DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

JUN 24 1985 DSHS

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-22
ISSUED: June 3, 1985

FROM: Gerald E. Thomas, Asst. Secretary
Health and Rehabilitative Services

SECTIONS REVISED:
32.63 L.

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Gloria Stancich
SCAN 234-4965 or
Non-Scan 753-4965

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM FORM

Place this notice in the front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-22 was entered.

I. BACKGROUND

Because of numerous problems this past year in accurately processing claims in a timely manner, as well as in obtaining adequate substantiating information from foster parents, a claim form is seen as one way to reduce/eliminate these problems. Presently, there is no statewide claim form available.

THIS FORM IS TO BE USED ONLY FOR CLAIMS FOR PERSONAL PROPERTY DAMAGE(S)/LOSS(ES) INCURRED BY FOSTER PARENTS. A separate and different claim form must be used for foster parent/respite care provider liability claims.

II. ACTION REQUIRED

Effective upon receipt, the following shall be added to Section 32.63 L., Property Damage and Loss Fund.

1. DCFS Centers shall ensure that all claims by foster parents for personal property damage/loss are completed on the newly developed DSHS 15-199(X) form.

2. Instructions for the new form are attached.

An initial supply of these forms will be sent to the DCFS Centers and Child-Placing Agencies. Additional supplies may be obtained through the DSHS Stockroom.

DSHS 15-199(X), FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM

I. General Instructions

A. DSHS 15-199(X) is completed jointly by the foster parent(s) who incurred personal property damage(s)/loss(es), and the Division of Children and Family Services (DCFS) service worker responsible for the involved foster child. The claim form is designed to provide specific information needed by the DCFS Center Office/ DCFS Office in order to process claims.

B. Private Child-Placing Agency (CPA) foster parent(s) completes the form and returns it to the CPA who then forwards it to the DCFS Center/Area Office.

C. This form is to be used only for claims by foster parent(s) for PERSONAL property damage(s) or loss(es).

D. Claims must be completed by foster parent(s) within 30 days of occurrence of personal property damage/loss.

E. The DCFS service worker shall review the form to ensure it has been completed properly prior to forwarding the claim to the DCFS Center/Area Office.

F. A copy of the claim should be retained by the foster parent(s), a copy filed in the child's case record, and a copy in the foster parent(s)' (licensing) record.

II. Specific Instructions

A. Service worker completes the identifying information at the top right corner of the form. The name and phone number of a DSHS contact person should be provided to handle questions regarding the claim.

B. Foster parent(s) completes in duplicate the remainder of page 1.

1. Identifying information regarding foster parent(s) is self-explanatory.

2. State the name of the child(ren) responsible for the damage(s)/loss(es). Use full case number(s) including office ID number(s). If more than one child is involved, a separate claim form may be completed for each child. Annotate that another child(ren) is involved and that a separate claim(s) is forthcoming. Or, if multiple children are involved, one claim form listing all children and service workers is sufficient.

DSHS 15-199(X), FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM (cont.)

3. Substantiating Information:

   a. Complete date and time of damage(s)/loss(es) of foster parents' property.

   b. State what item(s) was damaged/lost.

   c. State original costs(s) of item(s).

   d. Date(s) purchased.

   e. General condition of the item(s). Write in one: Excellent (E), Good (G), Fair (F), or Poor (P).

   f. State cost(s) to repair item(s).

   g. State cost(s) to replace item(s) less the foster parent(s) best estimate of depreciation for wear and tear. Example: original cost of item ($300), less age of item (5 years), less condition of item (poor), equals ($250) depreciation of item, equals ($50) reimbursement requested.

   h. Describe the circumstances of the damage or loss, how it occurred, witnesses, etc. Be specific. Use separate sheet if more space is needed.

4. Attach any bills, receipts, estimates for repair(s) or replacement(s). For claims relating to theft, attach a copy of the police report or the police report case number and officer's name. NOTE: Mysterious disappearances, cash thefts, and unusually expensive items that can be easily fenced (i.e., jewelry, furs, silver) are excluded per DCFS Manual 32.63 L. Foster parents should take special precaution to guard against the loss of high value items.

5. Describe what supervision was being provided by the foster parent(s) at time of damage/loss and what steps have been taken to prevent reoccurrence.

6. The form should be signed by the foster parent(s), dated, and sent within 30 days of occurrence to the child's service worker, ATTACHING ANY COPIES OF DAMAGE ESTIMATES OR RECEIPTS OF REPAIRS/REPLACEMENTS. Foster parent(s) should retain copy of page 1.

7. Private Child-Placing Agency (CPA) foster parents should send completed form to the CPA who will then forward claim to the DCFS Center Officed/DCFS Office.

DSHS 15-199(X), FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM (cont.)

C. Service worker completes the "Resource Section":

State alternative resources explored for reimbursement to foster parent(s) and amounts available (if known). If multiple children are involved and one claim form is used, continue this item on separate sheet per individual child.

1. Refer to DCFS Manual 33.30 for guidelines regarding use of nonexempt earnings or resources in child's Trust Fund Account.

2. Parent(s)' or legal guardian(s)' resources shall be used for reimbursement to the extent such resources are available and family is willing. Service worker shall make a reasonable attempt to contact parent(s)/legal guardian(s) to access, for example, available insurance. Parent(s)/guardian(s) refusal to use their personal insurance, however, does not affect claim.

3. Refer to DCFS Manual 32.63 L (5i)for guidelines regarding foster parent Homeowner's insurance.

4. Indicate whether or not child's placement is a DSHS approved Private Agency placement.

5. Service worker signs and dates claim, then forwards claim within 10 days to the DCFS Center Office/DCFS Office for approval or denial.

D. Bottom half of page 2 is for action by the DCFS Administrator (or designee):

1. Approval or denial and any related comments.

2. Approving authority signs, dates, and returns original to the designated contact person in the office initiating request.

3. Approving authority retains a copy of the completed claim for monitoring purposes, data gathering, etc.

E. Following return of completed claim to the DCFS Center Office/ DCFS Office, service worker should file original in Child's Service Record and one copy in the Foster Parent's Licensing Record.

DSHS 15-199(X), FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM

DCFS CENTER/AREA OFFICE

CONTACT PERSON

CLAIM VALUE TOTAL $ | TELEPHONE

FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM

THIS FORM IS TO BE USED ONLY FOR CLAIMS FOR PERSONAL PROPERTY DAMAGE(S)/LOSS(ES) INCURRED BY FOSTER PARENT(S). TO BE COMPLETED BY FOSTER PARENT(S) WITHIN 30 DAYS OF OCCURRENCE.

1. IDENTIFYING INFORMATION

NAME OF FOSTER PARENT(S) (Print) | TELEPHONE

ADDRESS

2. FOSTER CHILD(REN) RESPONSIBLE FOR DAMAGE/LOSS

LAST NAME	FIRST	M.I.	BIRTHDATE	WORKER'S NAME	FULL CASE NUMBER
					– –
					– –
					– –

3. SUBSTANTIATING INFORMATION

		ITEM 1	ITEM 2	ITEM 3
a.	DATE/TIME OF OCCURRENCE			
b.	ITEM			
c.	ORIGINAL COST	$	$	$
d.	DATE PURCHASED			
e.	CONDITION (Write One E, G, F, P)*			
f.	REPAIR COST	$	$	$
g.	REPLACEMENT COST (Less Depreciation for Wear & Tear)	$	$	$

* E=EXCELLENT, G=GOOD, F=FAIR, P=POOR

h. CIRCUMSTANCES: Describe HOW damage or loss occurred, witnesses, etc. If needed, attach a separate sheet.

4. ATTACH RECEIPT(S)/ESTIMATE(S) for REPAIRS/REPLACEMENT(S). For claim(s) relating to theft attach copy of police report or police report case number and officer's name. Mysterious disappearances, cash thefts, and unusually expensive items that can be easily fenced (i.e., jewelry, furs, silver) are excluded. Foster parents should take special precaution to guard against the loss of high value items.

5. PREVENTION—Describe what supervision was being provided at time of damage/loss and what steps have been taken to prevent re-occurence:

Signature of Foster Parent(s) _____ Date _____

DSHS 15-199(X) (3-85) -926-

DSHS 15-199(X), FOSTER PARENT PERSONAL PROPERTY DAMAGE/LOSS CLAIM Cont.)

TO BE COMPLETED BY SERVICE WORKER

RESOURCES EXPLORED FOR REIMBURSEMENT (If multiple children are involved and one claim form is used, continue this item on separate sheet per individual child.

1. CHILD RESOURCES: Non-exempt earnings or resources in Trust Fund account (refer to DCFS Manual 33.30 for guidelines.)

_____

2. Parent(s) or Legal Guardian(s) Resources: _____

_____

3. Foster Parent(s) Homeowner's/Other Personal Insurance utilized? ☐ Yes ☐ No
(Refer to DCFS Manual 32.63L5i for guidelines.)

If yes, claim accepted and deductible paid $_____ (Amt. of deductible) or

Claim Denied ☐ Claim Pending ☐

4. This is a DSHS approved Private Agency Placement? ☐ Yes ☐ No

COMMENTS: _____

_____

_____

Name of Service Worker (Print) _____

Signature_____ Date_____

DCFS CENTER/AREA OFFICE ACTION

☐ Approved ☐ Denied

COMMENTS: _____

_____

_____

_____

_____

_____

DATE_____ _____
Approving Authority Signature

DISTRIBUTION: Original to DCFS Center/Area Office

CC's to Foster Parent(s),
Child's Service Record,
Licensing Record

DSHS 15-199 (X) (back) -926-

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-26
ISSUED: 07/12/85

FROM: Shirley Goins, Director
Division of Children and Family Svcs.

SECTIONS REVISED:
32.63 A, B, C, F

EFFECTIVE: 07/01/85
FOR INFORMATION CALL:
Gloria Stancich at
SCAN 234-4965 or
Non-SCAN 753-4965

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: FOSTER/RECEIVING CARE RATE INCREASES

Insert this notice in front of Chapter 32 of the DCFS Manual and note on the Tan Notice Control Sheet the date Notice No. T-26 was entered.

A. Background

The 1985 Legislature provided for foster/receiving care rate increases in the following areas: regular and specialized receiving care, regular and private agency foster care, and private agency service fees. This notice details these increases.

All rate increases are to be paid starting July 1, 1985; SSPS was reprogrammed to reflect these changes for authorizations effective July 1, 1985.

All rates not listed below remain the same.

B. Rate Increases

Section 32.63 is revised as follows:

1. DCFS and Private Agency Receiving Home Care

   Daily rate ---------- $11.84

2. Special Rate Receiving Home Care

   Daily rate ---------- $16.17

3. DCFS and Private Agency Foster Family Care

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less than 6 years	$130.44	$20.38	$27.83	$178.65
Child, 6 through 11 years	169.45	20.38	30.26	220.09
Child, 12 years or older	203.57	24.23	32.47	260.27

4. Private Child-Placing Agency Service Fee

Monthly rate ---------- $65.92
Daily rate ---------- $ 2.16

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

AUG 22 1985

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-27
ISSUED: 07/19/85

FROM: Gerald E. Thomas, Asst. Secretary
Health and Rehabilitative Services

SECTIONS REVISED:
32.63 K.

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Gloria Stancich
SCAN 234-4965 or
Non-Scan 753-4965

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECTS: 1. FOSTER PARENT/RESPITE CARE PROVIDER LIABILITY CLAIM FORM
2. ELIMINATION OF REQUIREMENT FOR FOSTER PARENTS TO ACCESS HOMEOWNER INSURANCE

Place this notice in the front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-27 was entered.

I. BACKGROUND

A. To increase the accuracy of processing foster parent liability claims in a timely manner, as well to obtain adequate substantiating information from foster parents, a claim form is seen as one way to reduce/eliminate these problems.

The new DSHS 18-400(X), Foster Parent/Respite Care Provider Liability Claim form, is used only for foster child caused property damage(s)/loss(es) or injury(ies) incurred by any person(s) outside the foster parent home for which the foster parent may be held legally liable. A separate and different claim form (the DSHS 15-199(X), Foster Parent Personal Damage/Loss Claim) must be used for foster parent personal property damage/loss claims.

B. Previous to this notice, Section 32.63 K 2 c required foster parents to apply their existing homeowner's liability insurance coverage before filing any claim against the state. Effective September 1, 1984, this is no longer a requirement. Thus, it is no longer necessary to access the foster parents homeowner's insurance prior to filing a claim for damages caused by their foster child.

II. ACTION REQUIRED

A. Effective upon receipt, the following shall be added to Section 32.63 K., Foster Parent Liability Insurance:

1. The Division of Children and Family Services (DCFS) shall ensure that all foster parent liability claims are submitted on the newly developed DSHS 18-400(X).

2. For developmental disabilities respite care cases, the Division of Developmental Disabilities (DDD) shall ensure that all DD respite care provider liability claims are submitted on the new DSHS 18-400(X).

3. Instructions for the new form are attached.

An initial supply of these forms with a revision date of 6/85 will be sent to the DCFS Offices, DDD Case Management Services, and Child-Placing Agencies.

NOTE: An initial supply sent in May of 1985 of DSHS 18-400(X) with a revision date of 3/85 should be destroyed. Use only the forms with a 6/85 revision date.

B. Section 32.63 K 2 c is revised to remove the requirement that foster parents use their home owner's liability policy as the primary policy in foster child related liability claims.

DSHS 18-400(X) (Rev. 6/85), FOSTER PARENT/RESPITE CARE PROVIDER LIABILITY CLAIM

I. GENERAL INFORMATION

A. DSHS 18-400(X) is completed jointly by the foster parent(s) or respite care provider(s) and (1) the Division of Children and Family Services (DCFS) service worker responsible for the involved foster child or (2) the Division of Developmental Disabilities (DDD) case manager responsible for the involved DD child in out-of-home respite care. The claim form is designed to provide specific information in order to process claims.

B. Private Child-Placing Agency (CPA) foster parent(s)/respite care provider(s) completes the form and returns it to the CPA who then forwards it to the DCFS Center/Area Office or DDD Case Management Services.

C. This form is to be used only for claims for persons outside the foster parent/respite care provider home who incurred damage, whether bodily injury or property damage/loss, for which the foster parent/respite care provider is held legally liable because it arose out of an act that their foster child initiated. This form does NOT apply to claims against a foster child filed by the foster parent(s) or respite care provider(s).

D. Claims must be completed by foster parent(s)/respite care provider(s) within 10 days of their notification of an occurrence of the bodily injury or property damage/loss. FAILURE TO REPORT CLAIMS IN A TIMELY MANNER MAY INVALIDATE PROTECTION.

E. The DCFS service worker or DDD case services manager shall review the form to ensure it has been completed properly prior to forwarding the claim within 10 days of receipt to Olympia, Headquarter's Safety and Risk Management Section, MS OB-14E.

F. A copy of the claim form should be retained by the foster parent(s) or respite care provider(s), one copy filed in the child's case record, and one copy filed in the foster parent's/respite care provider's (licensing) record.

II. SPECIFIC INSTRUCTIONS

A. Service worker/case manager completes the identifying information at the top right corner of the form. The name and phone number of a DSHS contact person should be provided to handle questions regarding the claim.

DSHS 18-400(X) (Rev. 6/85), FOSTER PARENT/RESPITE CARE PROVIDER LIABILITY CLAIM (cont.)

B. Foster parent(s)/respite care provider(s) completes No. 1 through 5.

1. Identifying information regarding foster parent(s) is self-explanatory.

2. State the name of the child responsible for the injury/damage/loss. Use full case number, including office ID number. If more than one child is involved, a separate claim form must be completed for each child. Annotate that another child(ren) is involved and that a separate claim(s) is forthcoming.

3. Provide substantiating information to the extent it is possible for the foster parent(s)/respite care provider(s) to obtain the specific information. When necessary, additional/clarifying information will be obtained from the outside party by the Safety and Risk Management Section.

   a. Complete date and time of the other party injury, damage or loss.

   b. Briefly describe what the injury, damage or loss was.

   c. If an item(s) was damaged or lost, state original cost(s) of item(s), and the date(s) purchased.

   d. State the general condition of the item(s). Write in one: Excellent (E), Good (G), Fair (F) or Poor (P).

   e. If injury, state medical cost(s) involved.

   f. If item(s), state cost(s) to repair item(s), or

   g. Cost(s) to replace item(s) less the foster parent(s)/respite care provider(s) best estimate of depreciation for wear and tear. (Example: original cost of item ($300), less age of item (5 years), less condition of item (poor), equals ($250) depreciation of item, equals ($50) reimbursement requested.

   h. Circumstances: describe how the other party injury or damage/loss occurred. Be specific. Attach separate page if more space is needed.

DSHS 18-400(X) (Rev. 6/85), FOSTER PARENT/RESPITE CARE PROVIDER LIABILITY CLAIM (cont.)

i. Witnesses: Name, address and phone number of individual(s) who observed incident.

4. Attach any copies of damage estimates/receipts of repairs/replacements or bills for medical costs incurred.

5. Claimant Information:

a. Service worker/case manager shall forward to the Safety and Risk Management Section any information (written statement if possible) collected/received from the outside party (claimant) who incurred the injury/damage/loss. This should include the name, address, and telephone number of the claimant.

b. Form should be signed by foster parent(s)/respite care provider(s), dated and forwarded within 10 days of occurrence of injury/damage/ loss to child's DCFS service worker or DDD case manager.

c. Private Child-Placing Agency (CPA) foster parent(s)/respite care provider(s) should send competed form to the CPA who will then forward claim to the DCFS Center/Area Office or DDD Case Management Services.

