailed directly to the Department's foster/adoptive parents. School clothing checks are mailed to the specialized foster/adoptive care agencies for disbursement to their foster/adoptive parents. There is no administrative fee included in these allowances and all funds are to go directly to purchase clothing for the foster child. Using the school clothing allowance for anything other than to purchase clothing for the child it was issued for is grounds for a corrective action plan. Workers will need to issue a demand payment for the clothing allowance for youth in Transitional Living, by utilizing the payment type School Clothing Allowance.

5.13.2 Supplemental/Replacement Clothing

It is the foster/adoptive parents or facility's responsibility to maintain appropriate clothing for the child during the time of placement and to insure that the child has an adequate wardrobe available at the time of discharge. The foster/adoptive parents or the facility in which the child is placed must supplement the child's wardrobe with appropriate clothing or replace necessary clothing items. The foster/adoptive parents or facility's boarding care payment includes the cost of clothing for the child placed in their care. It is intended that through the use of the monthly clothing allowance provided each month as part of the child's boarding care payment, the foster/adoptive parent or the facility will be able to adequately clothe the child. Approximately fifteen percent (15%) of the monthly boarding care payments should be utilized for the child's clothing needs and other personal items.

For children who are placed in a Psychiatric Residential Treatment Facility, the worker may issue an initial clothing payment, up to \$300.00 dollars, for

the child if necessary. To ensure that the child maintains an adequate basic wardrobe while the child remains in the facility, the worker can issue additional clothing payments with documentation of a need for clothing and approval from the Regional Program Manager or Regional Child Welfare Consultant. These additional clothing payments cannot exceed \$150.00 dollars within a six (6) month time period.

The child's worker will update the [Placement Wardrobe and Personal Inventory](#) form of the child's personal belongings and evaluate the care and adequacy of the child's clothing provided by the foster/adoptive parent or the facility. The child's worker will observe the fit, quality, condition, cleanliness, attractiveness, and appropriateness of the clothing as well as the number of clothes available to the child. If the child does not have an adequate wardrobe, the child's worker must inform the foster/adoptive parent or the facility about the need for the foster/adoptive parent or facility to purchase clothing for the child.

All clothing and other personal items purchased for the child must follow the child when he is removed from a placement. It is the child's worker's responsibility to maintain an updated inventory of all the child's clothing and other personal items to ensure that the child's personal belongings remain with him. If for some reason the child does not take all of his clothing and/or personal belongings at the time of discharge, it shall be the joint responsibility of the child's worker and the foster/adoptive family or facility to make arrangements for returning the clothing and/or personal belongings to the child within ten (10) working days. During that period of time the provider is responsible for safeguarding the child's personal belongings insuring its availability to the child. Under no circumstances is it permissible for a foster/adoptive family or facility to keep a child's clothing or personal items when the child is discharged. Not returning a child's belongings to the child when he is discharged is grounds for a corrective action plan.

5.14 Serious Illness or Death of a Foster Child

5.14.1. Serious Illness

In the case of a serious physical injury of a foster child, the child's worker should obtain assurance that medical treatment has been sought or direct that it be initiated. The child's worker should immediately notify the child's parents if the child is in the temporary custody of the Department.

5.14.2. Death

The following steps must be taken in the case of a death of a foster child:

- a) In the case of the death of a child who is in foster care, the child's parents, if there is no termination of parental rights, are to be notified immediately and must be involved in plans for the funeral and burial. Insofar as possible, their wishes should be met.
- b) The child's worker must notify their supervisor and the Regional Director as soon as possible.
- c) The Regional Director will then notify the Director of the Division of Children and Adult Services and the Commissioner of the Bureau for Children and Families. The circumstances surrounding the child's death shall be forwarded to the Director and Commissioner within three (3) working days.
- d) All cases of severe injury or death of a child shall be reported to the Prosecuting Attorney's Office for investigation by the Multidisciplinary Team as required by [§49-5D-3](#).
- e) In some circumstances the child's worker will need to complete a critical incident report. (See Child Protective Services Policy for more specific details.)
- f) In the event that a child in foster care dies and there are no resources available to meet the need for funeral home services, a cemetery plot, and burial or cremation services, the child's worker may issue a demand payment in FACTS for up to \$1800.00 to cover these expenses. Receipts or invoices are required before this payment can be issued. The receipts or invoices must be kept in the child's paper record and documented in FACTS in document tracking.
- g) If the child is in state guardianship, the child's worker will plan the funeral with the foster/adoptive parents or group care facility. While parental rights may be terminated, the child may have maintained a relationship with some relatives and friends. These individuals should be notified as soon as possible so they may attend the funeral if they wish.

