

# Caregiver Supports Project

## Summary of Payment and Service Changes for Tribes

Below is a brief outline of changes based on the Caregiver Supports Project implementation. More information can be found at: [Caregiver Supports Project | Washington State Department of Children, Youth, and Families](#)

Current Practice	New Practice Starting Jan. 1	Potential Tribal Impact
For CPA's Licensing Incentive for new foster homes: \$206.26	For CPA's Licensing Incentive for new foster homes licensed <b>increases</b> to \$1000	Tribal CPA's can use these funds however they choose: towards agency operations, incentive payment to FH, etc.
Foster care payments: monthly payments are paid directly to CPA to distribute to foster homes.	Foster care payments will be made directly to the foster family <b>by DCYF</b> . CPA's will no longer be paid the monthly foster care payment.	Foster families will require notification and training on this change and how to use the SSPS or SAW payment system to claim monthly payments
Foster care rate levels are currently 4 levels.	Foster care levels are changing from 4 levels to 7 levels which are assessed by support needs of the youth (diagnosis, medications, services).	Foster care payment amounts may change based on diagnosis, medication and services the youth is engaged in.
Rate assessments (R/A) are currently conducted on TPO children <b>placed in licensed foster homes.</b>	Rate assessments will be conducted on <b>all TPO children</b> placed in licensed and <u>unlicensed/kinship placements</u> to determine support level needs of all families. (Phase 2: 2024-2026 implementation)	Tribes will be given the option to conduct their own rate assessments on all TPO placements (using specified tool). Considerations: <ul style="list-style-type: none"> <li>Impact to CPA structure/staffing/budget in order to conduct their own rate assessment- identification of CPA staff responsible for conducting R/A on all TPO children</li> </ul>
Rate assessments are currently conducted by <u>having a conversation</u> with the foster parent.	Rate assessment will be conducted using a specified "tool" based on a child's <u>diagnosis, medication and services</u> and <b>verified</b> through <u>health care records</u> by the assigned rate assessor.	Consider staff who have legal authority to request medical records of Tribal jurisdiction children when determining the CPA staff who will be completing the rate assessment (Tribal CPA staff/Tribal ICW or Tribal Licensor). Access to medical records from IHS clinics
Rate assessments are required every time a child changes placement to a new foster home.	Rate assessments are conducted within <b>7 days</b> of placement, and not completed again until 6 months after the initial rate assessment, regardless of how many times the child moves.	Consider timelines for completion for all TPO children placed. The rate assessor will have specific timelines to meet, and reassessments will be required every 6 months. Foster parents/CPA's can request an updated rate assessment if/when circumstances change (new diagnosis, new medication, etc.)

## Questions tribes should consider for project implementation:

- Do tribes open Tribal Payment Only (TPO) on all children under tribal jurisdiction?
  - Consider access to caregiver supports if children are not open for TPO.
- Like all other paid services offered through DCYF, placement would require updating in FamLink for unlicensed caregivers to receive caregiver supports:
  - Do Tribes currently update placements with DCYF for unlicensed relatives who do not need support services (daycare, clothing vouchers, etc.)?
  - Consider access to caregiver supports for placements if the placement is not updated through TPO.
- How will the change to direct payments from DCYF to foster parents impact Tribal CPA operations? (CPA's will no longer pay foster parents)
  - Would eliminating Borrowed Beds impact Tribal CPA's/Tribal IGA's and/or tracking placements?
- Rate assessments will change to using a specified tool to capture diagnosis, prescription medications and services the child is engaged in.
  - Would tribes want to complete their own foster care rate assessments on **all Tribal Payment Only placements?**
  - Consider impact to CPA/IGA and/or Tribal structure/staffing i.e.: identification of staff who would be responsible for completing the rate assessment (based on diagnosis & services-not just a conversation with the FP) within 7 days of placement-case manager or foster care licensor?
  - Consider if Tribes want to validate rate assessments and legal authority to request medical records.
- Would Tribes want to provide support services to caregivers of TPO children, by entering a contract with DCYF during phase 2?
  - Consider impact to tribal structure/staffing i.e.: identification of staff who would be responsible for providing support services to all caregivers to include in-person 24-hour crisis support services.
  - If a tribe does not contract with DCYF to provide support services to their caregiver families; how do tribes feel about support services being provided by the contracted provider in their designated catchment area?
- Would tribes want to participate in the provider selection process of contracted providers in their catchment area?