C. Service worker/case manager completes bottom half of second page

1. State the Source of Funds as recorded by the service worker on the DSHS 14-140(X), Source of Funds Application for Child in Placement. Check one: AFDC/FC or Other. "Other" includes Refugee, SSI and State Funds.

2. After claim has been reviewed for proper completion, service worker/case manager signs, dates, and forwards the claim within 10 days of receipt to the Risk Manager in DSHS Headquarter's Safety and Risk Management Section, MS OB-14E.

DSHS 18-400(X) (Rev. 6/85), FOSTER PARENT/RESPITE CARE PROVIDER LIABILITY CLAIM

FOSTER CARE/RESPITE CARE PROVIDER LIABILITY CLAIM (Injury/Damage/Loss)

DCFS Center/Area Office or DDD Case Mgt. Svs. Office	Contact Person
Claim Value (Total) $	Telephone No.

This form is used only for property damage(s)/loss(es) or injury(ies) incurred by any person(s) outside the foster parent home for which the foster parent may be held legally liable because it arose out of an act that their foster child initiated.

TO BE COMPLETED BY FOSTER PARENT/RESPITE CARE PROVIDER WITHIN 10 DAYS OF THEIR NOTIFICATION OF AN OCCURRENCE. Failure to report claims in a timely manner may invalidate protection.

1. NAME OF FOSTER PARENT(S)/RESPITE CARE PROVIDER(S) (Print)

_____ Phone: _____

Address: _____

2. FOSTER CHILD RESPONSIBLE (Submit separate claim if other children are involved.)

LAST NAME	FIRST	M.I.	BIRTHDATE	FULL CASE NO.

3. SUBSTANTIATING INFORMATION

		ITEM 1	ITEM 2	ITEM 3
a.	Date/Time of Occurrence(s)			
b.	Injury(ies)/Damage(s)/Loss(es)			
c.	Item Cost(s)/Date(s) Purchased			
d.	Condition(s) of Item(s) (Write one: E, G, F, P) *			
e.	Medical Bill(s)			
f.	Repair Cost(s)			
g.	Replacement Cost(s) (Less Depreciation for Wear and Tear)			

* E=Excellent, G=Good, F=Fair, P=Poor

h. Circumstances: Describe HOW injury, damage or loss occurred. _____

_____

_____

_____

_____

_____

DSHS 18-400 (X) (Rev 6-85) -926-

DSHS 18-400(X) (Rev. 6/85), FOSTER PARENT/RESPITE CARE PROVIDER LIABILITY CLAIM (cont.)

i. Witnesses: Name: _____ Telephone No. _____
Address: _____

Name: _____ Telephone No. _____
Address: _____

4. ATTACH COPY(IES) OF DAMAGE ESTIMATE(S)/RECEIPT(S) OF REPAIR(S)/REPLACEMENT(S) OR MEDICAL COSTS(S).

5. CLAIMANT INFORMATION

Attach any information received (written statement if possible) from the person(s) who incurred injury/damage/loss. Write their name(s), address(es), and telephone number(s) below:

Name: _____ Telephone No. _____

Address: _____

Name: _____ Telephone No. _____

Address: _____

_____ Foster Parent(s)/Respite Care Provider(s) Signature

_____ Date

TO BE COMPLETED BY SERVICE WORKER/CASE MANAGER

1. Source of Funds (as determined on DSHS 14-140 (X)): Check one. _____AFDC/FC _____OTHER

2. Name of Service Worker/Case Manager (Print): _____

Office: _____

Signature: _____ Date: _____

DISTRIBUTION: Original to: —Risk Manager
Safety and Risk Management Section
Office Building 2, Mail Stop OB-14E
Olympia, Washington 98504

cc: —Foster Parent(s)/Respite Care Provider(s)
—Child's Service Record
—Licensing Record

DSHS 18-400 (X) (Rev. 6-85) -926-

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO: T-29
Issued: 08/28/85

FROM: DIV. OF CHILDREN & FAMILY SVCS.
Shirley Goins, Director

SECTIONS REVISED:
32.42

EFFECTIVE: 10/01/84
FOR INFORMATION CALL:
Non-SCAN 754-1570 or
SCAN 235-1570

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CLARIFICATION OF APPROPRIATE USES OF ALTERNATIVE ADMINISTRATIVE REVIEW AND COURT REVIEW HEARINGS

Insert this notice in front of DCFS Manual, Chapter 32 and note on the Tan Notice Control Sheet the date Notice No. T-29 was entered.

A combination of state and federal law requires that each child in foster care have their case reviewed at least every six months either through the Juvenile Court (Chapter 23) or through the Alternative Administrative Case Review process (Chapter 32.42). The first review must be held within six months from the date of placement. In addition, every child who remains in care up to eighteen months must have a dependency or ARP dispositional hearing prior to the end of the eighteenth month from the date of placement (32.13 K, 32.32 D 3 e, 32.33 F 2 e (2), 32.41 H). Court review hearings must then continue every six months thereafter.

TO ENSURE CONTINUED PROPER IMPLEMENTATION OF THE STATE'S CASE REVIEW SYSTEM, THE FOLLOWING CLARIFICATIONS OF CHAPTER 23.31, 23.32, 23.33, 32.42, AND 34.50 ARE PROVIDED FOR THESE SPECIFIC TYPES OF CASES:

A. Case Review for Children Whose Parental Rights Were Terminated Prior to 1978

These children, like all foster children, must have their case reviewed every six months and have a court hearing before the end of the eighteenth month in foster care. They must continue court review hearings every six months thereafter.

Prior to 1978, wardship and juvenile court jurisdiction over these children were often dismissed upon termination of parental rights, because the state law at that time did not require ongoing jurisdiction and review following termination.

For any child coming into foster care or currently in care whose parental rights were terminated prior to 1978, the service worker should determine the length of time the child has been in foster care, and

1. For children whose wardship was dismissed and who have been in foster care seventeen months or more (counting from the date of placement), immediate steps should be taken to either file or petition for dependency or request the court to vacate the prior dismissal order, thereby reinstituting dependency and juvenile court jurisdiction. The case should then be reviewed by the court prior to the end of the eighteenth month, and regular court reviews should be set for every six months thereafter.

2. For children in foster care less than eighteen months, Alternative Administrative Review (32.42) can be used each six months (counting from date of placement) to review the case. However, court jurisdiction must be invoked and a court hearing must be held prior to the end of the eighteenth month in foster care.

   NOTE: Children for whom legal guardianship has been established are exempt from the case review and the court hearing process.

B. Case Review for Children in Adoptive Placement Pending Finalization

RCW 13.34.210 requires that children in adoptive placement continue to have court review hearings every six months until the adoption is final or guardianship is established.

If a problem arises with the court's ability to conduct these review hearings in a timely fashion, the service worker should arrange an Alternative Administrative Review (32.42) to be held within the required six months' time frame. The service worker should continue to actively pursue the court review even though an administrative review was held in the interim.

C. Case Review for Children Who Remain in Shelter Care Status Five Months or More

The components of the state's shelter care process and court orders do not fully satisfy the federal requirements for a case review. Since either a court hearing or administrative review is required before the end of the sixth month from the date of placement, the service worker should:

1. Attempt to move all cases to a fact finding/dispositional hearing prior to the end of the sixth month in care;

2. Seek legal consultation on cases remaining in shelter care status beyond five months; and

3. Within six months, conduct an Alternative Administrative Review (32.42) for any case that, after legal consultation, remains in shelter care status.

DCFS MANUAL: CHAPTER 32 -- CHILD FOSTER CARE: ASSESSMENT, PREVENTION, AND PLACEMENT SERVICES

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-__
Issued: 09/17/87

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Katherine Briar, Assistant Secretary

SECTIONS REVISED:
T-21, T-64

EFFECTIVE: 07/01/88
FOR INFORMATION CALL:
John Weeden
Non-SCAN 753-6761 or
SCAN 234-6761

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY OFFICE
OF STAFF SERVICES AT MS OB-22

SUBJECT:
1. REDUCTION IN FOSTER CARE SPECIAL RATE
2. APPROVAL PROCEDURES FOR ADDITIONAL PAYMENTS AND FOSTER CARE EXCEPTIONAL COST FOSTER CARE
3. PAYMENT AUTHORIZATION PROCEDURES FOR FOSTER CARE SPECIAL RATE AND EXCEPTIONAL COST FOSTER CARE

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-__ was entered.

A. BACKGROUND

Previous to this notice, the Special Rate Family Foster Care was $143.44. Budget restraints require this rate to be reduced to $120.00 to avoid continuation of over expenditures. Also, the Special Rate has been a flat rate. This notice and related SSPS Service Code changes allow workers to authorize rates up to $120.00 dependent on child need.

Tan Notice T-21 described the approval and/or authorization procedures for Additional Payments, Special Rates and Exceptional Cost Foster Care. This Tan Notice modifies that policy combining all "non-routine" payment and policy approvals on a new form, the DSHS Exception Request.

Tan Notice T-21, along with revision to SSPS procedures, combined FC Special Rate and Exceptional Cost FC into SSPS Service Code 3212. This Notice separates these authorizations in order to increase Federal Title IV-E payments to Washington State. Guidelines are provided to identify IV-E and non-IV-E expenditures.

B. ACTION REQUIRED

1. Effective July 1, 1988 the maximum Special Rate Family Foster Care is $120.00.

   a. Lower amounts may now be paid if the reason is based on need of the child. The child must meet the behavioral/emotional/intellectual/physical requirements in 32.63 D. Document basis for amounts less than the maximum on the DSHS 2-305(X) Service Episode Request.

   b. Use this maximum for all SSPS authorizations or reauthorizations on or after July 1, 1988. Change the amount of existing authorizations only when reauthorization is necessary.

2. Effective on receipt of the new DSHS ____ Exception Request, discontinue use of the:

   a. DSHS 5-95(X) Additional Payment Request; and

   b. The Exceptional Cost Foster Care Plan found in T-21.

   Use the DSHS _____ Exception request for all Additional Payments, Exceptional Cost requests and exceptions to the Washington Administrative Code (WAC).

3. Effective with issuance of SSPS Services Codes, authorize these payments as follows:

   a. Special Rates - use SSPS code 3212 FC Special Rate. This code is now a variable rate authorization dependent on the need level of the child~~, and/or the foster parent.~~

   b. Exceptional Cost Foster Care:

      Use the information below to determine if funding is obtainable for exceptional cost foster care expenditures.

      It is necessary to identify if the exceptional cost item or activity is a maintenance or a non-maintenance item. Maintenance items refer to exceptional cost activities or purchases that are primarily for and directly related to the physical care or supervision of the child. Maintenance items do not include activities which are of a therapeutic or behavior modification nature. Nor, does it include a salary to foster parents for the carrying out by the foster parents of ordinary parental activities.

Non-Maintenance items refer to exceptional costs activities that are not directly related to the physical care and supervision of the child.

Most items purchased under an exceptional cost plan are clearly identifiable as a maintenance item or non-maintenance item. However, additional reimbursements for foster parent's activity under an exceptional cost plan is sometimes more difficult to identify as maintenance or non-maintenance. Additionally, in some cases part of the exceptional cost reimbursement for foster parent activity may be for maintenance items and sometimes for non-maintenance item. When this happens, the costs must be split between the two categories.

1. Use Service Code 3216 for maintenance activities such as the following:

   - Special diets or clothing
   - Special furniture
   - Respite or child care used as substitute for or to assist foster parent in caring for the child
   - Special laundry requirements
   - Additional reimbursement to foster parent for performing special/enhanced physical care or supervision such as:
     - Special feeding activities
     - Laundry cleaning for a child with unusual medical/behavior problems
     - Special supervision (beyond what is normal for childs age and development)

2. Use Service Code 3217 for non-maintenance activities such as the following:

   - Special lessons or recreational items
   - Items to support socialization activities such as membership in the "Y" or going to camp

- Child care that has as its primary purpose social enrichment or therapy
- Therapy Outside the statement of work of the Psych/Psych contract
- Additional reimbursements to foster parents for activities like the following:
  - Overseeing behavior modification program
  - Implementing physical therapy program

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32.00 PROGRAM AUTHORITY

Federal: 45 CFR 233.110; P.L. 96-272

State: RCW 7.13.020; RCW 74.13.031. WAC 388-15-150; WAC 388-70; WAC 388-73, WAC 388-83

32.10 POLICY

32.11 Purpose of Service and Statement of Philosophy

The purpose of relative placements and foster care is to provide children a temporary, protective, nurturing home when a child's family is unable to provide basic protection care and nurture for a child. Services are directed to increase the child's chance of obtaining a permanent placement and decrease the time spent in out of home placement.

The level of interaction between the child, DCFS staff, relatives, foster parents and permanent placement resources must be high to ensure that the child maintains or develops strong family ties with the placement resource and the maximum level of information is gathered on the strengths and weaknesses of the potential placement. Relative placements and foster care are viewed as short-term, time-limited services.

32.12 Cultural Responsiveness

A. Goals

A child's relative placement and foster care experience shall as close as possible parallel the child's cultural and ethnic background. The following services must reflect the needs of parents and children needing foster care:

1. Recruitment and selection homes,
2. Selection of DCFS social workers,
3. Training foster parents and support of relatives,
4. Planning for visits,
5. Selecting schools or day care,
6. Providing interpreter and communication services (such as American Sign Language translators), and
7. Selection of community services.

B. Objectives

1. Each DCFS office is responsible for providing culturally responsive foster care services.

2. If a home cannot be located that matches the child's cultural and individual needs, the foster parents shall be provided with instruction on how to meet the child's cultural and individual needs.

32.13 Service Description

A. Relative placement services include:

1. Screening and selection of appropriate families.

2. Preparation of a Family Service Plan.

3. Provision of case management and Social Work services directed to establishment of the permanent plan.

B. Foster homes may be recruited and approved for care by either Division of Children and Family Services offices (DCFS) or Child Placement Agencies (CPA). Foster care services may be provided by the DCFS or purchased through a CPA.

C. Foster care includes:

1. A full assessment of the individual child and family situation.

2. Counseling and preventive services to the child, parent(s)/guardian(s), relative(s), to reinforce and maintain the family unit whenever possible.

3. Placement and supervision of children who cannot remain in their own family homes after all reasonable efforts have been made to provide preventive services.

4. Specialized placements for children with special needs.

5. Post-placement counseling and reunification services to the child, parent(s)/guardian(s), relative(s) to return the child home or if this fails, to place child in an alternate permanent family situation.

6. Medical, psychological/psychiatric, and other specialized services as needed.

32.14 General Policies

A. Foster Care Teams

Foster Care Teams (FCT) comprised of the social worker, foster parents, natural parents, extended family (if appropriate) the child (if appropriate) and other professionals involved with the family shall be the primary case plan implementation group.

1. Parent Involvement

When possible, involve the child's parent in the decision to place their child prior to removing the child from home.

Social workers and foster parents shall encourage parental participation in the development of an Individual Service Plan (ISP) to ensure reduction of risk factors to assist the child's timely return home. All parents whose location is known must be provided with a copy of the ISP.

2. Social Worker Role

Social Workers have primary responsibility to manage the efforts of all FCT members on behalf of the child and child's family. This includes developing with biological parents the goals, and means of achieving these goals, for the strengthening of the family; supporting the placement family with information and resources to assist the stability of the placement and to meet the child's special needs and work with other professionals to support the child's permanency plan.

3. Foster Parent Role

Foster parents are responsible for the protection, care and nurture of the child in placement. As an integral part of the FCT, foster parents may participate in the development of the service plan for the child and child's family; assist in family visitation, including monitoring; and model effective parenting behavior for the natural family.

4. Other Professionals

Professional members of the FCT (e.g., medical, educational, tribal, psychological, legal, etc.) work in accordance with the family Service Plan (FSP) providing services to support the child and family moving toward permanency. These professionals share their recommendations with the FCT through written reports or FCT staffings.

5. Child

Many children who enter the foster care system are willing and able to participate in the individual service plan by sharing their needs and feelings. Although not in a decision making position, their input needs to be heard, acknowledged, and responded to by the FCT. Adolescent children <u>particularly</u> should be involved in planning.

B. Minimum Possible Number of Placements

In order to provide stability to the child in out-of-home care, the placement selection will be made with a view toward the fewest possible placements for each child. If possible, the initial placement should be viewed as potentially the only placement for the child. The use of short-term interim placements (30 days maximum) to protect a child's health or safety while the placement of choice is being arranged is not a violation of this principle.

C. Preservation of Family Relationships

Efforts shall be made to place the child in close proximity to the parent(s)/guardian(s) home consistent with the best interests and special needs of the child. Placement selection will attempt to preserve the family relationships of the child. Frequency of visitation of the child in foster care by the parent(s) is directly related to the length of stay in foster care. Generally, the more frequent the visitation, the more likely the child will return home.

D. Long-Range Plan

The ultimate or long-range plan for the child (return home, adoption, placement with relative, guardianship, or in limited situations, long-term foster care) will be the primary consideration in the type and location of both initial and subsequent placements. Any temporary placement should be chosen with a view toward preparing the child for the long-range placement plan.

E. Relative Placement

RCW 13.34.130 (b) states that unless there is reasonable cause to believe that the safety or welfare of the child would be jeopardized or that efforts to reunite the parent and child would be hindered, children should be placed with relatives.

1. The definition of relatives includes: grandparents, brothers, sisters, stepbrothers, stepsisters uncles, aunts or first cousins with whom the child has had a relationship and is comfortable with. The relative needs to be willing and available to care for the child.