5.14.3. Autopsy

Should a child in foster care die of unknown causes, the Department should request that an autopsy be performed. When an autopsy is needed, the Regional Director has authority to consent to the procedure. However, every effort should be made to involve the child's parents, if there is no termination of parental rights, in giving consent where appropriate.

5.14.4. Burial Expenses

In the event that a child in foster care dies and there are no resources available to meet the need for funeral home services, a cemetery plot, and burial or cremation services, the child's worker may issue a demand payment in FACTS for up to \$1800.00. Receipts or invoices are required before this payment can be issued. The receipts or invoices must be kept in the child's paper record and documented in FACTS in document tracking.

5.14.5. Estate of Foster Children

Should a foster child die, the child's estate will revert to the biological heirs. While parental rights may be severed by the court when the Department is given permanent custody, legal rights vested in biological heirs are not severed.

5.15 Court Costs/Legal Advertising

Payment for class II legal advertisements must include an invoice with the dates of publication. Other miscellaneous court costs that may occur such as service fees, costs of reproducing legal documents, out-of-state birth certificates, etc., may also be paid through demand payment in FACTS. Receipts or invoices are required before this payment can be issued. The receipts or invoices must be kept in the parent's paper record and documented in FACTS in document tracking.

5.16 Cause of Action Lawsuit and Insurance Claim Settlements

There may be times when a child in foster care suffers injury to his or her person or property and requires intervention on the part of the Department as the child's legal guardian. The Department may have to determine whether or not to file a cause of action lawsuit or preserve the matter for the child. The Department may also have to determine whether a claim should be settled or preserved. Children in the custody of the Department should have an attorney or legal guardian appointed to represent their best interest and should be utilized when possible to assist with these issues. The court of jurisdiction for the child's case should also be made aware of the cause of action lawsuit or claim and should be a part of the process. If it is determined that a child, who is in foster care, has a cause of action lawsuit or is the subject of an insurance claim, it is the Department's responsibility to make sure the cause of action lawsuit or claim is preserved or settled. If the cause of action lawsuit or claim is preserved until the child reaches the age of eighteen (18) years old, he/she will be responsible for handling the matter on their own.

The following steps must be taken when a cause of action lawsuit or claim needs to be filed for a foster child:

- a)** The child's worker will notify the guardian ad litem, attorney and the court of jurisdiction for the child's case, of the child's possible cause of action lawsuit or claim, to determine if the child's guardian or attorney can assist or if a new attorney or guardian ad litem must be appointed to assist with the cause of action lawsuit or the settlement of the claim. This may involve the child's worker requesting the scheduling of a status hearing. The child's worker will also need to inform the child's MDT of the child's possible cause of action lawsuit or claim.
- b)** If the child is in the temporary custody of the Department, the child's worker will involve the child's biological parents/guardian in all decisions concerning the cause of action lawsuit or claim. The parent/guardians may choose to preserve the cause of action lawsuit or claim, if reunification will occur in the near future.
- c)** If the child is in the permanent custody of the Department, the child's worker will either assure that the cause of action lawsuit or claim is preserved until the child turns eighteen (18) years old or whether immediate action such as filing a cause of action lawsuit or settling the claim is required and in the best interest of the child. Any decision regarding filing, preserving, or settling a cause of action lawsuit or claim should be made in conjunction with input from the child's MDT.
- d)** If a determination is made to proceed with a settlement of the claim and a guardian ad litem has been named to represent the child, the child's worker will provide any documentation necessary for the filing of the claim to the guardian ad litem.
- e)** The guardian ad litem will file the claim on behalf of the child.
- f)** The guardian ad litem will determine, with the input from the child's MDT if necessary, what documentation will be released to an insurance company to settle the claim, except for mental health records. Mental health records will not be released unless the child's worker, guardian ad litem, and parents/guardian (if the child is in temporary custody) have consulted with the Regional Attorney as to the nature of the request and the appropriateness of releasing the mental health records.
- g)** The guardian ad litem will determine, with the input from the child's MDT if necessary, if the claim can be settled out of court or if a court hearing is required.
- h)** The guardian ad litem will determine the amount of the settlement, with the input from the child's MDT if necessary. The DHHR, as legal guardian or

custodian of the child, has final authority to consent to the settlement on the child's behalf.