2. Efforts shall be made whenever possible and appropriate to place the child with an extended family member when the child cannot return to his/her natural family. This should include thorough relative searches early in the DCFS involvement in the family and periodically throughout the time out of home placement is necessary.

3. When a child is placed temporarily with a relative in lieu of foster care, social work services should be provided the same as for all out-of-home care. (See Section 32.33 A.)

F. Permanent Family at Earliest Possible Date

Time is a critical factor in the temporary placement of children. The long-range placement plan is to be achieved at the earliest possible date. If the plan is to return the child home, selection of placement resources shall facilitate and support return home within weeks, if possible.

1. No child shall stay in foster care longer than is necessary to return them safely to their home or develop a permanent placement.

2. Many families and children can benefit by using foster care as a respite service allowing the child to keep their primary residence at home and minimize time in out-of home placement

3. Consider foster care/adoption homes when the likelihood of return home or relative placement is low. See Chapter 36 on Foster-Adoptive placements.

G. Placement in the Most Family-Like Resource

Children must be placed in the most family-like setting that also meets their needs. The following placement resources are ranked in order from most family-like to least family-like:

1. Child's natural or adoptive parents.

2. Relative placement.

3. Family foster care (including receiving home care).

4. Group care.

5. Institutional care (medical hospitals, Mental Health institutions, Residential Habilitation centers).

H. Child's Previous Placement History

Careful attention is to be given to the child's previous placement history when selecting a temporary or permanent home for a child. Prior placement history may indicate a need for prompt action to achieve permanency, a need for more or less structure, an inability to relate to parental figures, or other factors which should be considered in placement selection.

I. Needs of the Child and Placement Resources

Efforts shall be made to place the child in the least restrictive (most family-like) setting available consistent with the best interests and special needs of the child. Placement selection must consider the needs of a child for specialized services and the accessibility of those

services. For example, a child in need of special education services should not be placed where such services are not available. Similarly, the child in need of specialized medical treatment or services is to be placed where such services are available and reasonably accessible to the child.

J. Case Plans (ISP)

For each child in out-of-home care, there must be a case plan which is time-limited, goal-oriented, and routinely involves the child, parent(s)/guardian(s), and foster parent(s). The case plan is also intended to serve as a written agreement between the agency, the parent(s), child, and foster parent(s). (See FSP procedures in Chapter 23.)

K. Court Involvement

Foster care required beyond six months must be authorized by a court order, or through an Exception to Policy utilizing an Alternative Administrative Review or Citizens Review as appropriate. (See Chapter 23 for Alternative Administrative Review and Citizens Review procedures.)

32.15 Service Priorities

A. Mandatory Services

1. Providing assessment and counseling to child, parent(s)/guardian(s), relative(s) to develop a plan for meeting child's needs without placement if possible.

2. Providing/arranging counseling/preventive services to child, parent(s)/guardian(s), relative(s) to prevent placement.

3. Evaluating need for out-of-home placement.

4. Arranging for placement of children into homes of relatives, receiving homes, and family foster homes when out-of-home care cannot be prevented.

5. Determining source of funding for foster care maintenance payments and medical services.

6. Providing/arranging counseling/reunification services to child, parent(s)/guardian(s), relative(s) to return child home or to place child in an alternate permanent care situation.

7. Providing consultative and support services to foster parents to assist with maintaining the foster placement, to prevent a more restrictive placement of the foster child, and to achieve the Family Service Plan (FSP) for permanency.

8. Monitoring of placement to ensure quality of care.

B. Case Assignment Priorities

The following case priorities are applicable to cases entering the foster care system for reasons described under Section 32.31 A.4. or transferred to ongoing foster care services from CPS or FRS. (For CPS/FRS case assignment priorities, see Manual G, Chapters 26 and 24.)

1. Priority 1 foster care cases will be reviewed and assigned as soon as possible, but no longer than three (3) working days of receipt. The following are Priority 1 Cases:

   a. Children without parent or legal guardian because of:

      (1) Death
      (2) Physical/emotional illness
      (3) Severe disability
      (4) Whereabouts unknown
      (5) Incarceration
      (6) Inpatient treatment
      (7) Parent's refusal to have child in home

   b. Dependent children who are at risk of abuse/neglect.

   c. Dependent children who are a danger to self, family or community.

2. Priority 2 foster care cases will be reviewed and assigned as soon as possible, but no longer than ten (10) working days of receipt. The following are Priority 2 Cases:

   a. Requests for relinquishment planning for children six and over.

   b. Minor who applies for financial assistance (including minor unmarried parents).

3. Priority 3 foster care cases will be reviewed and assigned as soon as possible, but no longer than twenty (20) working days of receipt. The following are Priority 3 Cases:

   a. Requests for home evaluations, other regions or states.

   b. Requests for assistance in planning independent placements. (See Section 32.33 F.5.)

32.16 Eligibility

A. Service Eligibility

All children are eligible for foster care assessment, prevention, and placement services without regard to income.

B. Maintenance Payment Eligibility

Make payment only when you have determined the need for foster care, and at least one of the conditions in WAC 388-70-013 are met. See Chapter 33 for the role of the social worker in selecting the correct funding source.

C. Medical Eligibility

Each child placed into foster care is eligible for the "Categorically Needy" medical program.

32.20 PROGRAM STANDARDS

32.21 Program Expectations/Response Time

The service worker will:

A. Within one working day of assignment, respond to all service/foster family placement requests as specified in Assessment, Prevention, and Placement Procedures, Section 32.32.

B. Within one working day of the initial assessment interview, refer inappropriate requests for service/foster care placement to appropriate department/community resources, i.e., CPS, family reconciliation services, mental health, etc.

C. Within 30 working days for cases accepted for service, complete an evaluation of the child/family situation and develop an Individual Service Plan (ISP) with the child, the family, and the foster care provider. (See 32.34 C. for specific ISP procedures.)

D. Arrange emergency medical/psychiatric treatment as needed for the child prior to placement.

E. Within 30 working days of service request, schedule a physical and dental examination for the child.

F. Within three days of placement, identify the plan for permanency for the child and steps necessary to achieve the plan.

G. Have monthly face-to-face contact (individual or together) with the child and his/her own family in order to best implement the ISP and evaluate the placement. More frequent contact is encouraged, especially during the initial month of placement.

H. Have monthly face-to-face contact with each foster care provider (individual or together with child) to access how the placement is going and what, if any, additional services are needed.

I. Within 10 working days, assess and determine the appropriateness of all initial requests for payment made by child-placing agencies. (See CPA procedures, Section 32.33 F.4.)

J. Monitor and approve Quarterly Reports/ISPs submitted by CPAs whose placements or services are partially or fully financially supported by DSHS.

32.30 SERVICE PROCEDURES

32.31 General Information

A. Referral Sources

1. Most children enter the foster care system through either the Children's Protective Services (CPS) program (see Chapter 26), or the Family Reconciliation Services (FRS) program (see Chapter 24). Coordination/cooperation between discrete program areas is vital. (See Section 32.31 B.)

2. Some children who do not meet the definition of a CPS or FRS client are referred for service through the Child Welfare Services (CWS) program.

   Examples of such referrals include, but are not limited to:

   a. Request for foster care or group care placement, where a conflict does not exist between the child and the caretaker, but the child has emotional/behavioral problems which cannot be dealt with in the home.

   b. Adoption requests, and adoption support development.

   c. Interstate courtesy supervision is requested, and/or a child from another state (whether a compact state or not) requests assistance regarding placement and support of basic needs.

   e. Voluntary relinquishment requests.

   f. Situations resolved by provision of an agreed guardianship.

   g. Medical/psychiatric problems exist for a parent and that parent requests services to assist in caring for the child(ren).

B. Coordination with CPS/FRS

1. In those cases where a child is receiving CPS or FRS services and is also being considered for receiving home or foster care placement, staff are required to follow the same assessment, prevention, and placement procedures regardless of who is providing the service.

2. In those cases where it is necessary for a child to be removed from his/her own home and the case is transferred from CPS/FRS to ongoing foster care, there must be cooperation and coordination between programs to ensure a smooth transition of responsibility for working with the child, parent(s)/guardian(s), and foster family.

   a. DCFS offices shall have adequate procedures for transferring a case from CPS/FRS to foster care. The CPS/FRS staff is to provide services during the transition period to ensure that at no time will a child be without a service worker.

   b. If another CPS complaint or FRS referral involving the family is received while foster care services are being provided, CPS or FRS is responsible for provision of the CPS or FRS service. The foster care worker shall coordinate with the CPS/FRS staff and shall continue to provide foster care services to the child in foster care, the foster parents, and natural family. (See Chapter 26.)

C. Coordination with Private Agencies

1. DCFS contracts with private agencies throughout the state to provide foster home licensing, placement and supervision.

2. Private agency-licensed placement resources should be considered equally with DCFS-licensed resources.

3. Private agencies bringing children from other countries for adoption are financially responsible for the child's placement costs if the adoption is not finalized or disrupts.

D. Rights of Natural Parents

1. You are responsible to inform parents of their legal rights and responsibilities.

2. DCFS may accept voluntary placement of children in foster care in cooperation with the family's decision to place the child outside of the home. The parent(s) retains all his/her rights in these situations. (See Section 32.41 for Voluntary Consent procedures.)

3. In cases where parents voluntarily consent to the child's out-of-home placement, the residual parental rights are generally: the right to participate in the placement of the child, reasonable visitation, information about the child's whereabouts and condition, determination of religious affiliation, consent to adoption, inheritance, and the right to notice and appearance at judicial proceedings involving the child.

4. In cases where court action has been initiated, the law provides for a number of additional legal rights and protections. (See RCW 13.34.060 and 090 and RCW 13.32 A 160.)

5. The parent(s) of a child placed in foster care remain financially responsible for that child and may be required to pay all or part of the cost of foster care. Parents of children receiving services from DDD are exempt from this requirement.

6. In cases of termination of parental rights, there are no residual parental rights.

E. Information to be Provided Foster Parents

Prior to any placement, give sufficient information about the child and his/her family to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home. (See Section 32.34 D. for specific information.)

32.32 Preventive Services

In recognition of the child's need for permanency in family relationships and the appropriate role of DSHS in supporting the family as the primary caretaker of children, primary efforts of the service worker should be focused toward identifying and remedying those problems which place children in jeopardy of out-of-home placement.

A. Family-Focused Case Assessment

1. Make a full assessment of the individual child and family, and document the need for out-of-home placement per placement prerequisites in Section 32.32 D. Make a placement only when absolutely necessary in meeting the needs of children. Before a child is placed out of home, all reasonable efforts must be made to stabilize the family and assure the welfare of the child residing in the home, and such efforts shall be documented in the record.

2. A family-focused assessment includes an examination of the family's entire situation. Appropriate treatment is dependent on correct identification of family needs and strengths. (See Placement Decision, Section 32.32 D., and Procedures for Deciding to Place or Not to Place at the end of this chapter, Section 32.99.)

3. Procedures for making an accurate case assessment:

   a. Obtain clarification of the presenting problem(s) and expected resolution(s) from the referral source.

   b. Review available case records, including previous placement history and response, and determine who is legally responsible for child.

   c. Observe family environment, involvement of relatives, family interaction, child at school, etc., whenever possible.

d. Obtain child's (when appropriate) and parent's/guardian's statement of the problems which prompted the request for service. This should include onset of problem, frequency, duration, intensity, etc., as well as a statement regarding any services already tried and the outcomes.

e. Review/develop family social history that takes into consideration such things as resources, strengths, emotional/social support systems, cultural/ethnic background, family dynamics, work history, and family mobility.

f. Review/develop child's/parent's educational background, that takes into consideration such things as last school child attended, grade, I.Q., academic skills, problem areas. There must be no disruption in special education and related services according to Section 32.98 B.

g. Obtain medical history on family (i.e., hereditary problems). Complete DSHS 13-18X.

h. Review less restrictive service alternatives, including those already utilized by the family. Document appropriateness.

i. Make any collateral contacts essential to completing initial assessment.

j. Obtain child's and parent's/guardian's recommendations for resolving stated problem(s).

k. In consultation with the supervisor (as needed) and parent/child participation (as appropriate), decide what services are needed and available to resolve stated and observed problem(s).

l. Assessment is an ongoing process within service provision. Any new information, changes, etc., may require revision of the service plan.

m. Complete appropriate forms documenting above actions:

(1) Service Episode Record (DSHS 2-305(X));

(2) Face Sheet (DSHS 14-24(X));

(3) SSPS (DSHS-154(X));

(4) Release of Information (DSHS 14-12(X)) when needed; and

(5) Any other forms required by the specific service being requested.

B. Resources

It is important to connect the family to supports within the community. Each DCFS staff shall have knowledge about local resources.

1. Explore, or develop to the extent possible where gaps in service exist, both in-home and out-of-home resources prior to placing a child in out-of-home care.

2. The following resource list links family need to potential services. The services available will vary from community to community and are provided through a multitude of delivery systems including voluntary agencies, regular social service agencies, DSHS, and by purchase-of-service.

FAMILY RELATED

INCOME

- AFDC, GA-U, Social Security
- Churches
- Credit Counseling
- Employment Referrals

CLOTHING

- Clothing Bank (local, schools)
- Salvation Army/Goodwill

HOUSING

- Low-income Housing
- Emergency Shelter
- Missions

MEDICAL CARE/DENTAL CARE

- Medical Insurance
- Medical Assistance
- Community Health Nurse, Well-Child Clinics, Hospice
- Civic Groups, Kiwanis, etc.
- Crippled Children's Services

NUTRITION

- WIC
- Food Banks Community Health Nurse
- Food Stamps/Commodities

TRANSPORTATION

- FISH/Volunteers
- Bus Passes

JOB TRAINING/EMPLOYMENT

- Vocational Rehabilitation
- College Financial and Women's Centers
- Employment Security,
- FIP

MENTAL HEALTH

- Community Mental Health
- Case Management (through Community Mental Health)
- Day Treatment
- Specialized Counseling
- In-Home Therapy
- Group Therapy

ABUSE/NEGLECT

- Anger Control Group
- Parent's Anonymous
- Mother's Groups
- Parent Aids
- CPS/CWS Day care
- Chore Services
- Respite Care
- Coop Preschools
- Headstart, Bug-in-the-Ear
- Parenting Classes
- Parent Workshops
- Parent Advocates
- In-Home Specialists
- (health or education)
- Emergency Caretakers
- Crisis Nursery
- Homemaker Services
- Public Health
- Court

SUBSTANCE ABUSE

- Alcoholics Anonymous
- Narcotics Anonymous
- Community Alcohol/Drug Agencies
- Alateen/Alanon
- Inpatient Treatment
- ADATSA

SOCIAL ISOLATION

- Extended Family
- Churches
- Friends
- Parents Without Partners

- Clubs, Civic Groups
- Special Interest/Support Groups (SIDS, DDD)
- Culturally-related Organizations
- Recreational Activities,
- YMCA, YWCA

COORDINATION

- Diagnostic Teams
- Consultation
- Staffings
- Resource Development

CHILD RELATED

SCHOOL ATTENDANCE

- School Counselors
- Staffings
- Alternative Schools
- Teachers

SCHOOL PERFORMANCE

- Tutoring
- Alternative Schools
- Evaluation - Special
- Education Services

JOB TRAINING/EMPLOYMENT

- Youth Jobs
- Vocational Programs

MENTAL HEALTH

- Group Therapy
- Community Mental Health
- Family Therapy
- Casework Counseling
- Specialized Counseling
- Therapeutic Day Care

BEHAVIOR (ACTING OUT, RUNNING AWAY)

- Peer Counseling
- One-To-One Programs
- (Big Brothers, Big Sisters)
- Family Reconciliation Services
- Recreational (Camps,
- Sports YMCA, YWCA)
- Skill-Building Classes
- Preschool-Coops

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

- Referral to DDD
- Crippled Children's Service
- Shriner, etc.
- Special Education
- Civic Groups for Special Needs Services

C. Reasonable Efforts to Provide Preventive Services

1. The service worker must make reasonable efforts prior to the placement of each child in relative placement or foster care to prevent or eliminate the need for removal of the child from his/her own home, as well as reasonable efforts to make it possible for the child to return to his/her home when placement of the child was necessary.

   a. "Reasonable efforts" are defined as:

      (1) Completion of a family assessment;

      (2) Development of a collaborative case plan with the family and child to meet their needs. Resources used in the plan shall be appropriate to the unique, individual needs of the family.

      (3) Facilitation of access to resources required to alleviate the conditions that require agency involvement.

      (4) Monitoring and reviewing the progress and results and supporting and adapting the plan as necessary.

      Documentation of all reasonable efforts must be in the case record.

   b. In emergency situations where it is assessed that the safety of the child precludes preventive services, document in the ISP why such services were not provided.

2. See Section 32.32 B., Resources, for list of preventive/reunification service options.

3. All efforts to provide preventive/reunification services must be documented in the service record on the ISP.

4. A court determination regarding the "reasonable efforts" by the department to provide preventive/reunification services is required for IV-E eligibility.

D. Deciding to Place or Not to Place

1. Determining the appropriateness of a child being placed out-of-home is based on the following five (5) prerequisites:

   a. Unmet critical needs of the child have been identified.

   b. Parental ability and/or availability to meet the child's needs have been assessed to be insufficient.

   c. Alternatives other than placement have been explored and/or identified as inadequate or unavailable to meet the child's needs.

   d. Supervisory and/or team consultation (i.e., case staffing involving at least one supervisory member) supports a placement recommendation.

   e. Authority to place has been legally established.