- i) Once a claim has been settled, the child's worker will establish a child's **protected account**. The settlement will be transferred into this account and used towards the child's future needs such as, clothing expenses, educational expenses, medical expenses (not covered by Medicaid), or computer. A court settlement may specify what the settlement money is to be utilized towards.
- j) The child's worker will document the resolution of the settlement and any court specification concerning the money in the FACTS record.
- k) The statute of limitations for filing a cause of action lawsuit for children under the age of 18 years is held in abeyance until they turn eighteen (18) years old. If the child's worker, after a supervisory consult and the MDT's input, determines that the cause of action lawsuit will be preserved for the child until they turn 18 years of age, the worker must instruct the child when he/she reaches the age of majority that he/she has generally up to two (2) years to file a cause of action lawsuit in a personal injury case. In any event, the worker should further state to the child that he/she should consult an attorney to be sure of the statute of limitations. Most cause of action lawsuits and claims against insurance companies are as a result of personal injury sustained during a motor vehicle accident. The worker must further instruct the child that if they fail to file a cause of action lawsuit before the time period expires under the statute of limitations, he/she will likely be barred from filing a cause of action lawsuit and recovering any damages or settling a claim from the insurance company. However, the worker should strongly encourage the child to seek an attorney about their legal rights given their particular circumstances.

5.17 SAFEKIDS PIX Identification Card Program

When children enter the foster care system they we do not always have an updated photo of the child. This program will provide an identification card for every foster child who enters the system between the ages of two (2) through fifteen (15) years old. The identification card will follow the child throughout their stay in the foster care system and would be utilized as a way to track a child who may become missing.

The following steps must be taken when a child enters custody:

- a) When a child enters foster care the child's worker will initiate the process of obtaining the SAFEKIDS PIX identification card, by informing the foster/adoptive parents of the requirement to have the identification card

made and providing all of the necessary paperwork for the foster/adoptive parents to obtain the card such as:

1. original birth certificate
 2. social security card
 3. Department's letter of authorization
 4. Driver's License/Photo ID Application (obtain at DMV)
- b) The child's worker will be responsible for follow-up with the foster/adoptive parents, to insure that the identification card was obtained for the child and to obtain the original birth certificate and social security card back if they are needed.
- c) The child's worker will transfer the SAFEKIDS PIX ID card to a new foster/adoptive parent when a child is moved to a new placement.
- d) The child's worker is responsible for informing the foster/adoptive parents on the renewal process of the ID card when necessary, which is every two years.

5.18 Runaway, Missing or Abducted Children

When a child is missing, abducted or is on runaway it is vital that information is reported quickly to law enforcement agencies, to ensure the child's safe return. The Department requires foster care providers to provide notification to the Department and law enforcement immediately when a child runs away, is missing or is abducted.

The child's worker must take the following steps to ensure that the child is located safely and quickly:

- a) The child's worker must contact law enforcement to follow-up on the foster care provider's report. They may need to file a runaway petition or missing person's report if one has not been filed by the provider.
- b) The child's worker will provide law enforcement with any information needed to locate the child. The child's SafeKids Pix ID card, family photos, or school pictures should be utilized to assist in the identification of the child.
- c) The child's worker will cooperate with law enforcement completely to locate the child.
- d) The child's worker must notify the child's biological parents, if parental rights have not been terminated, immediately about the child's situation.
- e) The child's worker must notify their immediate supervisor and Community Services Manager when a child is missing or abducted, immediately.

- f) The child's worker must notify the court, guardian ad litem, or attorney for the child when a child is missing, abducted or on runaway.

5.19 Annual Credit Report

Each child in foster care under the responsibility of the State who has attained 16 years of age receives without cost a copy of any consumer report (as defined in section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care, and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report. A detailed description of the requirements and process for obtaining the annual credit report for children in foster care age 16 and older can be found in [Youth Transitioning Policy](#).

Section 6

Case Review

6.1 Introduction

The purpose of a case review is to assess progress in the child's foster care experience and to utilize the court, community representatives/third party reviewers, and the Multidisciplinary Treatment Team to determine the adequacy and appropriateness of the services provided to the child and family to address the issues for which the child was removed from the home. All children in foster care are required to have a case review at least once every six (6) months according to Federal regulations. The Department employs a variety of review mechanisms to insure it has met its goals i.e., family preservation, child protection, youth services, and compliance with state and federal laws and regulations. The case plan review, the administrative review, the court/judicial review and the Multidisciplinary Treatment Team meetings are used to fulfill these requirements.

Case reviews always require that an independent third party review the progress that has been made in the Uniform Case Plan process. The independent third party may be, depending on the type of review, either a judge, a community representative, or other individual such as a Department employee not involved in the direct services to the child in care or his family. Foster/adoptive parents, pre-adoptive parents and relative caretakers must be given notice of and an opportunity to be heard in all case reviews and hearings.

6.2 Quarterly Status Reviews

Each child in foster care must be reviewed by the court until the child achieves his permanency plan. Quarterly status reviews are held to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the uniform child and family case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship.