2. The fact a child is requesting out-of-home placement is not in and of itself a sufficient prerequisite for placement.

3. The service worker, in deciding whether or not to place a child, shall use the following definitions of the prerequisites to placement:

   a. Unmet Critical Needs of Child[1/]

      (1) For each child in the family, the child's current condition and ability/willingness to protect and/or care for him or herself are determined by:

         (a) A full assessment of the referral problem. When content of the referral indicates a serious problem, but the specifics of the problem (nature of problem, severity, amount, and quality of intake information, etc.) are not clear, placement may be warranted until the assessment can be completed.

         (b) Severity of the child's need for medical/dental/mental health care.

         (c) Child's age and general physical, psychological, and emotional capacity to protect self. A vulnerable child may be unable to survive (protect self) even in moderately deficient conditions.

1/ Refer to end of chapter for suggested Guide for Evaluating a Child's Life Experience.

(d) A full assessment that the family's conflict and/or abuse/neglect is more extreme than the impact of placement on the child.

(e) An assessment of whether the quality of the child's support systems (i.e., friends, relatives, teachers, etc.) is sufficient to sustain the child and reduce risk/conflict during the intervention process.

(2) Assessing risk in sexual abuse requires additional considerations. These special considerations include:

(a) A determination of the ability of the non-offending parent(s)/guardian(s) to protect the victim from the alleged offender(s), with reasonable assurance that the abuse/neglect will stop. If separation is indicated, preferably the offender will leave the house.

(b) Risk to other children in the family home may be great because of the progressive repetitive nature of the problem. This is especially true if the victim leaves and the perpetrator stays.

b. Parental Ability and/or Availability to Meet Child's Needs[1/]

(1) Parental Response - Recommendations for placement are often grounded on the parent(s)/guardian(s) refusal to perceive and/or remedy conditions which are seriously endangering or damaging a child. Some of the factors for assessing this parental response are:

(a) Recognition and acceptance of problem.

(b) Acknowledgement of their role in causing/allowing problem.

(c) Motivation to solve problem.

(d) Cooperation with case plan.

(2) Parental Ability to Nurture/Protect - The following factors are considered indicators of the parent(s)/guardian(s) ability to function:

(a) Parental capacity for child care. Assessed strengths and limitations including physical, psychological, and emotional capacity.

1/ Refer to end of chapter for suggested Guide for Evaluating Child/Parent Contributing Factors.

(b) Substance use/abuse.

(c) Resource management.

(d) Support for parent, including availability and access to that support.

(3) Pervasiveness of problem, length of time the problem has existed, and history of prior referrals is also an indicator for determining parental ability/willingness to prevent or correct the conditions or conduct resulting in risk or conflict.

c. Alternatives Other than Placement

Both in-home and out-of-home resources are to be explored, or developed to the extent possible, prior to out-of-home placement. The extent to which resources are valuable/useful is dependent upon the parent's and child's willingness and ability to utilize the resources. Some of these resources are:

(1) In-Home Support Services - Homemakers, parent aids, or any other responsible person including relatives willing to come into the family home on a temporary basis to stabilize the crisis period.

(2) Community Support Services - Day care services, emergency mental health, parent skill training.

(3) Social Supports - Neighborhood ties, churches, schools, and/or relationships with relatives.

(a) The extended family is often appropriate as an emergency placement resource and should be considered first.

(b) For longer-term case planning, a complete assessment must be done for the purpose of permanency planning and will always include an assessment of the extended family member as a resource.

d. Supervisory and/or Other Consultation

(1) Recognizing the importance of, and often times the difficulty in deciding whether a child should be removed from his/her home (no matter how temporary the removal), supervisory and/or team consultation and support shall be provided to the service worker in all out-of-home placement decisions. When team consultation is used, at least one member of the team shall be at the supervisory level or above:

(a) Emergent Placements - Independent decisions must be made by the service worker in emergency out-of-home placements (i.e., situations where delay of placement would endanger the health and/or safety of the child). Such placements shall be reviewed by the supervisor/consultation team within one work day following the placement.

(b) Non-Emergent Placements - All non-emergent out-of-home placements shall be discussed with the supervisor/consultation team and shall have supervisory or team concurrence prior to the placement.

(2) Supervisor/team consultation on out-of-home placement decisions can be guided by the following: (1) Guide for Evaluating a Child's Life Experience; (2) Guide For Evaluating Child/Parent Contributing Factors; and (3) Placement Decision Summary Worksheet. These guides provide a concise format for the assessment process necessary in deciding to place or not to place. Brief instructions and a set of Guides can be found at the end of this chapter.

(3) Provide documentation of supervisor/team concurrence with placement on the DSHS 2-305(X), Service Episode Record. In situations of non-concurrence, document the reason(s) why and the alternate case plan.

e. Legal Authority to Place

One of the following considerations must exist before DSHS has legal authority to place a child. See RCW 13.32A, Families in Conflict, RCW 13.34, Dependency, and RCW 26.44, Child Abuse/Neglect.

(1) Police Hold - A law enforcement officer acting under the authority of RCW 13.32A.050 or RCW 26.44.050 has authorized up to a 72-hour hold on the child and referred the child to DSHS for placement.

NOTE: DSHS must accept a child referred by Law Enforcement but DSHS is not necessarily required to place child. If, through the provision of crisis counseling/preventive service(s), the child may safely return home, or through assessment it is determined that the child does not need placement, then the child should be returned home and not placed.

(2) Court Order - An order by the court having jurisdiction has been issued as follows:

(a) Shelter Care - The authorization of shelter care by authority of:

- RCW 13.34.050 (dependency-court order to take child into custody),
- RCW 13.34.060 (dependency-placing child in shelter care),
- RCW 13.32A.160 (alternative residential placement-court order upon filing petition-child placement); or

(b) Disposition - The authorization of out-of-home placement as a result of a disposition or review hearing by authority of:

- RCW 13.34.130 (dependency-order of disposition reviews).
- RCW 13.32A.170 (ARP-fact finding-placement disposition plan),
- RCW 13.32A.190 (ARP-placement disposition order reviews),

(3) Consent to Place - A DSHS 9-04B(X) Voluntary Placement Agreement has been signed by the parent(s) or person(s) with legal custody of the child.

(4) Interstate Compact Placement - Meets the conditions outlined in RCW 26.34.010, Article V (Retention of Jurisdiction).

32.33 Placement Options

A. Placement with Relatives

1. Placement with an extended family member, on a planned basis, must be considered for the child who cannot return to his/her own home, contingent on case plan and needs of child.

2. Make a through search for possible relative placement resources:

   a. Before placement (if possible) or no later that 10 working days after placement.

   b. Periodically during placement but at least every six months.

3. A through search consists of interviews with natural family members and interview or contacts with relatives.

4. Temporary placement with a relative, in lieu of foster care and if DSHS is supervising the placement, is considered a foster care placement and foster care services are provided accordingly.

5. Relative homes may be licensed to provide foster care, with an option if eligible to receive foster care payments, providing they are certified and meet all relevant foster family home rules and law.

6. Do a criminal history/arrest record and CPS check on all relatives, except parents, who request placement of a child in their home. Such checks will be completed prior to placing the child in the relative's home.

7. Do an investigation to consider the character, suitability and competence of the relative in their care and treatment of the child prior to placing the child in the relative's home.

B. Receiving Care

1. Regular Receiving Care

a. Receiving home care is care provided in licensed foster homes which are designated to provide emergent or short-term care.

b. Receiving home care is temporary care not to exceed 30 days.

c. Receiving home care is used when need for placement is immediate and time does not allow for planning to place directly into regular foster care.

d. The child should be returned home as quickly as possible.

e. If placement is necessary for more than 30 days, the child should be moved into regular foster care or other appropriate alternative care.

f. In some instances, it may become necessary to request an authorization from the Regional Administrator (RA) or designee (according to Regional procedures) to extend receiving care beyond 30 days. A child is not to be moved to another receiving home to avoid this process.

2. Special Rate Receiving Care

a. Certain children who are in conflict with their parents or who are runaways may be placed in receiving homes which have been identified by the Regional Administrator (RA) or designee to provide specialized care.

b. The number of special rate receiving home beds available to each region is determined by the RA.

c. To be considered for placement in a special rate receiving home, a child must:

(1) Exhibit any one or more of the behaviors in Section 32.64, or

(2) Is a runaway taken into limited custody and placed by a law enforcement agency.

d. Special rate receiving home parents must maintain a daily activity and behavior log as well as prepare an after-care assessment report on each child placed in special rate receiving care.

3. Determining need for receiving homes.

a. The number and type of receiving homes needed by each DCFS and voluntary agency should be determined by evaluating caseload data such as the average number of new referrals for placement by age groupings and by sex, each month; the average number of replacements per month, average number of runaways, etc.

b. Receiving homes supported by the department shall be limited to the number the RA determines necessary in the geographical area. The criteria to be followed are:

(1) Each DCFS or voluntary agency shall document its need for a receiving home and present the request in writing, giving the specifics to the DCFS Administrator or to the RA when more than one DCFS Administrator is involved.

(2) The DCFS Administrator may establish utilization limits on receiving homes in order to protect the homes from overuse and subsequent loss as well as to ensure sufficient usage. The limitation on utilization is one method by which the quality of receiving home care can be enhanced.

(3) The DCFS Administrator may limit the intake of children to regular receiving homes to specific categories of children in order to enhance the quality of care. For example, individual receiving homes may be restricted to serving CPS, dependent, or neglected children. Other receiving homes may be limited to serving runaway children or children in conflict with their families.

c. In determining the need for receiving homes the DCFS Administrator may consider plans that do not require the 24-hour, seven-day-a-week availability of an individual home as long as the total number of beds available to a DCFS is sufficient to meet emergency needs.

C. Family Foster Care

1. Is provided in licensed homes when placement is needed beyond receiving home placement.

2. Shall be utilized without initial receiving home placement when circumstances allow time for planning.

D. Group Foster Care - See Manual G, Chapter 34

E. Placement of Developmentally Disabled Children

The following procedures shall be followed for all DD children referred to the DCFS by the Division of Developmental Disabilities (DDD) for child welfare (placement) services. These procedures also apply when parent(s)/guardian(s) of a DD child request foster care placement directly through the DCFS or CPA.

In addition to the general assessment/prevention/placement procedures listed in Section 32.32, the service worker shall:

1. Arrange/attend a joint planning conference with DDD whenever out-of-home placement of a DD child is requested by the child's parent(s)/guardian(s) and DCFS foster care is considered an option.

2. Together with DDD and the child's parent(s)/guardian(s), assess and make a determination as to what services are appropriate to meet the child's needs in the child's own home.

   a. If the parent(s)/guardian(s) are willing to keep the child home with the provision of additional in-home and/or community services, DDD will assume the major responsibility to explore the availability and arrange for such services.

   b. If provision of in-home services is not available and/or appropriate, the DCFS will assume the major responsibility to explain to the child's family, and to the child when possible, what services are available through the DCFS child welfare/foster care program.

   c. If determination is made by the DCFS and DDD that the child's needs can best be met in the home, but the parent(s)/guardian(s) are in disagreement and are unwilling to keep the child in the home, consideration should be given to establishing dependency under RCW 13.34.030(2)(c) "parent unwilling/unable."

1. If out-of-home placement is the appropriate plan, together with DDD and the child's parent(s)/guardian(s), assess and make a determination regarding the appropriateness of relative or foster family care. This determination shall be based on the level of care needed by the child, and the capacity to provide this by relatives or within the foster care system.

2. If foster family care is the appropriate plan, explore the availability of an appropriate foster home, and the need and/or availability of support services, and, in exceptional situations, any special funding required.

3. Determine whether a Voluntary Consent by the parent(s)/guardian(s) or court action is the most appropriate legal authority for out-of-home placement. It will be important to ensure that prior to court involvement, the department will have identified and approved an appropriate alternate placement. This will include plan for support services, and in exceptional situations any additional funding required to provide adequate out-of-home care for the DD child. Guidelines for making this determination are as follows:

   a. Voluntary Consent

      A DSHS 9-04B(X), Voluntary Placement Agreement, will be completed by the parent(s)/guardian(s) in lieu of dependency when:

      (1) Placement is expected to last less than 90 days; or

      (2) Placement is expected to last more than 90 days but more time is needed by the service worker to explore/assess the following:

         (A) Availability/suitability of an appropriate home;

         (B) Need and/or availability of support services, and in exceptional situations any additional funding required to adequately provide out-of-home care;

         (C) Capability of foster family care to meet the child's needs; or

      (3) Placement is expected to last more than 90 days, but less than 18 months and individual case circumstances indicate the placement can be adequately supervised on a voluntary basis.

      (4) If it appears that a voluntary placement will continue beyond six months, the service worker shall submit a DSHS 5-201(X), Exception Request to continue the voluntary placement beyond six months.

(5) An Alternative Administrative Review will be held on voluntary placements before six months. No voluntary placement may extend beyond 18 months without court dispositional hearing.

(6) A new DSHS 9-04B(X) needs to be completed when voluntary consent is extended.

b. Court Action

(1) A dependency petition will be filed according to RCW 13.34.030(2)(d) when:

(A) Placement is expected to last more than 18 months; or

(B) Conditions above under Voluntary Consent (ii) (A), (B), and (C) have been met but individual case circumstances warrant the involvement/supervision of the court.

(2) If the child's level of care requires special funding, this will be obtained by an Exceptional Cost Plan (see Section 32.66) approval prior to going to court (i.e., before filing dependency petition). The ECP shall indicate to what extent DDD is able or unable to assist in funding the additional service costs necessary to support the placement and plan for permanency.

(3) Because dependency under RCW 13.34.030(2)(d) can only be established when the department together with the child's parent, guardian, or legal custodian concur that services appropriate to the child's needs cannot be provided in the home, the DCFS must review and approve all foster family placement plans made by child-placing agencies prior to court action.

(A) At the request of the CPA, the DCFS service worker will provide a written statement indicating agreement or disagreement with the plan based on information provided in the ISP or quarterly report. This statement will be used by the CPA in petitioning the court for dependency under RCW 13.34.030(2)(d).

(B) A response to the CPA will be made within ten (10) working days.

(C) Any statement of disagreement will include the reason(s) why as well as recommendation(s) for alternate handling.

(D) A copy of the statement will be filed in the child's service record.

c. The family of a DD child who is in foster care in lieu of an institutional placement is exempt from referral to OSE.

d. If an appropriate placement resource cannot be located, or support services/special funding developed to appropriately meet the child's needs in foster family care, a joint case staffing will be arranged with DDD Field Services to discuss and determine further action.

4. Placement of American Indian Children/Boarding Schools:

a. In all cases the service worker shall ask the family whether they are of Indian ancestry and whether they are enrolled or eligible to be enrolled in an American Indian tribe. If the parent(s) think they are of Indian ancestry but do not know their tribal affiliation or enrollment status, consultation will be obtained from the closest Local Indian Child Welfare Advisory Committee (LICWAC) or the DCFS Indian Child Welfare Specialist in Olympia.

b. In those instances where the American Indian child's parent(s)/guardian(s) are not available, the resources of the department and of the Indian community shall be used to locate the child's parent(s)/guardian(s) and relative(s), and to assist in locating possible placement resources.

c. Cases shall be referred to the child's tribe's child welfare program or LICWAC for staffing and/or case transfer to the child's tribe.

d. When the decision to place an American Indian child outside his/her home is made, first consideration shall be given to the home of a relative. When relatives' homes are not available, Indian children shall be placed in non-relative Indian foster homes. Two copies of DSHS 15-128(X), Verification of American Indian Status, will be completed and approved by the ICWAC committee or Indian consultant, and one copy filed in the child's record.

e. When American Indian homes are not available, Indian children shall, with the permission of the child's tribe or the LICWAC, be placed in non-Indian foster homes specifically recruited and trained to meet the special needs of American Indian children. These homes should be geographically near the child's home community to ensure continuation of the parent-child and contact with the child's culture. (See Chapter Voluntary/Involuntary Placement Procedures.)

f. In planning foster care placements for American Indian children, demonstratable consideration shall be given to tribal membership, tribal culture and Indian identity. The case record shall document all service plans, all reasons for and circumstances concerning placement decisions with specific statements to support those decisions and plans.

h. For each unenrolled American Indian child who will be in out-of-home care for more than thirty (30) days, including those for whom adoption is planned, the DCFS shall make a reasonable effort to complete two copies of the DSHS 4-220(X), Family Ancestry Chart. One copy will be retained in the child's file, the other will be forwarded to the Bureau of Indian Affairs Office responsible for that area. (The BIA has offices in Everett, Spokane, Colville, Hoquiam, Toppenish, Nespelem, and Wellpinit.) The BIA will review the chart for possible enrollment eligibility in conjunction with the enrollment committee of the appropriate tribe. The child's parent(s)/guardian(s) are the primary source of information regarding the child's ancestry and their availability is an important consideration.

i. In order to protect their rights, the child, his/her natural parent(s) and/or guardian(s) shall be informed of resources for legal representation; advocacy; and support from an Indian representative approved by the appropriate tribal council or urban Indian organization or the local ICWAC.

j. When an American Indian child is entitled to receive Indian trust income and is placed outside of the natural home, the service worker will notify the Superintendent of the Bureau of Indian Affairs Office which services the child's tribe. Such notice shall contain a request to withhold a child's Indian trust funds and place them in a trust account until the child returns home or is adopted. A copy of this notice shall be filed in the document section of the child's record.