To insure that this statutory mandate is occurring, the social worker must:

- a)** Contact the Prosecuting Attorney to insure that the quarterly status review is scheduled and placed on the court's docket.
- b)** Notify the MDT of the quarterly status review and insure that all notices have been received. This must be provided to the MDT at least 15 days prior to the review.
- c)** Convene the Multidisciplinary Treatment Team, which should include the child's biological parents, foster/adoptive parents or current caretaker and the child if over the age of 12, to monitor the implementation of the court ordered permanency plan for the child. This team is charged with evaluating the progress toward achieving the child's permanency plan, to consider any necessary modifications of the Uniform Case Plan, and to obtain updated progress reports from all service providers.
- d)** The Multidisciplinary Treatment Team will prepare the uniform case plan progress report describing the efforts in implementing the permanency plan and any obstacles to achieving the permanency plan prior to each quarterly status review. This report is to be submitted to the court no later than ten days prior to the permanency hearing.
- e)** Request that the court sign the uniform case plan progress report and enter it on the court record.
- f)** Request that the court schedule and place on the docket the succeeding quarterly status reviews unless the court has entered an order finding that the Department is not required to make reasonable efforts to preserve the family.
- g)** If the child has been in foster care for 15 of the last 22 months, then the worker must either include a request for termination of parental rights or must include a description of the compelling reasons why termination is not being requested in the uniform case plan progress report.
- h)** Request that the court schedule a yearly permanency hearing if within the previous 12 months a yearly permanency hearing was not conducted.

- i) The child's worker must document the court hearing in FACTS on the court screens.

6.3 Yearly Permanency Hearings and Permanency Hearing Reviews

For each child or transitioning adult who continues to remain in foster care, the circuit court shall conduct a permanency hearing no later than twelve months after the date the child or transitioning adult is considered to have entered foster care, and at least once every twelve months thereafter until permanency is achieved. For purposes of permanency planning for transitioning adults, the circuit court shall make factual findings and conclusions of law as to whether the department made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship pursuant to the West Virginia Guardianship and Conservatorship Act.

If a child has been in the Department's physical custody for 12 months and the Department has not placed a child in an adoptive home, with a natural parent, legal guardianship (pursuant to the West Virginia Guardianship and Conservatorship Act in regards to transitioning adults), or with a fit and willing relative, within 12 months of the child being placed in foster care the social worker must:

- a) Contact the Prosecuting Attorney to ensure that a yearly permanency hearing is scheduled and on the court's docket within 12 months of the child or transitioning adult being placed in the physical custody of the Department by either court ordered placement or voluntary agreement.
- b) Notify the MDT of the yearly permanency hearing and ensure that all notices have been received. This must be provided to the MDT at least 15 days prior to the review.
- c) Convene the Multidisciplinary Treatment Team, which should include the child's biological parents, foster/adoptive parents or current caretaker and the child if over the age of 12, to monitor the implementation of the court ordered permanency plan for the child. This team is charged with evaluating the progress toward achieving the child's permanency plan, to consider any necessary modifications of the Uniform Case Plan, and to obtain updated progress reports from all service providers.
- d) The Multidisciplinary Treatment Team will prepare the uniform case plan progress report describing the efforts in implementing the permanency plan and any obstacles to achieving the permanency plan prior to each yearly permanency hearing. The report may also include a request that the court consider another disposition in the case such as termination of parental

rights. This report is to be submitted to the court no later than ten days prior to the permanency hearing.

- e) During the hearing, the child's or transitioning adult's worker must request, through the MDT recommendations/report or the Prosecuting Attorney, that the court make a finding of whether or not the Department has made reasonable efforts to finalize the permanency plan for the child.
- f) The Department is required to obtain a judicial determination that the Department made reasonable efforts to finalize a permanency plan every 12 months for any child age 18 or older receiving title IV-E foster care maintenance payments who was removed due to a contrary to the welfare judicial determination (i.e., a court-ordered placement), but not to a youth removed from home via a voluntary placement agreement. The Department must make efforts to achieve any goals outlined in a youth's transition plan and/or case plan. Such efforts may include: case plans that are developed jointly with the youth in foster care and include discussions which reflect the supervised settings, foster family homes or child care institutions the youth believes are consistent with what the youth needs to gain independence, and reflect agreements made between the Department and the youth to obtain independent living skills and the benchmarks that indicate how both know when independence can be achieved; periodic reviews, which are held by the courts, involving the youth and focus on whether the youth is safe in his/her placement, whether continued foster care is appropriate, whether appropriate and meaningful independent living skill services are being developed and the progress made towards achieving independence on a projected date; or permanency hearings which are held under conditions that support active engagement of the youth in key decisions.
- g) Request that the court schedule and place on the docket the succeeding permanent placement review, or if the Department is still required to provide reasonable efforts to reunify quarterly status reviews, within three months and every three months thereafter until the permanency plan is achieved.
- h) The child's or transitioning adult's worker must document the court hearing in FACTS on the court screens; including whether or not a finding of reasonable efforts to finalize the permanency plan for the child was obtained.

When the circuit court terminates parental rights and commits the child to the guardianship of the Department, and the Department is no longer required to make reasonable efforts to reunify the child with their custodial parents, the child's worker will:

- a) If the child's permanency plan is adoption, the child must be referred to the Adoption Resource Network within thirty (30) days of termination of at least one parent's rights for inclusion on the state's adoption web page and for statewide child specific recruitment programs.

- b) Contact the Prosecuting Attorney to ensure that the permanency hearing is scheduled and placed on the court's docket within 30 days of the court finding reasonable efforts to reunify the child with their custodial parent are not required.
- c) Notify the MDT and all persons entitled to notice and opportunity to be heard of the yearly permanency hearing and ensure that all notices have been received. This must be provided to the MDT at least 15 days prior to the review.
- d) Convene the Multidisciplinary Treatment Team, which should include the child's biological parents, foster/adoptive parents or current caretaker and the child if over the age of 12, that shall serve as the permanent placement review committee to monitor the implementation of the court ordered permanency plan for the child. This team is charged with evaluating the progress toward achieving the child's permanency plan, to consider any necessary modifications of the Uniform Case Plan, and to obtain updated progress reports from all service providers.
- e) Proceed with the treatment requirements to address the conditions that must change to achieve permanency identified in the child's case plan through the provision of services.
- f) The Multidisciplinary Treatment Team will prepare the uniform case plan progress report describing the efforts in implementing the permanency plan and any obstacles to achieving the permanency plan prior to each yearly permanency hearing. The report may also include a request that the court consider another disposition in the case such as termination of parental rights. This report is to be submitted to the court no later than ten days prior to the permanency hearing.
- g) Request that the court sign the uniform case plan progress report and enter it on the court record.
- h) Request that the court schedule and place on the docket the succeeding permanent placement review, or if the Department is still required to provide reasonable efforts to reunify quarterly status reviews, within three months and every three months thereafter until the permanency plan is achieved. (*A permanent placement review/quarterly status review will be conducted at least once every three months until the child's permanent placement is achieved. The MDT will be required to attend and report on the progress and developments in the case.*)
- i) If the permanent plan has not been achieved within 18 months of when the child entering foster care, the child's worker must present to the court the reasons for the delay in achieving the child's permanency plan and request

that the court find on the record whether or not extraordinary reasons were sufficient to justify the delay in permanency.

- j) The child's worker must document the court hearing in FACTS on the court screens; including whether or not a finding of reasonable efforts to finalize the permanency plan for the child was obtained.

NOTE: *Whenever a child is removed from a pre-adoptive home, and an adoptive home or other permanent placement, the permanency review hearing must occur. The worker should promptly report the change in the child's circumstances to the MDT, court, Prosecuting Attorney, child's counsel and/or Guardian Ad Litem, and request that the court schedule a permanent placement review conference within two months of the child's removal.*

6.4 Modification of Dispositional Order

WV Code 49-6-6 allows for the modification of Dispositional Orders. This may be done upon motion of the child, child's parent or guardian or the Department alleging a change of circumstances that requires a different disposition. This can be a viable option when older children have not reached permanency or their adoption has disrupted, and their parents have made changes to the conditions that resulted in the child being abused or neglected. Upon receiving the motion, the court shall conduct a hearing and may modify the dispositional order if the court finds by clear and convincing evidence a material change of circumstances and that such a modification is in the child's best interests. This may only be done provided that the child has not been adopted except in the case of a child being removed or relinquished from an adoptive home or other permanent placement after the case has been dismissed. Adequate and timely notice of any motion for modification shall be given to the child's counsel, counsel for the child's parent or custodian, the Department and any other person entitled to notice and the right to be heard. The circuit court of origin has exclusive jurisdiction over placement of the child, and such placement shall not be disrupted or delayed by any administrative process of the Department.

If a child has not been adopted, the child or Department may move the court to place the child with a parent or custodian whose rights have been terminated and/or restore such parent's or guardian's rights. The court may order such placement and/or restoration of rights if it finds by clear and convincing evidence a material change of circumstances and that such placement and/or restoration is in the child's best interests. WV Code 49-6-6(b) requires the Department to

provide prompt notice to the court if the child's placement disrupts. The Department must then convene the MDT to address the issues that led to the disruption.