(1) Bureau of Indian Affairs Offices in Washington State:

Colville Agency
P.O. Box 111
Nespelem, WA 99155

Spokane Agency
P.O. Box G
Wellpinit, WA 99040

Puget Sound Agency
3006 Colby Avenue
Everett, WA 98201

Yakima Agency
P.O. Box 632
Toppenish, WA 98948

Peninsula Area Office
P.O. Box 120
Hoquiam, WA 98550

(2) If the BIA agency that services the child's tribe cannot be determined, consultation from the Local Indian Child Welfare Committee (LICWAC) should be requested.

k. Services provided to an Indian child will be authorized by SSPS Code 3260, Service to Indian Child.

l. The initial Quarterly Report for Indian children in placement shall include the name of the agency placing the child and the child's tribal affiliation.

Placement in a Boarding School:

a. Federal boarding schools operated by the Bureau of Indian Affairs (BIA) are available for the education of Indian children receiving service from the department when other resources are not available or do not meet the needs of the particular child involved.

b. The department may provide personal incidentals and the monthly replacement clothing allowance while the child is in school if the following criteria are met:

(1) Planning for placement of the child in an out-of-state federal boarding school involved the child, the child's parent(s) or legal guardian(s), the representative of the BIA, and the DCFS service worker.

(2) The child was either in foster care or was a member of a family receiving Aid to Families with Dependent Children (AFDC).

(3) All financial resources available to the child, such as OASDI or Indian benefits, were taken into consideration.

(4) An Indian federal boarding school was considered a better educational resource for the child than that which was available in his/her home community.

c. An ISP will be developed for children placed into boarding schools as defined in Section 32.34 C.

d. SSPS Service Code 3223 FC CPI authorizes clothing and personal incidentals during boarding school placement.

5. Voluntary Child-Placement Agencies (CPA):

a. Referrals Initiated by the DCFS

The service worker may initiate a referral to a child-placing agency (CPA) requesting their assistance in finding a suitable foster home for a child requiring foster care placement. Procedures are as follows:

(1) The service worker initiates the request with a written referral to the child-placing agency.

(2) The referral shall include a social summary outlining the child's and family's situation and the ISP.

(3) When the CPA is willing to accept the child into placement and provide services:

(a) DCFS will assist in placement and in the development of a service plan, and

(b) Complete the same expectations that are required when placing a child in a DCFS foster home (i.e., medical, etc.).

(4) If DCFS plans to retain supervisory responsibilities:

(a) Written permission for the placement must be obtained from the CPA. A DSHS 15-190(X), DSHS/Private Child-Placing Agency, Child in Foster Care Agreement must be completed. (See Section 32.99.)

(b) SSPS code 3213 will be used to authorize a service fee to the CPA, unless the CPA requests in writing a waiver of the service fee.

b. Referrals Initiated by the CPA

CPA foster care referrals will be submitted to the DCFS (or centralized unit) nearest the legal caretaker's residence. The DCFS will receive and review CPA requests for payment. The request must comply with WAC 388-70-013 (authorization for foster care placement) and must address each of the elements in the Statement of Work (SOW) Section 7, and the "Reports Section" in the Contract. (See Contract and SOW in Section 32.99.)

(1) Within ten working days from the date a written request has been received, the service worker shall notify the child-placing agency of the DCFS's final decision.

(2) The DCFS has the authority to deny a request for payment made by a CPA when:

(a) All of the required documents (i.e., DSHS 23-05(X), Initial Individual Service Plan (ISP); Court Order or DSHS 9-04(X), Consent to Place; and DSHS 14-05, Application for Foster Care and Support Enforcement Services) are not received or are incomplete;

(b) The information provided in the request does not include sufficient assessment information to make a determination for out-of-home care; or

(c) The DCFS determines that the child could be served in a less restrictive resource.

(3) SSPS code 3213 will be used to authorize a service fee to the voluntary agency, unless the CPA requests in writing a waiver of the service fee, or the fee is waived by a contract amendment.

6. Independent Placement:

Occasionally parent(s)/guardian(s) request help from the department in locating a suitable foster home for their child for a temporary period of time. The parent(s)/guardian(s) plans to maintain full responsibility for supervision and payment of care.

(a) The service worker will explore/discuss with the parent(s)/guardian(s) their responsibility to make arrangements with the foster parent(s) to maintain full responsibility for supervision and payment of care.

(b) The service worker will provide the parent(s)/guardian(s) with names and addresses of suitable foster families who have agreed to take independent placements. If the parent(s)/guardian(s) decides to use the foster home facilities offered, the DCFS will advise him/her that the service worker will visit the foster home only to renew the license.

32.34 Preplacement Activities

Preplacement planning is done by the service worker providing Family Reconciliation Services (FRS), Child Protective Services (CPS), or Foster Care Services.

A. Goal-Oriented Service Delivery

1. Goal-oriented service delivery establishes a plan for permanency at the outset in order to best serve the child's and family's needs. Services and case activity should be planned to achieve these goals.

2. In the majority of cases, the case goal will be to return the child to the natural family. Goal-oriented activities shall be formulated by both service worker and family, and shall be clearly defined in the ISP.

   a. Parent(s)/guardian(s) should continually be involved (as appropriate) in visiting the child in foster care, as well as in activities and planning for the child, such as attendance at school conferences and involvement in medical and dental appointments.

b. Arrange emergency medical/dental/psychiatric treatment when needed prior to placement in receiving/foster care.

c. Arrange an initial physical/dental examination for children entering foster care.

d. The ISP should be reviewed on a regular basis with parents to evaluate their progress toward reunification of the family.

e. Once the identified problem(s) which led to the child's removal has been sufficiently resolved, the child should be returned to parental care. Some cases may have additional serious underlying problem(s) which need to be addressed to ensure the home is made safe for the child's return.

B. Preplacement Visitation

1. In all instances where placement is not urgent (i.e., danger to health and/or safety of child, family crises necessitating immediate placement), a pre-placement visit shall be arranged to help reduce the anxiety of the child surrounding the placement, and to familiarize the child with his/her alternate family.

2. When possible and appropriate, the parent(s)/guardian(s) shall be involved in this visit to the foster home.

3. In all instances the service worker, who is the child's link to his natural family, will be involved in this visit unless an emergency preempts such involvement.

4. When urgency of the placement does not allow for pre-placement visitation, the service worker will transport the child and remain until the child has become familiar with the home/family. (In situations where law enforcement is involved, law enforcement may transport if approved by the department.)

5. A follow-up contact will be made within the next two-three days by the service worker to reassure the child of the worker's continued involvement and to allow the child to express any fears, questions, and concerns he/she may have, as well as to provide support and direction to the foster parent(s). This contact shall consist of a home visit in most cases. When a direct visit is not possible, a phone call to the child and foster parent(s) will be made.

C. Preparation of Child and Placement Family

To facilitate the child's transition from his/her own home to relative placement or foster care, or from one placement to another, whenever appropriate and possible:

1. The foster home, relatives and members of the family will be described to the child and his/her parent(s)/guardian(s).

2. Preplacement visits to the home will be provided per Section 32.34.

D. Selection and Preparation of Alternate Family Resource

1. Careful evaluation will be done to assure the child is placed in the alternate family best suited to meet his/her needs.

2. When appropriate, relative placement will be explored, as well as neighborhood, family, and child networks, for a potential alternate care resource.

3. Assessment by other DCFS staff and foster family records will be used in determining the suitability of a home for a specific child.

4. Sufficient information about the child and his/her family will be given to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home. When complete information is not available at placement, all available pertinent information is to be provided. Additional information is to be provided as it becomes available. Documentation of the provision of this information to foster parents is to be contained in the record on the DSHS 2-305(X), Service Episode Record.

5. Specific information to be provided to the foster parents in writing is as follows:

   a. Child's full name;

   b. Birthdate and legal status;

   c. Last school of attendance and eligibility for special education and related services;

   d. Medical problems/history including name of doctor/dentist, medical coverage;

   e. Behavioral, emotional problems;

   f. Name and address of parent(s)/guardian(s);

   g. Reason(s) for placement;

   h. Emergency procedures and any special instructions;

   i. Name and telephone number of service worker and immediate supervisor.

6. Foster parent(s) will be informed of the goals of the placement and how they can assist in reinforcing the goals while meeting the developmental needs/adjustment of children in care. Foster parents are considered members of the placement "team."

7. Foster parent(s) will share in the case planning (FSP) and will be given a copy of that part of the ISP that relates to the tasks expected of the foster parent(s). Documentation is required in the service record.

8. The service worker will inform the foster parent(s) that this information is confidential and may not be shared with anyone, subject to DSHS policies on confidentiality.

32.35 Placement Activities

A. Eligibility and Service Authorization

The DCFS service worker shall determine the need for foster care in all situations where the department makes payment or funds other services, and there is legal authority for placement per WAC 388-70-013. This includes placements made directly to the DCFS and those referred to the department for payment by voluntary agencies.

1. Within two working days of the placement, the service worker shall complete a DSHS 14-05(X), Application for Foster Care and Support Enforcement, determining the source of maintenance payment. (See Section 32.61, Maintenance Funding Categories and Child's Resources/ Income.)

2. Within two working days of the placement, the service worker shall make a referral to OSE, except for:

   a. DD children who are in foster care in lieu of placement in an institution,

   b. Children placed in interim care (receiving home or CRC) who leave placement in 72 hours or less AND who are in placement for a cumulative total of less than 15 days in a preceding 90-day period (see Section 32.97 G), and

   c. Children in homes receiving Adoption Support.

3. When a child has been removed from a family receiving financial assistance in the child's behalf, the service worker shall complete and forward to financial services DSHS 2-306(X), Communication Referral (C/R), within one working day of the placement in order to terminate the AFDC payment to the family. The C/R should give the date and expected length of placement. Other reports may be necessary as the case progresses.

4. Within five working days of the out-of-home placement, the service worker shall complete the necessary eligibility and authorization documents:

   a. DSHS 9-04B(X), Voluntary Placement Agreement, for each child placed to authorize voluntary placement and/or authorize medical care, indicate religious preference and acknowledge

that a financial obligation exists. When the parent(s) is requesting the placement, unless custody has been given to one parent, a good faith effort must be made to have both parents sign the form.

b. DSHS 14-24(X), Face Sheet, to update family history and placement address.

c. DSHS 14-154(X), Social Service Authorization, or DSHS 14-159, Change of Service Authorization, to authorize all services including foster care payment and medical services provided the child and family.

B. Supervising/Monitoring the DCFS Placement

1. During the placement, the service worker shall maintain monthly face-to-face contact with the child, parent(s)/guardian(s), and foster parent(s), consistent with the ISP, and to assess and evaluate progress toward permanency planning goals. These contacts shall be documented in the service record on the DSHS 2-305(X), Service Episode Record.

2. More frequent visits are suggested in the first month following placement and when child returns home or to alternate permanent care.

3. Exceptions to Section B.1. above may be made in consultation with the supervisor and will be documented in the case record (i.e., long-term foster care agreement where the family situation is stable). At a minimum, these contacts shall be quarterly.

4. Supportive services consistent with the ISP and permanency planning goals shall be provided by the service worker to the foster parent(s) and recorded on the DSHS 2-305(X), Service Episode Record.

C. Monitoring Child-Placement Agency (CPA) Placements

1. The DCFS must receive quarterly progress reports (DSHS 23-06(X)) from the CPA for all children whose placements or other services are financially supported by DSHS.

a. The DCFS has the authority to return any quarterly report that does not meet the expectations of the department. A letter outlining the department's concerns shall be sent to the child-placing agency with a copy going to the Regional Office.

b. For payment to be continuous, acceptable quarterly progress reports must be received into the DCFS within 30 days of the end of the service period for which it covers. No payment shall be made until the report is received.

c. Child-placing agencies are required to immediately notify the DCFS in writing of all major injuries, illnesses, placement changes, whereabouts of the child prior to any move, or planned termination. In the event of an unplanned termination, the DCFS must be immediately notified and a report submitted stating the reason(s) and summarizing services.

d. In situations where a child-placing agency continually fails to submit timely and/or adequate ISPs/quarterly reports, and the issue cannot be resolved by the Regional Office, the DCFS foster care program manager should be notified and the problem will be handled as a contract compliance issue.

2. All SSPS payment codes will be used to authorize services for CPA placements when appropriate. The request/need/approval must be documented in the case file.

3. The private agency service fee may be continued for up to six months of post-foster care services if the services are provided in the home of child's permanent placement.

4. When a CPA has a contract amendment which provides for placement in a non-payment placement, the placement will be authorized by use of the "9" code, i.e., 93203 Private Agency Regular Receiving Care and 93211 Private Agency Foster Care. Service Fee Private Agency Foster Care, 3213, will <u>not</u> be authorized when waived in writing by the agency or by a contract amendment.

D. <u>Parent/Child Visitation</u>

Visitation with parent(s)/guardian(s) and sibling(s) should be implemented in accordance with the visitation agreement specified in the FSP. The parent(s)/guardian(s) shall participate in modifications of the visitation agreement and be given a written copy of any alterations. All changes will be documented on the DSHS 2-305(X), Service Episode Record.

1. Should contact with parent(s)/guardian(s) be broken, a diligent search must be conducted to discover their whereabouts.

2. Parent(s)/guardian(s) shall be informed of all placement changes of the child prior to moves, unless this information would endanger the child.

3. Documentation is required on the DSHS 2-305(X), Service Episode Record.

E. <u>Child Illness/Injury/Hospitalization</u>

1. Parent(s)/guardian(s) shall be informed of all illnesses and injuries requiring medical treatment while child is in out-of-home placement.

2. Any serious injury or illness requiring hospitalization shall be reported to the parent(s)/guardian(s) as soon as possible, but not later than 24 hours after its occurrence

3. Documentation required on the DSHS 2-305(X), Service Episode Record.

F. Reviewing/Updating the Service Plan

1. The ISP shall be reviewed/updated whenever service delivery changes or at least every six months. This review/update shall be in written form and shall include:

   a. A summary of services provided, an evaluation of their effectiveness (i.e., progress or lack thereof), and a concise statement regarding the continued appropriateness of placement.

   b. A description of services continued, services terminated, and any new services, if any, that are added to the initial ISP.

   c. Any change in the plan for visitation.

   d. Verification of the provision of special education and related services for eligible handicapped children.

2. Modification of the ISP shall be recorded on DSHS 2-305(X), Service Episode Record, for both voluntary and court-ordered placements. Use of the DSHS 23-06(X), Quarterly Progress Report, may substitute for recording the updated ISP on the DSHS 2-305(X).

3. Obtain parent(s)/guardian(s) signatures distribute copies to all signing parties.

G. Preparation of Child for Independent Living

1. Social workers need to ensure that all children leaving foster care for independent living situations have independent living skills including to ability to:

   a. Locate and maintain employment.

   b. Locate and maintain housing.

   c. Perform personal budgeting tasks.

   d. Perform community social survival skills.

2. Independent living skills shall be part of a child's ISP as soon as a child is mentally and physically able to perform household tasks and shall continue with increased instruction and responsibilities until emancipation.

H. Continuation of Placement Past 18th Birthday

Young adults 18 to 21 years of age who do not have other fiscal resources adequate to meet their needs may continue in family foster care if the young adult is attending but has not finished high school or an alternate program leading to the completion of a high school diploma or GED equivalent and has a documented need for family foster care services.

1. The intent of paying foster care past the 18th birthday is to enable a young adult to finish school where they would otherwise be unable to do so without assistance in maintenance care and support from foster parents.

2. Have the young adult complete and sign the DSHS 15-173(X), "Family Foster Care/Group Care Placement Consent: Continuation Beyond Age 18."

3. Payments may be continued until the date the high school program or equivalent is completed or the child turns age 21.

4. If a DDD-eligible child has a placement disruption during this extended eligibility, the next home of the child shall not be funded and supported by DCFS foster care. Work with staff from DDD and Aging and Adult Services on an alternate living situation.

5. Notify the Trust Fund Unit when the young adult is leaving foster care; they will be responsible for distributing and remaining fund balance. DCFS will continue any trust accounts until foster care payments end.

6. Court or Administrative Reviews per Public Law 96-272 are not required but DCFS should continue to provide all of the necessary social work services to ensure that the young adult's service needs are being met and he/she continues to be eligible for family foster care services.

I. Abuse Incidents in Out-of-Home Placement

1. A complaint alleging abuse or neglect by foster parent(s) must be brought to the attention of a CPS worker, the child's foster care worker and licensing worker.

2. CPS staff have primary responsibility to investigate and provide services related to the CPS problem.

3. See Chapter 26.33 for procedures.

4. The DCFS Regional Administrator shall be informed of all CPS complaints relating to DCFS-supervised children in foster care.

Child's Name _____ Child's Age _____

PLACEMENT DECISION SUMMARY WORKSHEET

	Critical	Serious	Adequate
CHILD FACTORS:			
Summary of Guide A: Child's Life Experience:			
Critical Needs			
Non-Critical Needs			
Child's Self-Destructive Behavior			
Multiple or Unexplained Injuries to a Young Child	Yes		
Attachment Process (6-24 months)	Poor		Evident
Child Requests Placement	Yes		
PARENT/CAREGIVER FACTORS:			
Parental Response			
Parental Ability			
Re-Abuse Present	Yes		No
Self-Referral, Child in Danger	Yes		No
Sexual Abuser Present	Yes		No
Substitute Caregiver Requests Placement of Abandoned Child	Yes		
OTHER FACTORS:			
Consultation Recommendations:			
1. _____	Place		Don't Place
2. _____	Place		Don't Place
3. _____	Place		Don't Place
Alternative Plan Available	No		Yes
Acceptable Placement Available	Yes		No

PLACEMENT DECISION RECOMMENDATION:

☐ Yes _____ Child in Danger
_____ Treatment Plan

☐ No _____ Not now, but Changes Essential by _____
_____ Changes Advisable but Not Critical

Date _____ Caseworker _____

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5. Children shall be removed from a foster home in which there has been a protective service complaint unless there is clear and convincing proof that the child will not be harmed or endangered. The CPS worker will make this determination.