If a child, child's parent/guardian, or the Department learns there has been a change in the circumstance that led to the child being removed from the home, and that it may be in the child's best interest for the dispositional order to be modified, the worker must then:

1. Immediately notify the court of origin
2. Notify the MDT promptly about the situation and hold an MDT within 30 days
3. Notify the prosecuting attorney to get the situation on the docket within 60 days
4. Convene the MDT informing them of the recent changes in circumstance and the reasons that modification of the order would be in the child's best interest
5. Prepare a Family and Child Uniform Case Plan Progress Report
6. Follow casework procedures according to the ruling at the court hearing.

Section 7

Case Closure

7.1 Discharge Planning

All discharges should be planned whenever possible.

Discharge planning will include the following:

- a) Supervisory approval of the discharge plan.
- b) Discussion with the child about the plan (where age permits) and whenever possible a pre-discharge visit to the new placement or home if the child is being reunified, adopted, or placed with a legal guardian.
- c) Follow up services for the child and family.

- d)** Notification of the Homefinding Specialist within two (2) business days of the child's removal from the home.
- e)** The child's worker must provide the child if age 18 or over, or the child's caretaker if under 18 with an official copy of the child's birth certificate and social security card as well as a copy of the child's medical and educational records at no cost.
- f)** Documentation in FACTS of the child's discharge plan. The child's discharge plan should be documented within the Uniformed Case Plan
- g)** Documentation in FACTS of the child's discharge.

In the case of a placement disruption, the child's worker shall assess the situation to determine why the placement disrupted and which placement is in the best interest of the child. The worker will do the following actions when the child's placement disrupts:

- a)** Conduct a Multidisciplinary Treatment Team meeting to discuss the situation surrounding the placement disruption;
- b)** The treatment team will evaluate the situation to determine if the child should be placed in emergency shelter care while a thorough assessment of the child's needs is completed; and
- c)** The Uniform Case Plan will be updated to include services necessary to prevent further placement disruptions.
- d)** The child's worker must inform the Homefinding Specialist when a child is removed from the home within two (2) business days and document this removal in FACTS.

As required by §49-6-8(e), all placement changes and the reasons to move the child must be reported to the court; the child, if over age twelve (12); the child's attorney; the child's parents, if parental rights have not been terminated; and the parents attorney, if parental rights have not been terminated. The child's worker must do the following:

- a)** If the move is planned, the child's worker must provide this notification forty-eight (48) hours prior to the placement change.
- b)** If the placement change is an emergency, the child's worker must provide this notification within forty-eight hours after the move.
- c)** This notice is not required in a situation in which the child is in imminent danger in the child's current placement.

As required by §49-6-8(d) of the State Code, if a child has more than three (3) separate placements within a one (1) year time frame from when the child entered care, the child's worker must prepare a report to the court. All placements except respite stays, hospitalization, and home visits less than

fourteen (14) days are considered placements. When a child is scheduled to enter a third (3rd) placement setting during the year, the child's worker will do the following:

- a) Prepare a report describing the child's placement history for the year in question including the reasons for the various placements, and
- b) Contact the Prosecuting Attorney to request that the report be filed with the court and copies given to all appropriate parties to the case and their counsel. If parental rights have been terminated, then the report is not provided to the parents of the child or their counsel.
- c) After receiving the report, the court may hold a hearing to review the child's placement history to determine what efforts are necessary to provide the child with a stable placement.

According to §49-2-14 When a child has been placed in a foster care arrangement for more than eighteen (18) consecutive months and the Department has determined that the placement is a fit and proper place for the child to reside, the placement cannot be terminated unless such termination is in the best interest of the child and:

- a) The foster care arrangement is terminated because of allegations of abuse or neglect while the child resided in the home;
- b) The child is being reunified with his parents or family of origin;
- c) The child is being reunified with his sibling(s);
- d) The foster/adoptive parent(s) agree to the termination of the placement in writing using the SS-FC-6B;
- e) The foster care arrangement is terminated at the written request of a child who has attained the age of fourteen (14) documented on the SS-FC-6B; or
- f) The circuit court orders the termination of the placement upon finding that the Department has developed a more suitable placement for the child that is in accordance with the child's permanency plan.

7.2 Discharge Specific to Psychiatric Residential Treatment Facilities (PRTF's)

7.2.1 Emergency Discharge from PRTF's

In some cases emergency discharges or exits from a Psychiatric Residential Treatment Facility that are not in accordance with the child's case plan, are unavoidable. The facility must provide the child's worker with at least seventy-two (72) hours' notice of discharge. Upon receipt of such notice, the worker will begin locating and developing an

alternative placement that is appropriate for the child's current and immediate situation and needs.