6. Children shall not be placed in a foster home in which there has been a protective service complaint unless that complaint has been investigated and is unfounded.

7. The DCFS Regional Administrator will be responsible to ascertain that all CPS complaints involving DCFS foster homes are resolved.

8. The license shall be revoked for a foster home in which there has been a substantiated CPS complaint. (See Chapter 06, Licensing.)

J. Private Agency After Care Services

1. The Private Agency Service Fee may be continued up to six months after the child is placed in a home that is not supervised by the last CPA.

2. Document in the SER the services to be provided by the CPA that will help the child adjust to the next placement including in-home placements.

K. Life Books

1. Purpose

All children placed in foster care for 30 days or more are at risk of losing critical information about their life, their family and other care providers. To preserve this information, DCFS social workers, along with foster parents, need to develop and/or maintain life books for each child in foster care for more than 30 days. The purposes of life books are:

a. Provide a chronology of the child's life helping the young person understand and remember what has happened to him in the past.

b. Enhance self esteem and identify formation.

c. Provide a vehicle for sharing information with significant others in the child's life.

d. Aid in resolving separation issues.

e. Links the past to the present by helping child understand how his past affects his current perceptions and behaviors and how it may affect his future development.

f. Can be used to facilitate attachment.

g. Compilation of the Lifebook helps to forge an alliance between child and worker.

h. It provides opportunities for recognition and resolution of strong feelings related to past events. There will be many opportunities for the worker to separate feelings and behaviors, being accepting of the former while confronting inappropriate behaviors that either the child or his parent(s) may have demonstrated.

2. Contents

a. A Lifeline at the beginning of the Lifebook can given a quick pictorial summary of important events in the child's life and comparative lengths of time that the child has lived with various adults.

b. Information about birth parents.

(1) Acknowledgement should be made of both birth mother and birth father.

(2) If the father is unknown, it still is necessary to acknowledge his existence with a statement such as, "Your birth mother was unable to give us any information about your birth father."

c. Information as to why the child entered the foster care system.

(1) Although mention may be made of the age or marital status of the birth parents, these are not reasons that child welfare personnel remove children.

3. Possible Source

Case record
Case/records from other agencies that my have had contact with child and other family members.
Birthparents*/
Other relatives such as grandparents, aunts, uncles, etc.*
Previous foster parents*
Previous caseworkers
Hospital records, including birth records*
Well baby clinic records
Neighbors
Teachers and schools*
Medical records -- child, other family members
Court records

*/ Possible source of pictures.

Newspapers -- birth announcements, marriage announcements, obituaries, etc.

Police (in addition to formal police records, sometimes individual policemen have additional information about specific families and situations. They may also have pictures obtained for looking for Missing Persons, etc.) Church groups and Sunday School records Daycare center personnel Group leaders -- i.e., Scouts, coaches, etc.

32.36 Termination of Placement and Post-Placement Activities

Once it has been determined that the identified problem(s) has been alleviated to the extent that the child(ren) could be returned home or placed in another permanent setting, the service worker shall begin a planned process to make this transition.

A. Prerequisites for Reunification or Alternate Plan for Permanency

1. Prior to returning a child home or placing child in another permanent placement, document on the SER that the reunification services that have been provided to the parent(s)/guardian(s) and child and the results of these services.

2. For the child returning home, document that the identified problem(s) causing removal have been resolved and the potential for further abuse or neglect minimized.

3. Utilize collateral resources to arrive at a decision to return the child home or to an alternate permanent family. Document collateral contact results on the updated service plan.

4. The decision to return the child home or to an alternate permanent family must be discussed with and concurred by the supervisor or consultation team involving at least one supervisory staff. Document supervisor/team consultation and concurrence on the DSHS 2-305(X), Service Episode Record.

B. Child/Foster Parent Relationship

Incorporate into the case plan activities that acknowledge and utilize positive relationships that have developed between the child and foster parent(s). Encourage visits, letters, and phone contacts that will preserve and build these relationships.

C. Support Services to Family

For children returning to their own family, or being placed in another permanent setting, provide services to the family to make necessary readjustments including:

1. Visitation.

   a. Gradually increase the amount of visitation between parent(s)/guardian(s), or other caretaker(s), including overnight and weekend visits. Increased visitation will help ease the transition from foster care to another living arrangement.

   b. Monitor and document the results of increased visitation to aid in determining the projected timing and success of the child returning home or to another permanent family.

2. Updated Service Plan.

   a. Detail the placement plan in the ISP after receiving input from all involved family and foster family members. Reasonable expectations of the parent(s)/guardian(s) and the child will be clearly outlined in order to maintain family reunification.

   b. Make agreements goal-directed and time-limited.

3. Community/Agency Resources.

   a. Prior to the child's return home or alternate family placement, develop and establish a community support system for the family and child (e.g., housing, financial support, medical care, preventive services, educational services, day care, employment services, recreational services, etc.).

   b. Such support services may include but are not limited to:

      (1) In-home services to assure family continuity, and to reinforce family strengths and maintain the family unit. Special contracted services or programs within DSHS such as Home Based Services and Family Reconciliation Services may be utilized.

      (2) Counseling services (as needed) to be provided by the service worker and/or community agencies, private practitioners to further resolve problems which previously necessitated placement.

      (3) Work with the family's social support system (i.e., extended family, friends, neighbors, schools, church) to assist family in a supportive manner in order to reestablish/maintain family integrity.

4. DCFS Post-Placement Supervision.

   a. Post-placement services may be provided for six months without supervisory approval.

   b. Children and families requiring post-placement services beyond six months require supervisory approval.

5. The Private Agency Service Fee may be paid for up to six months after placement for provision of post-placement services.

32.50 MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL SERVICES

32.51 Physical Examinations and Immunizations for Children in Foster Care

A. Obtain the child's medical history and immunization history from the child's parent(s) or guardian(s) at the time of the child's placement and shall be recorded in the appropriate sections of the DSHS 13-18(X), Child's Health Record. (See Chapter 48 and Section 32.99.)

   This partially completed form with the return address of the DCFS will be given to the provider at the time of the physical examination and returned to the DCFS and filed in the service record.

B. Initial physical examinations for children entering foster care are to be obtained prior to placement when possible or within 30 days of placement. Physical examinations will be obtained yearly for children over age one. Infants up to age one will receive five (5) examinations within the first year of life.

C. If there is a need (prior to the day of placement) for immediate medical treatment or evaluation of a child referred to CPS, Chapter 26.

D. The initial and yearly physical examinations of children in out-of-home care shall be equal to or more comprehensive than the following Healthy Kids unclothed examination requirements:

   1. Medical history

   2. Assessment of physical growth and nutritional status

   3. Developmental assessment (physical and mental)

   4. Inspection for obvious defects

   5. Inspection of ears, nose, mouth, teeth and throat

   6. Visual screening; auditory testing

   7. Screening for cardiac abnormalities

   8. Screening for anemia

9. Urine screening

10. Blood pressure (children 12 years of age or older)

11. Assessment of immunization status and updating immunization

12. Referral to a dentist for examination, diagnosis and treatment for children three years of age and over.

E. Dental services for children over three years of age shall include both examination and treatment. This service must be equal to or more comprehensive than that provided by dentists who provide Healthy Kids.

F. Immunizations are to be updated as stated in the instructions for the DSHS 13-18(X) in Section 32.99.

G. The following guidelines shall be employed to assure recording of the examination:

1. The Healthy Kids program (see Chapter 48) may be used for the initial placement examination and subsequent examinations for children in foster care providing that the provider will complete the DSHS 13-18(X), "Child's Health Record," and the child is eligible for a federally funded medical program.

2. A Healthy Kids screening exam can be used only once in a year for children over one year of age.

3. If it is not possible to get a report of a physical examination using the family's medical plan or Health Kids, authorize payment for the examination. (SSPS Code 3231, FC Physical Exam/Report, authorizes this service; payment is made by A-19.)

H. Use the following policies for provision of Health Kids to children in foster/group care:

1. Children in foster care who are eligible for medical assistance (i.e., medical coupons) are eligible for Healthy Kids under Title XIX.

2. Healthy Kids screening examinations may be provided in addition to regular medical care for illnesses or trauma and in addition to or in place of the preplacement physical examination (one (1) screening per year).

3. Utilize a Healthy Kids screening in place of a preplacement physical examination whenever possible.

4. If the Healthy Kids exam indicates a child needs medical or dental services, develop and monitor a plan that ensures services are provided.

I. Per WAC 388-73-208, provide foster parents with a health history as complete as possible for each child upon placement. This history shall include an immunization history, allergies, previous illnesses, and conditions of the child which may adversely affect his/her health. In addition, arrange for a medical examination and immunizations. Although foster parents may on occasion participate in making such arrangements ensure that required medical examinations, immunizations, and health care are obtained.

J. All clients eligible to receive Title 19 medical coverage must be informed that Healthy Kids is available and provided with a DSHS pamphlet #22-19(X) on Healthy Kids services.

32.52 Title XIX Psychological or Psychiatric Services

Title XIX medical funding may be available for psychiatric and psychological evaluations and psychiatric treatment when requested by a physician, including a psychiatrist in either private or community mental health center practice.

A. Payment is authorized as other medical care (i.e., medical coupons).

B. The provider is responsible for requesting approval from the centralized medical authorization unit in Olympia.

C. The service worker may be asked to provide the physician or medical consultant with additional information regarding the need for treatment.

32.53 DCFS Funded Psychological or Psychiatric Services

A. Evaluations or treatment of children/parents that cannot be obtained with Title XIX medical coupons may be purchased using foster care funds to:

1. Implement a voluntary plan (i.e., no court action).

2. Implement an in-home dependency (e.g., child returning home after placement).

3. Prevent abuse/neglect.

4. Prevent out-of-home placement.

5. Further assess risk of abuse/neglect and make placement decision.

6. Assess the need for termination of parental rights.

B. How to Purchase Services

1. Determine client/family resources, if any, which might be applied to this service. You will instruct the contractor to bill client or client's insurance, if available, before billing the department.

2. See the Eligibility Specialist for assistance if needed. Determine if Title XIX Medical Coupons will pay for the service.

3. Determine who is contracted. Supervisors, region and central office staff have this information.

4. Obtain necessary approvals: Approval processes vary by region. At least supervisory approval is needed for all services. Also see SSPS service code instructions.

5. Use the following codes to authorize foster care or home based services evaluations on therapy.

Monthly 02520 - Home Based Services - Use for all client and family services when child resides in the family home. Usually the HBS fund is administered by a DCFS supervisor.

03232 - FC Psych Eval - for children in foster homes or receiving homes.

Use this code to purchase psychological evaluations and sexual psychopathy evaluations.

Hourly 03235 - FC Counseling - Use this to purchase therapy (i.e., Master's level) and counseling (i.e., Bachelor's level) services, and FC supplemental services children in foster care, receiving care and/or their families or foster families. Usually needs authorization on a six-month FC exceptional cost plan.

Monthly 03271 - Group Care Exceptional Cost Non-Maintenance - Use to purchase any service for a child and/or family when child is in group home, CRC, residential treatment center.

SPECIAL SITUATIONS: If a child know to CPS or CWS is placed with a relative who is not a licensed foster home, consider it as a home based service.

C. Authorizing and Monitoring

For evaluations, issue a service authorization for a maximum two-month period. Withhold payment authorization, i.e., input to SSPS, until you receive a satisfactory report.

For therapy, counseling and FC supplemental services, authorize a maximum of three months of service; payment is to be authorized at the same time. Withhold authorization for a succeeding three months of service until you receive a satisfactory report.

Your authorization (14-154) must be accompanied by instructions to the contractor. You may write these on the 14-154 or attach a letter or form that includes the following components:

1. Dates reports are due.

2. Reason for the service purchase. Include the specific information you need to know, e.g., What needs to change in this family so they will protect their child? Define the strengths of this family and methods that could be used to use these strengths to end the need for out of home placement. What are the family dynamics that encourage abuse in the home? How is this child's mental illness affecting the whole family?

3. Family members it is necessary for the contractor to include in an evaluation, therapy or counseling process.

4. Names of any collateral contacts which might be useful to the contractor.

5. If applicable, describe how you will use the contractors' report, e.g., termination, dependency review.

D. Terminate Services

1. Unsatisfactory report: Advise the contractor by letter that payment cannot be issued unless a satisfactory report is provided. If a satisfactory report is not received, advise the contractor the service authorization is withdrawn.

2. Contractor fails to comply with contract in any manner other than failure to provide satisfactory report: document circumstances and send to regional office.

32.54 Medical Eligibility

A. General

The service worker is responsible for ensuring that each child placed into foster care has medical and dental coverage. For Title XIX Medicaid purposes, foster care includes placement of children into family foster homes, group homes funded by foster care, receiving homes, crisis residential centers, and placement of children leaving foster care for approved adoptive homes prior to the finalization of the child's adoption.

B. Medicaid Eligibility

The "Categorically Needy" medical program is a federal/state-funded program that covers children in foster care. Children are eligible for this program regardless of other third-party liability medical/dental insurance if:

1. DCFS is making a CRC/foster/group care payment for at least one day of a calendar month that medical coupons are issued; and

2. The child's resources are below the one person AFDC resource limit. This is typically a problem for children with large resources due to insurance settlements and DSHS managed trust funds; and

3. The child is:

   a. A citizen of the United States; or

   b. A North American Indian born in Canada; or

   c. A lawfully admitted alien. See WAC 388-83-115.

C. Coverage Time Limits

Categorically Needy coverage is to be authorized for the entire month for any month that DCFS makes a foster/group care payment for one or more days of care.

D. Third-Party Resources

Identify private medical insurance (third-party liability) resources and enter that information on funding source eligibility documents. This information will be printed on the child's medical coupons. Medical providers are responsible to bill third-party resources before billing Title XIX.

E. Medicaid Authorization Procedures:

1. Verify the child's eligibility for private insurance with family members and enter the information on the Family Face Sheet and the Financial Resources Data Sheet.

2. Forward a copy of the completed Face Sheet and Data Sheet to the Financial Eligibility Specialist.

3. Authorize a medical coupon using the DSHS 14-154/159, Social Service Authorization/Change of Service Authorization, for each child in foster care.

   a. Use SSPS code 4810 for regular medical services and codes 4811, 4812, 4813 for contracted Health Maintenance Organization services.

   b. Item 21 on DSHS 14-154/159 identifies whether the child has third-party liability. Note that this is different than the use of item 21 for CPS, FRS or Services to Indian Children.

   c. Source of Funds code 6 in Item 31 on DSHS 14-154/159 identifies whether the child is eligible for the "Categorically Needy" medical program. (Source Code 6 is used only when using the SSPS 4800 codes.)

   d. When authorizing a period of medical eligibility prior to an existing eligibility period, initiate a memo to staff responsible for ITIS medical input specifying the period of eligibility. Retroactive medical eligibility can only be done

by Data Control in State Office. Special office issued coupons will be issued marked "Retro. Cert." after Data Control has established the eligibility segment in ITIS.

4. To issue local office emergent medical coupons, complete the DSHS 14-154/159 according to D.3. above, including in the special instructions section a notation to the clerical support to issue coupons from the office.

5. If a child changes placements and retains medical eligibility (e.g., moves from one home to another):

   a. Ensure that the coupons go with the child; and

   b. Use the correct SSPS termination codes when changing the provider to avoid elimination of eligibility periods in ITIS.

6. Children eligible for SSI will be issued medical coupons through Economic and Medical Services Offices. Medical coupons are automatically issued once the children are approved for SSI benefits through the Social Security Administration office. Authorize medical coverage through the "Categorically Needy" program for children whose application for SSI is being processed but eligibility has not yet been determined.

7. When foster parents or group care providers or medical care providers have rejected billings:

   a. Correct any eligibility authorization errors;

   b. Instruct DCFS care providers to return the bill to the provider;

   c. Instruct medical care providers to contact the Office of Provider Services for assistance in billing;

   d. Contact the Division of Medical Assistance Regional Representative for assistance in complex eligibility and payment problems.

F. Child Not Eligible For Medicaid

1. If a child is not eligible for Medicaid for excess resources, use the excess resources to purchase medical and dental coverage.

2. If a child is not eligible due to citizenship requirements, use community resources.

32.55 Medical Coupons For IV-E Eligible Children

A. Children eligible for Title IV-E maintenance payments are to receive Title 19 medical coverage from the state they reside. This policy affects two groups:

1. Children receiving IV-E foster care from another state while residing in a licensed foster/group home in Washington State; and,

2. Children receiving IV-E foster care from Washington State while residing in foster/group care in another state.

B. For IV-E children from other states:

1. Document in writing from the sending state initially and every six months thereafter the child's IV-E eligibility. Initial documentation is provided as part of the Interstate Compact process.

2. Obtain a completed DSHS - Title IV-E Medicaid Application from the care provider and distribute copies as follows:

   a. Original to the DCFS case file;

   b. Copy to the applicant;

   c. Copy to the Third Party Liability Unit, M.S. HA-11.

3. Open medical coupon authorization on SSPS.

C. For IV-E children from Washington State placed in other states:

1. Provide the receiving state with written documentation of IV-E eligibility through the Interstate Compact process and in writing at IV-E review periods.

2. Terminate medical coupon issuance at the end of the last month the child resided in Washington State.

D. If child is transferring to the Adoption Support Program, responsibility for medical coupons is transferred to the Central Office Adoption Support Program.

E. All non-IV-E children receive medical coverage from the sending state.

32.56 HMO Enrollment

A. Eligible clients

Foster/group care children eligible for Medicaid may receive their Medicaid medical services (except dental) from contracted Health Maintenance Organizations if:

1. They are coming from a family that had the child enrolled in the same plan and the child lost that enrollment when placed if foster/group care; or

2. The child was placed in a foster home where at least one foster parent is enrolled in the HMO the child want to join.

   Note: Children in pre-adopt placements are not eligible for Medicaid HMO payments. These children should be covered under the family's medical plan.

B. Enrollment Policy

1. New enrollments are effective the date the enrollment card is signed and mailed to the HMO.

2. Use enrollment cards provided by the HMO.

3. Medical program changes on SSPS should only be done effective the first of a month. This will ensure that the correct messages will appear on the child's medical coupons.

4. Enrollments can not be retroactive, i.e., prior to the date the enrollment card is signed and mailed.

5. For disenrollments, data entry of SSPS medical coupon changes must be done before the ITIS "deadline" for eligibility to end on the last day of the current month.

6. If action is taken after "deadline," the disenrollment is effective at the end of the next month.

Procedures

A. Enrollment

1. If the child comes from a privately-contracted HMO home, determine if the enrollment will continue.

   a. If it will continue, authorize regular medical coupons using SSPS Service Code 4810.

   b. If it will end when placement is made, authorize the appropriate SSPS 4800 HMO code.

2. Ensure the child is living in the catchment area of the HMO. These areas are listed on each SSPS Service Code sheet.

3. If the child was previously residing in an AFDC household, ensure that the child is disenrolled from any DSHS contracted medical programs, i.e., Kitsap Physician's Service.

4. Complete the enrollment card ensuring it is signed and dated and mail it to he HMO. Cards are available from DCFS Regional Offices or DCFS central office.

B. Disenrollment

1. To terminate at the end of the current month, submit the SSPS authorization before the ITIS deadline (approximately five working days before the end of each month).

2. Authorizations transmitted after deadline are effective the end of the next month.

3. Send to the HMO a copy of the enrollment card with the disenrollment date.

C. Problem Solving

Most problems with HMO enrollment/disenrollment occur when:

1. Enrollment cards are not completed and sent, or

2. The coupon authorization was incorrect resulting in either no "HMO" message on the coupon when one is desired or an HMO message is incorrect.

Both the enrollment card and the coupon authorization must be correct for the correct payment to be made to the HMO. For scope of care and coordination of benefit problems with Group Health of Puget Sound, contact the Group Health representative at phone (206) 448-4174.

32.60 PAYMENT RATES AND REIMBURSEMENTS

32.61 Payment Rates

1. DCFS and Private Agency Receiving Home Care: Effective Sept. 1, 1988

Monthly retainer ---------- $35.36
Daily rate ---------- $12.93

2. Special Rate Receiving Home Care: Effective Sept. 1, 1988

   Monthly retainer ---------- $71.24
   Daily rate ---------- $17.68

3. DCFS and Private Agency Foster Family Care: Effective July 1, 1989

   The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less then 6 years	156.77	24.50	33.42	214.69
Child, 6 through 11 years	203.65	24.50	36.37	264.52
Child, 12 years or older	244.66	29.11	39.03	312.80

4. Private Child-Placing Agency Service Fee: Effective 9/1/88:

   Monthly rate ---------- $110.85
   Daily rate ---------- $ 3.64

5. Special Rate Foster Family Care: Effective July 1, 1989

   a. Behavioral/emot. problems: Monthly $0 to 120.00
      Daily -- Prorated

   b. Intel./phys. handicapped: Monthly $0 to 120.00
      Daily -- $Prorated

6. DSHS policy allows for payment on the day the child is placed, but not for the day the child was removed.

32.62 Receiving Home Care

A. Regular Receiving Home Care

1. The receiving home care retainer fee for is paid for each receiving care bed approved by the DCFS office. The daily rate is paid for each day of temporary care actually provided for each child.

2. Receiving home care is not to exceed 30 days.

3. After 30 continuous days, the rate for regular foster family care will be paid unless a waiver for continued payment of the higher receiving care rate is authorized by the Regional Office (RO).

4. SSPS Code 3241 authorizes DCFS receiving home retainer and SSPS Code 3201 authorizes DCFS receiving care.

5. SSPS Code 3243 authorizes the child-placing agency receiving home retainer fee and SSPS Code 3203 authorizes child-placing agency receiving home care payment.

B. Special Rate Receiving Home Care

1. Certain receiving homes may be designated by the DCFS Regional Administrator to be special rate receiving homes for children who are in conflict with their parents or are runaways.

   a. Foster homes providing this care will be authorized to receive a retainer for no more than two beds.

   b. Foster parents must be qualified to provide specialized care by virtue of having received specific training and/or experience in working with troubled teenagers.

2. Special rate receiving care shall be limited to 15 consecutive days unless an exception is granted by the RO.

4. The number of specialized receiving homes is determined by the Division of Children and Family Services. New homes cannot be added without the approval of DCFS.

5. SSPS Code 3202 authorizes receiving home care and SSPS Code 3242 authorizes the special rate receiving home retainer. (Also see Chapter 04, Appendix A.)

6. For receiving or special rate receiving care, personal incidentals will be purchased as needed for the individual child.

32.63 Regular Foster Family Care

A. Basic Payments

1. For the purpose of computing maintenance payments, the child's birthdate is considered as the first of the month in which his/her birthday occurs.

2. Use SSPS Code 3210 to authorize DCFS regular foster family care.

4. Use SSPS Code 3211 to authorize child placing agency regular foster family care.

5. The service worker shall use SSPS Code 3213 to authorize the child - placing agency service fee. This fee may be extended to reimburse agencies for post-foster care services in the child's permanent placement.

6. The monthly allowance added to the board and room rate for clothing and personal includes personal incidentals, i.e., school supplies and shampoo.

B. Temporary Absence of Child from Foster Care

1. When a plan is approved by voluntary agency and/or DCFS service worker for a child to be temporarily absent from foster care the actual days of absence up to (but not more than) 15 days will be paid by the department.

2. Voluntary agencies receiving payment for children in foster care are required to notify the DCFS authorizing payment of a child's absence from foster care prior to the absence in order to receive payment for the period of temporary absence.

3. Examples of such absences are visit of child to own home, hospitalization, camp experience and runaways. Regular weekly visits by a child to his/her home as part of an approved treatment plan do not require notification. These planned visits will be reported as part of the quarterly progress report.

4. Payment for more than 15 days absence for a child who was hospitalized may be made with written RO approval documented in the case record.

32.64 Special Rate Foster Family Care

A. A special rate, in addition to the basic rate for board and room, may be paid for a child in need of special and specific care. In order to authorize the additional rate, the child's service worker, DCFS or voluntary agency, must write a justification for approval by the DCFS supervisor. If the special rate is approved, the supervisor must review the need for continued payment every six months. The approval of the special rate shall be documented on the DSHS 2-305(X), Service Episode Record.

B. Special rate shall not be paid to foster parents who have not previously received the special rate unless that foster parent has attended, or is attending foster parent scope. Waivers to this requirement may be granted by the DCFS Regional Administrator.

C. Behavioral/emotional problems.

Children who most often could be considered as having behavioral/emotional problems are children who exhibit at least three of the following behaviors:

1. Regular use of an illicit drug;

2. Regular overindulgence of alcohol;

3. Poor school adjustment and/or truancy;

4. Sexual acting out;

5. Frequent shoplifting and/or other theft;

6. Habitual running away;

7. Demonstrated property destruction in own home and/or foster home;

8. Regular peer conflict which may require action by foster parent;

9. Significant sleep problems which may cause disruption in the normal sleeping patterns of foster parent;

10. Destructive attention-seeking behavior which may demand extra attention by foster parents;

11. Frequent noncompliance with requests of parents, teacher, or other authority figures;

12. Failure to use normal cautions in using potentially flammable substances;

13. Soiling and enuresis over age six; and

14. Extremely bizarre behavior, such as frequently displaying odd facial grimaces, bizarre eating habits, seems to or reports hearing voices/ noises, responds to internal stimuli, and is withdrawn and fearful of adults.

D. Intellectual/Physically Handicapped Children.

Children who most often could be considered as having intellectual and/or physical dysfunction are those children who, by definition, meet the service eligibility criteria for the Division of Developmental Disabilities services assuming they exhibit two of the following dysfunctions:

1. Requires the physical assistance of foster parent in feeding, dressing, bathing, or toileting;

2. Needs the physical help of foster parent in order to be mobile;

3. Needs regular and organized physical therapy by foster parent under the orders/direction of a professional;

4. Needs medication administered by foster parent on a regular basis per physician's orders;

5. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy;

6. Requires suctioning, mist tent, etc., care which is provided by a foster parent;

7. Nonambulatory;

8. Epileptic child who has uncontrollable seizures;

9. Awaiting institutionalization placement;

10. Habitually wanders unless closely supervised; and

11. Failure to thrive below third percentile.

12. Children born addicted to drugs requiring additional care and support during the withdrawal period.

F. Use SSPS Code 3212 to authorize special rate family foster care. This code should also be used to authorize CPA special rate family foster care for children who meet the criteria.

32.65 Additional Payment Requests

A. Policy

Additional payments are for the purchase of an item or items needed by a child residing in family foster/receiving home care. Additional payment requests differ from Exceptional Cost Foster Care in that the requests tend to be for short-term, single service needs and the child need not be at risk of a more restrictive setting.

These payments provide for such items as transportation, clothing, special infant formula, diapers, etc., which exceed existing program standards. However, reimbursing a foster parent for their own increased activity is always part of an exceptional cost plan. Purchases can be directed toward maintaining/enhancing a placement or toward achieving a permanent plan in the shortest possible time.

B. Payment Procedures

1. Use a DSHS 5-201(X), Exception Request to request approval to make additional payments.

2. Using the definitions of maintenance and nonmaintenance in 32.66 F, authorize additional payments using the SSPS codes for Exceptional Cost Maintenance or Non-Maintenance.

32.66 Exceptional Cost Plans

A. Definition

These funds are intended to enable children with highly individual needs to be cared for in the least restrictive setting. Children with severe physical and/or intellectual impairments and those with acute emotional/behavioral problems may need funds beyond the special rate in order to

succeed in family foster/receiving home care. These funds can reimburse foster parents for unusual, highly demanding activities/supervision that they provide and also can reimburse for the purchase of special services or supplies. Purchase of a foster parent's time/activities is always considered an Exceptional Cost Foster Care Plan.

B. Appropriate Use of Exceptional Cost Foster Care Plans

Foster parents are one of our most vital resources, yet the foster care program currently depends on the concept of volunteerism.

Occasionally, children are placed in care who have unique needs which require unusual, very special care on the part of the foster parent and/or support services, equipment, and supplies. When this situation arises, it may be necessary to consider an exceptional cost plan.

The decision to recommend such a plan is up to the DCFS social worker. You must ask yourself: Can this child's needs be met without such a plan? You are also responsible for screening requests for such plan from private agencies.

Do not pursue a plan just because a child has many special needs, or because another child with similar needs is on such a plan. Similarly, if a child's needs cannot be met even with an exceptional cost plan, there may be no good reason to prepare one.

C. Title XIX Personal Care Services

Effective January 1, 1990, foster parents can be providers of personal care services. See Chapter 49 for details.

D. Suggested Alternative or Supplementary Resources

Due to limited funding, it is very important to consider other resources that may be available. These resources might be sufficient to provide for the unique needs without an exceptional-cost plan. Alternatively, they may supplement an exceptional-cost plan which can then be less costly.

Below is a check list of common resources you should consider prior to developing an exceptional cost plan. If a particular resource is unfamiliar to you, or confusing, see your supervisor.

RESOURCE CHECK LIST

- CHAP program (Children's Hospital Alternative Program).

- Medical coupons to purchase special equipment and medical/dental/optical necessities or transportation. Medical provider may need approval from the Central Authorization Unit in Olympia. If request is denied, further justification may be needed. Medical providers

include doctors, pharmacists, optometrists, dentists, hospitals, and others with provider numbers issued by D.M.A. Foster parents can be Title XIX transportation providers.

- Child Care: If part of the case plan, and adheres to WAC and DCFS manual policy (e.g., on rates, licensing).

- Requesting fee waivers or sliding fee scales from community agencies.

- Home based services: Consider this resource if a child could be maintained in his/her own home with support services.

- Mental Health evaluation/treatment. Request this service via your Service Center procedures. Be sure to check community resources first. Many have sliding fee scales.

- Substance abuse evaluations/treatment: contact your regional Bureau of Alcohol and Substance Abuse representative for local resources.

- Adoption Support (for disrupted adoption support placements if reunification is planned).

- Continuum of Care Programs: Spokane, Kent and Chehalis offices. Families must be prepared to be involved.

- Attendant care and/or respite care via DDD: For developmentally disabled children requiring extensive supervision.

- Transportation, food, and lodging for medical, counseling, educational, and court-related matters: Open SSPS code 3233.

- Transportation for medical purposes reimbursed by Title XIX (medical coupons) may also be covered by medical coupons at $.22.5 a mile. Transportation can include ambulance, cabulance, bus, taxi, and private car. Prior approval must be obtained from the Central Authorization Unit.

E. Preparing an Exceptional Cost Proposal

Below are guidelines for calculating reasonable reimbursement levels for completion of the DSHS 5-210(X), Exception Request.

1. SUGGESTED GUIDELINE FOR DOLLAR AMOUNTS: There are two components to consider in calculating dollar amounts: (1) reimbursement to the foster parents for their activities; and (2) exceptional purchases to support the foster parent's care.

   a. Foster Parent Reimbursement

      Children with substantial physical impairments or emotional/behavioral problems (well beyond the number or degree justifying special rate) may require exceptional intervention

by the foster parent. When the foster parent agrees to provide intensive intervention, some may be able to do so only with additional compensation. When calculating costs to reimburse a foster parent in such cases:

b. Set the reimbursement toward activities provided by the foster parent, rather than toward "putting up with" a difficult problem. Try to identify expected improvements in the problem.

c. In those rare cases where more than $300 per month above the regular and special rate is reimbursed to the foster parent, the expectation is that the child requires a highly intensive level of service by the foster parent. Examples might be:

- child is psychotic and dangerous to himself or others.
- child has a recent history of serious fire setting and continues to be at risk.
- child has a recent history of serious sexual molestation activity and continues to be at risk.
- child is recently seriously suicidal and continues to be at risk.
- child is medically fragile and requires constant monitoring to prevent death or critical harm.
- child is currently dangerously violent toward others
- child has been rejected by all group care facilities as "too difficult" and this is clearly documented.

2. Anytime a foster parent is caring for a child requiring exceptional activities, professional direction is recommended. When a foster parent is receiving more than $300 exceptional reimbursement per month, such direction is expected and should be documented. If such direction is not available, this fact should be noted and the reason why. Professional direction might be a medical doctor, DDD behavior modification specialist, psychiatrist, psychologist, counselor, DCFS social worker, or other identified individual who can provide specific skilled guidance to the foster parent.

3. Special Purchases
These are some examples of purchased items or support services which may be needed to help meet this child's vital needs. Not all children requiring exceptional reimbursement to the foster parent will require these purchases and vice versa. In each case, remember to consider alternative resources such as DDD, Medical Assistance, Public Schools, etc. Some examples of special purchases and typical rates are:

- Respite Care (follow established DDD rate for moderate care)

° Special clothing/diapers	at cost
° Special child-related equipment not covered by Medical Assistance (receipts required)	at cost
° Classes/lessons/activities which are not the legal responsibility of the school district	not to exceed $100 per month
° Recreation to meet special needs	not to exceed $100 per month
° Transportation not covered by medical coupons or SSPS service code	at cost
° Special Diet: per Dr.'s guidance.	at cost

F. Signature Procedures

1. The Exceptional Cost Plan should be discussed carefully with all involved parties (e.g., foster parent, child-placing agency, DDD case manager) and your supervisor before submitting for administrative approval.

2. Signature of Child-Placing Agency and/or foster parent must be obtained after DCFS signatures are obtained.

G. SSPS Authorization

Use the information below to determine if Title IV-E funding is obtainable for exceptional cost foster care expenditures.

Identify whether the exceptional cost item or activity is a maintenance or a non-maintenance item as follows:

1. Maintenance items refer to exceptional cost activities or purchases that are primarily for and directly related to the physical care or supervision of the child. Maintenance items do not include activities which are of a therapeutic or behavior modification nature; nor does maintenance include a salary to foster parents for the carrying out of ordinary parental activities by the foster parents.

2. Non-Maintenance items refer to exceptional costs activities that are not directly related to the physical care and supervision of the child. (See examples in 1. and 2. below.)