There should not be any instance where a youth must be discharged immediately for his safety or the safety of others while the child is placed in a PRTF.

7.2.2 Discharge Planning Specific to PRTF's

Discharge planning is to begin during the intake and placement process when plans for and with the child and family are made, and continued throughout placement at the time of staffing and reviews. After determining a tentative date for discharge, the Multidisciplinary Treatment Team will be responsible for developing and implementing the discharge plan within the projected time frame. This may involve preparing the family for reunification, preparing a foster or adoptive family for the placement, coordinating the youth's enrollment in the appropriate educational program, keeping the group care agency informed of the plans, informing the youth of the plan, or helping the youth prepare for emancipation.

Termination of a placement in a PRTF may occur through the return of the child to his family or placement with siblings, through the transfer to another placement which may be required to meet the child's needs, or through the placement of the child in a foster/adoptive home. The change may be requested by the residential facility, when the child has completed the established program or if the agency feels that it is unable to continue with the care of the child, or may be initiated by the child's worker when the Department or the Multidisciplinary Treatment Team has determined that the residential facility is unable to provide the care essential to the child's development and permanency.

Whenever a placement is terminated, there should be adequate preparation of the foster child, and involvement and preparation of the biological family when they are working with the agency towards reunification. This preparation must include the following:

- a)** An explanation of reasons and circumstances for the intended move.
- b)** Recognition and help for conflicting feelings about the change.
- c)** Participation of the agency staff and biological parents when appropriate in planning steps for the child's removal.

7.3 Discharge Planning Specific to Out of State Placements (ICPC)

If the child is in an out of state placement, an Interstate Compact Report on Child's Placement Status (ICPC-100B) is completed in FACTS, signed and submitted in triplicate to the Interstate Compact Administrator in the Office of Social Services to provide notification of the placement change/compact termination.

7.4 Discharge of Older Adolescents

When youth placed in foster care reach the age of 18 they will exit foster care unless they agree to continue to receive foster care services through the Understanding of the Parties for Foster Care Services Agreement (SS-FC-18). A detailed description of the requirements and process regarding the SS-FC-18 can be found in the [Youth Transitioning Policy](#), Section G "Voluntary Foster Care Services Contract for Youth Over 18 (FC-18)". The youth's worker should begin planning with the youth for his/her transition to adulthood and/or exit from care well before the youth's 18th birthday.

Section 8

Other

8.1 Family Moves

The child's biological family may move during the course of his tenure in foster care. The Department has a responsibility to the family to continue to provide services as long as the child is in care unless parental rights are terminated.

8.1.1 Moves Out of County

When the child's biological family moves from the county where the court order granting custody originated, the county where the petition originated will continue to provide services to the child. The county where the biological parents reside will be responsible for services to the parents.

The child's worker will do the following:

- a)** Notify the county where the parents are now residing and arrange for a transfer of the parent's case to the county where the parents reside.
- b)** The child's worker will hold a staffing with the parent's worker, the provider agency staff, the child's foster parents, if applicable, the child, the child's parents, juvenile probation officer, if one has been assigned, etc. to discuss the change in situation.

- c) The child's worker will retain a copy of the transfer summary regarding the parent's current residence and the child's legal status.
- d) The child's worker will work closely with the parent's worker to effect reunification. The parent's worker will now have the primary responsibility to facilitate these efforts particularly when the child is in custody as a result of an abuse/neglect petition.
- e) The parent's worker will work with the child's worker on the Uniform Case Plan including detailed information on visitation and transportation arrangements.
- f) Judicial reviews and permanency reviews will occur in the county of original jurisdiction. The child's worker will initiate the process for preparing for the judicial review in the eleventh (11th) month of the placement, and if necessary at all succeeding judicial reviews. The parent's worker will prepare a written summary of information regarding the parent's current situation for inclusion in the judicial review and quarterly permanency hearing. The parent and the parent's worker will attend all reviews and hearings until the parent's rights are terminated or the child is returned home.
- g) The parent's worker will notify the child's worker immediately of any information that might affect the legal status of the child, the reunification efforts, or any other information that is pertinent to the child in placement.

8.1.2 Family Moves Out of State

If the parent moves out of state and the child remains in foster care, the worker will initiate the Interstate Compact procedures by notifying the Interstate Compact Administrator in Children and Adult Services that the family has moved to another state and request that the state initiate family reunification services. The worker will request a home visit and evaluation to determine if the child can be reunited with his family and when the reunification might occur. This study should include demographic information such as location of home, the surrounding neighborhood, proximity to school, resources available, family or support systems in the parent's area, recreation opportunities, employment of family members, adequate income, living space in the home, ability to care for the child, any safety concerns, how the family has complied with services, how family has rectified issues that led to petition being filed, etc.

In order to process a request for considering of placement of the child with the parent and/or other specified relative into the receiving state, the child's worker shall forward the following materials to the Interstate Compact Administrator:

- a) A cover memo explaining the placement request and specifying the complete name, address, and telephone number of the proposed placement resources;
- b) A current social summary outlining how and why the child came into the state's custody and identifying any special needs the child may have;
- c) Court/custody order;
- d) Psychological evaluation, if available;
- e) Child's case plan; and
- f) A statement explaining how the child's day to day financial needs and medical needs will be provided.

Upon receipt of written approval from the Interstate Compact office in the receiving state, the worker will work with the out of state worker to reunify the family if this is the child's permanency plan as defined by the Uniform Case Plan. The case plan will also include the problems which necessitate the removal of the child from the parents, tasks necessary to resolve these problems in a specified time frame, and return the child to his parents. When the out of state worker has determined that the parents are now capable of re-assuming their parental roles through the successful completion of the reunification plan, the child's worker will recommend to the court that custody be returned to the parents.

The Department will retain legal custody of the child until the receiving state has provided written agreement from the Interstate Compact Office in the receiving state to terminate custody.

8.2 Agency Assignment/Transfer of Cases

The supervisor shall develop procedures to assure that every case open for foster care services shall have a case worker assigned at the time it is referred. Caseloads shall not be unassigned.

When the child's current worker is aware that a case transfer is to take place, that individual must inform all parties involved in the child's case of the change. If possible, the new child's worker shall be introduced in person to the family and child. The current worker will discuss the case

plan for the family and child, the visitation schedule and any other pertinent information during a planned case staffing with the new worker assuming responsibility.

8.3 Case Record Maintenance

Case records are to be maintained in an orderly, detailed manner so as to accurately reflect the services provided the effectiveness of those services in alleviating the defined needs of the family members, and the achievement of the stated case goals. All records, whether of families and children or of providers of services shall be maintained in such a manner as to preserve the confidentiality of the information they contain. Information in records shall be kept updated.

Since most of the pertinent information about a child or a family is now kept in FACTS, this section of the case record must also be kept confidential and updated.

8.3.1 Requests for Viewing Records

Many people may request to review foster care records. Viewing records includes looking at information contained in FACTS as well as materials that are kept in the paper record.

8.3.2 Former Foster Children

Once a former foster child has turned eighteen (18) years of age, he may view his record if he has never been adopted. The record shall be purged of identifying information on any Child Protective Services referral before the record may be viewed.

8.3.3 Birth Parents

The parents of a child in foster care may request permission to view the information contained in their record. Section [§29B-1-3](#) permits individuals to have access to information about them kept by public agencies. Parents who wish to view their records shall have an appointment scheduled within five (5) days of their request. The record shall be purged of identifying information on any Child Protective Services referral before the record may be viewed.

8.3.4 Attorneys

Attorneys must have written permission from the individual parent or provider before they may view a family, foster/ adoptive parent record. They must submit the request in writing, accompanied by verification of consent to view the records, and make an

appointment to view the record. They shall give at least five (5) days' notice prior to the date they wish to make the appointment for reviewing the information. The record shall be purged of identifying information on any Child Protective Services referral before the record may be viewed.

8.3.5 Court

The court may subpoena the Department to release records for the courts review.

8.3.6 Sharing Information

The Department routinely shares information contained in client and provider records as part of providing case work practice such as with the Multidisciplinary Treatment Team, case staffings, administrative or judicial reviews or hearings. The Department must share the information contained in the child's record only as allowed by this or other Department policy and in line with state and federal confidentiality law.

8.4 Record Retention/Retrieval

8.4.1 Foster Care Records

The paper portions of records of families and children who received foster care services shall be retained in the local office for two (2) years after closure. After two (2) years those records shall be sent to archives on the regular purging schedule. They are to be maintained in archives for twenty-five (25) years and then destroyed. Closed records shall be treated in the same manner as all requests for viewing a current record.

8.4.2 Adoptive Records

Closed adoptive records for both adoptive families and the children they adopted are maintained by the Division of Children and Adult Services, in archives, after closure. Adoptive records are kept for ninety-nine (99) years.

8.4.3 Record Retrieval

The local office must keep a schedule of records that are sent to archives and those purged. Information that is required to retrieve a record that has been sent to archives includes the client's name, the year of closure, the box number, and the accession number.