3. Most items purchased under an exceptional cost plan are clearly identifiable as a maintenance item or non-maintenance item. However, additional payments to foster parents for their activities under an exceptional cost plan are sometimes more difficult to

identify as maintenance or non-maintenance. Additionally, in some cases a portion of the exceptional cost reimbursement for foster parent activity may be for maintenance items, and part of it for non-maintenance items. When this happens, the costs must be split between the two categories using both SSPS codes.

a. Use Service Code 3216 for authorizing maintenance activities such as the following:

- Special diets or clothing
- Special furniture
- Respite or child care used as substitute for or to assist foster parent in caring for the child
- Special laundry requirements
- Additional reimbursement to foster parent for performing special/enhanced physical care or supervision such as:
  - Special feeding activities
  - Laundry cleaning for a child with unusual medical/behavior problems
  - Special supervision (beyond what is normal for child's age and development)

b. Use Service Code 3217 for authorizing non-maintenance activities such as the following:

- Special lessons or recreational items
- Items to support socialization activities such as membership in the "Y" or going to camp
- Child care that has as its primary purpose social enrichment or therapy
- Therapy outside the statement of work of the Psych/Psych contract
- Additional reimbursements to foster parents for activities like the following:
  - Overseeing behavior modification program
  - Implementing physical therapy program

32.67 Respite Care

A. Definition and Purpose

Respite care provides for time-limited relief to the receiving home and ongoing foster care parents with the respite provider fulfilling some or all of the functions of the foster parent. It can be arranged in advance or on an emergency basis when a placement is in crisis. Respite care can either augment/support the care a foster parent is providing or provide substitute care in the absence of the foster parent.

B. Respite Services

The typical activities of respite care include, but are not limited to, the following:

a. Assist with the maintenance of children in placement or provide individual attention to children in placement.

b. Provide assistance to foster parents in structuring activities and routines for children inside or outside the home, including recreational activities.

c. Assist with household maintenance activities such as shopping, laundry, and cooking.

d. Provide or allow foster parents to take children to community appointments, such as medical and school, or family visits.

e. Allow foster parents to attend training outside of the home and participate in other activities relative to their role as interim care parents, such as case conferences and training.

f. Allow foster parents personal time away from their home.

C. Respite Selection, Qualifications and Training

1. Each respite care provider must meet the qualifications listed below.

   Note: When respite care services are contracted through an agency, the contractor is responsible for assuring that individual respite providers meet these requirements. When respite care providers are reimbursed through direct payment to the interim care parent, the DCFS is responsible.

QUALIFICATIONS

a. Previous experience successfully working with or raising children.

b. Three satisfactory references directly addressing child care capabilities.

c. Absence of criminal record or substantiated CPS incident.

d. Be eighteen years of age or older.

e. Be unrelated to children in placement in the home they are providing respite care.

f. Live separately from the foster home (but can be related).

g. Complete mandatory orientation/training program prior to providing services unless waived by the DCFS.

D. Mandatory Minimum Respite Care Provider Training

The training of direct payment respite providers is the responsibility of the DCFS. The training of respite care providers who are supervised by private agencies is the responsibility of the private agency in consultation with the DCFS. Training topics must include:

1. Orientation to Department of Social and Health Services.

2. Overview of the role of respite care provider and the variability of functions.

3. Knowledge of CPS, licensing, reporting requirements for CPS and FRS.

4. Coordinating with the DSHS and adhering to the case plan.

E. Respite Authorization

Authorization for contracted respite care differs from individually reimbursed (noncontracted) respite care.

1. Noncontracted respite care

Noncontracted respite care involves a payment by the interim care parent (the "employer") to the respite care provider (the "employee"). The interim care parent receives a payment from DSHS which covers the wage paid to the provider and also the employer's contribution to social security. The process is similar to state-funded in-home child care.

DCFS staff shall:

a. Assure and document provider meets qualifications and completes training. Documentation should be written in the SER of interim care parent record.

b. Define specific duties and hours for a calendar month (or service episode if shorter). Document this plan in writing with copies to all involved parties and foster parent's case record.

c. Open DSHS 14-154(X)/14/159(X) for hours agreed upon.

d. Revise respite care plan as needed for next service episode or calendar month and mail to involved parties; copy in interim care parent record.

F. Contracted respite care

DSHS Coordinator will:

1. Be familiar with contract agreements.

2. Define specific duties and hours needed and inform contracted agency. Record in interim care parent's record.

3. Open DSHS 14-154(X)/14-159(X) for hours agreed upon.

4. Coordinate with State Office regarding payment process.

G. Respite Care Levels

1. The rate is based on an assessment of the functional care needs of the foster child. To determine the appropriate rate, assess the child's care requirements as either "light" or "heavy" in two categories per the following:

CARE LEVEL	LIGHT	HEAVY
Physical/Medical	Care that does not substantially differ from, but may require attention or assistance greater than, that of the typical individual of similar age in the general population.	Care that requires constant, intensive attention, excessive or total assistance; and regular intervention in meeting the needs of the child.
Behavioral/ Psychological		

A rating of light in both areas = light.

A rating of light in one area and heavy in the other area = moderate

A rating of heavy in both areas = heavy

H. Respite Care Rates

1. Payment rates are as follows:

DAILY		HOURLY	
light care	$41.20	light care	$5.15
moderate care	42.00	moderate care	5.25
heavy care	44.00	heavy care	5.50

Each additional client in the foster family requiring respite care at the same time by the same provider shall be authorized $13.73 per day or $1.72 per hour.

2. Hourly payment is limited to a maximum of eight hours in a 24-hour period.

The hourly cost of respite care is calculated on the basis of actual service provided and may not include travel time of the respite provider.

A maximum of three consecutive days of respite care may be authorized. Care in excess of three consecutive days must be approved by the DCFS supervisor. Regional guidelines will determine the maximum number of days of respite care that can be authorized in a given month.

3. SSPS Codes

The following SSPS Codes shall be used for respite care:

FC Respite-hourly	3205
FC respite-daily	3204

Family CRCs

Contracted Respite	3106
Noncontracted Respite	3107

32.68 Foster Home Support Services

A. Foster Home Consultation

1. Definition and Purpose

Consultation is a contracted service to individual homes or to a group of homes directed toward skill building and networking. Generally, consultation should not be directed toward resolving issues related to a specific child in care unless approved by the child's social worker.

2. Services

Typical activities of a consultant include, but are not limited to:

a. Home visits to foster homes and phone consultations.

b. Advice in a crisis or skill building information.

c. Individual as well as group consultation, including networking among foster parents.

d. Assistance in obtaining resources.

e. Participation in case staffings at the request of the department.

B. Counseling

1. Definition and Purpose

Counseling is a contracted service with the focus on support to foster parents during a crisis or problem situation involving a specific child or group of children. This short-term service will assist foster parents in stabilizing placement situations and increase their skills. This service is not intended to provide long-term therapeutic intervention.

2. Services

Typical counseling activities include, but are not limited to:

a. Direct intervention to diffuse a crisis.

b. Modeling crisis management for the foster parents.

c. Group or individual intervention.

d. Attending case staffings at the request of the department.

All of the above should be provided in coordination with social workers and in compliance with existing case plans.

C. Training

1. Definition and Purpose

Training is a contracted service to individual homes or groups of homes focusing on issues common to emergency placement such as behavior management, limit setting, and structuring activities.

The purpose of training activities is to build skill levels, broaden the range of intervention strategies, and offer problem specific solutions.

2. Services

Training activities can include, but are not limited to:

a. Orientation for foster care parents that goes beyond the routine orientation for foster parents and addresses the specifics of receiving or specialty care.

b. Ongoing or one-time training on common problem areas such as:

(1) Understanding the impact of sexual and physical abuse and neglect on children.

(2) Developing strategies for managing acting-out behaviors.

(3) Recognizing problems associated with substance abuse.

(4) Dealing with issues associated with separation.

(5) Responding to sexual acting-out.

c. Situational training with interim care parents in order to:

(1) Use a crisis situation to learn new skills.

(2) Increase interim care parents' confidence in crisis resolution.

(3) Assist interim care parents in recognizing their feelings and the stresses of caring for children.

(4) Teach methods of structuring routines and activities.

D. Ancillary Supports

1. Definition and Purpose

Ancillary supports allow for the purchase of specific goods or services that contribute to effective quality care in foster homes. The purpose is to promote a safe, nurturing environment.

2. Services

Ancillary supports can include, but are not limited to:

a. Covering selected costs of purchased recreation activities for children in care.

b. Purchasing such items as recreational and crafts supplies.

c. Purchasing other equipment which would enhance safe, quality care.

3. Authorizing Services

Payment for ancillary supports are a direct payment to foster parents to reimburse the cost of expenditures that have prior DCFS approval.

4. Rates

Ancillary supports have unique rates specific to purchased items and recreation materials.

32.69 Foster Parent Reimbursement Plan

A. General Information

1. Purpose

The Foster Parent Reimbursement Plan was developed to provide some financial relief to foster parents who incur damages, losses and related expenses caused by children in foster/respite care. This reimbursement constitutes a portion of the reasonable nd proper cost of maintenance paid on behalf of foster/respite care children and is provided pursuant to a published Foster Parent Reimbursement Plan (the PLAN).

2. Eligibility

Eligible foster parents for reimbursement under the PLAN are those who are:

a. Licensed by DSHS or a certified child placing agency pursuant to RCW 74.15, and

b. Providing approved DSHS-funded foster/respite care to children in the care, custody, and supervision of DSHS or a certified child placing agency.

3. Program Management

The PLAN is provided (funded) by DCFS. DDD has elected to participate in the PLAN on behalf of licensed foster parents providing respite care services to developmentally disabled children.

Claims management services for the PLAN is provided through an intra-agency agreement with the Division of Employee Services-Office of Risk Management (ORM). Pursuant to this agreement, DCFS and DDD each bear responsibility for developing and updating necessary written instructions, guidelines, procedures and forms to implement the terms of the PLAN and to provide for timely and efficient distribution of claims to ORM.

4. Questions

Foster parents who have questions concerning completion of claims have been referred to their service worker for assistance. Service workers who have questions regarding general policy and interpretation of the PLAN or submission of claims may address them to the ORM. (SCAN 321-2393, Non-SCAN 586-2393.)

B. Plan Summary

1. The PLAN is comprised of three (3) parts:

a. Part A - THIRD PARTY (LIABILITY) REIMBURSEMENT

Reimbursement is paid to third parties who have incurred expenses as a result of the action(s) of foster/respite care child(ren) for property damages, losses or initial emergency medical treatment costs.

b. Part B - FOSTER PARENT PERSONAL REIMBURSEMENT

Reimbursement is paid to foster parents who have incurred expenses, of their own or household members, as a result of the action(s) of their foster/respite care child(ren) for property damages, losses or initial emergency medical treatment costs.

c. Part C - FOSTER PARENT LEGAL DEFENSE EXPENSE REIMBURSEMENT

Reimbursement is paid to foster parents who have incurred legal defense expenses pertaining to legal proceedings brought against them by a third party seeking compensation for property damages, losses or initial emergency medical treatment costs, which were sustained as the result of the action(s) of their foster/respite care child(ren).

2. Definitions

As used in the PLAN, the following definitions apply:

a. CLAIM - A written demand by a foster parent for reimbursement available pursuant to the terms of the PLAN. The foster parent must file a claim under the PLAN within thirty (30) days from the date the damage or loss occurred or from the date initial emergency medical treatment costs were incurred, or legal proceedings have been terminated. The ORM will disallow any claim received later than ninety (90) days. Correspondence, letters, notes, and phone conversations between the claimant and the state of Washington do not constitute valid claims.

b. DEPRECIATED VALUE - That value established from the lost or damaged asset cost using an accepted function of depreciation method such as straight-line, units of production, double declining balance or summary of the year digits.

c. FOSTER CARE MAINTENANCE - The routine money expended for lodging, clothing, medical, dental, hospital care, or other similar or specialized commodity or service furnished on behalf of or for a foster child to include, but not limited to, money expended for shelter, utilities, food, repairs, essential household equipment, and other expenditures, and to remedy situations of an emergent nature to permit as far as practicable foster children to continue to live with their foster parent. Reimbursement paid pursuant to this PLAN is a foster care maintenance expense.

d. FOSTER CHILD - A child who is within the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS.

e. FOSTER PARENT - A person licensed by DSHS to provide care on a twenty-four hour basis to one or more assigned foster children in their family abode.

f. FOSTER PARENT HOUSEHOLD MEMBERS. Any spouse, minor children or dependent member of the foster parent who are permanent residents of the foster parent home. For purposes of the PLAN, members does not include other foster children.

g. INITIAL (ONE-TIME) EMERGENCY MEDICAL TREATMENT EXPENSES - Costs which the foster parent is or may be held legally obligated to pay for treatment of personal injuries sustained by any person as the result of the action(s) of their foster/respite care child(ren). Reimbursement is paid only for the cost of initial (one-time) treatment/first aid/emergency care (necessary to sustain life or prevent further injury) provided immediately following an injury occurrence. Does not include follow-up treatment expenses. (Example: Suspected broken arm - coverage would include x-ray and initial emergency medical treatment cost incurred immediately following the injury occurrence, i.e., setting of bone and first medications.)

h. OCCURRENCE - A tangible identifiable incident that results in personal bodily injury or property damage or loss to either a third party or foster parent, intentionally, negligently, or otherwise caused by the foster/respite care child(ren) of the foster parent.

i. OWNED AIRCRAFT - Serviceable/operable aircraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by the foster parent or third party for their own private or business use.

j. OWNED MOTOR VEHICLE - Serviceable/operable automobiles, trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by the foster parent or third party for their own private or business use.

k. OWNED WATERCRAFT - Serviceable/operable powered or nonpowered watercraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by the foster parent or third party for their own private or business use.

l. PERSONAL BODILY INJURY - Tangible physical injury to the body of any persons for which the foster parent is or may be held legally liable, sustained as the result of an action(s) of their foster child(ren). Does not include sickness, disease, death, shock, mental anguish, mental injury, humiliation, etc.

m. PREMISES - The owned/rented/leased residential dwelling of the foster parent, including the structures attached to the residence, the surrounding land on which the residence is located, and structures located on the surrounding land, such as garages, sheds, or appurtenant structures.

n. PROPERTY DAMAGE (FOSTER PARENT) - Physical damage or loss of tangible property belonging to the foster parent or their household members caused by their foster child(ren).

o. PROPERTY DAMAGE (THIRD PARTY) - Physical damage or loss to tangible property of a third party caused by the action(s) of a foster/respite care child(ren) for which the foster parent is or may be held legally liable.

p. REIMBURSEMENT LIMITATION - Regardless of the number of (1) foster parents, (2) foster children, (3) third parties, (4) claims made or suits brought on account of personal injury or property damage or loss, the total reimbursement limitations under this PLAN due to any one (1) occurrence shall not exceed the limits stated in the reimbursement section.

q. RESPITE CARE - The temporary provision of care by foster parents for the maintenance, health, and safety of a developmentally disabled person. This temporary care in the foster parents' home is provided for the relief of the parents of a developmentally disabled person who requires extraordinary care.

r. THIRD PARTY - Any person other than the foster parent or foster parent household members. Does not include other foster children.

3. Reimbursement Limitations

a. Amounts

The total reimbursement for all claims shall not exceed the limits as stated below on a "Per Occurrence" basis, regardless of the number of persons who sustain the losses. Reimbursement for property damages and losses shall be for the repair, fair market value, or depreciated value of items.

Part A - THIRD PARTY (LIABILITY) CLAIMS	MAXIMUM $ LIMITS
Property Damage or Loss	$5,000.00 Per Occurrence
Initial Emergency Treatment Cost	$1,000.00 Per Occurrence

Part B - FOSTER PARENT PERSONAL CLAIMS	MAXIMUM $ LIMITS
Property Damage or Loss	$5,000.00 Per Occurrence
Initial Emergency Treatment Cost	$1,000.00 Per Occurrence

Part C - FOSTER PARENT LEGAL DEFENSE EXPENSE CLAIMS	MAXIMUM $ LIMITS
Legal Defense Expense Costs	$2,000.00 Per Occurrence

b. No Deductible

There is no deductible. This means there is first dollar coverage. It is not necessary for foster parents to access their homeowner's liability insurance policy or other policy/agreement coverages prior to filing a claim for reimbursement except for medical related claims.

c. No Legal Obligation

DSHS voluntarily makes these payments without assuming any legal obligation for the action(s) of the foster child(ren). Such payments are not an admission of liability by DSHS or foster parent(s), nor does DSHS assume any obligation for incurring any other reimbursement expenses other than those specifically set forth within the PLAN.

4. Exclusions

The following are specifically excluded from reimbursement under the PLAN.

a. Expenses of any kind related to claims, suits, actions, or other legal proceedings brought against the foster parent(s) which arise out of, or are related to:

(1) The rendering of, or the failure to render, foster parenting (including specialized care/service or treatment) or any actual or alleged error, omission, mistake, or breach of duty committed during the rendering of any professional service to the foster child. The term "foster parenting" includes any and all duties normally expected of a foster parent in providing care to a foster child. The also includes any special duties or care that the foster parent undertakes to perform in the course of providing care to a particular foster child, whether or not such undertaking is by agreement with DSHS.

(2) Alleged or actual sexual abuse or licentious, immoral, or sexual behavior by a foster parent or foster child for which the foster parent is or may be held legally liable.

(3) Alleged or actual giving of any alcoholic beverages which causes or contributes to the intoxication of a foster child for whatever reasons or causes.

(4) Alleged or actual violation of any statute, ordinance, or regulation.

(5) Alleged or actual alienation of affection.

(6) Alleged or actual intentional or negligent acts of the foster parent(s) resulting in damages, losses or injury of any kind to another person.

b. Furthermore, reimbursement will not be made for claims:

(1) For <u>third party or foster parent</u> initial emergency medical treatment costs if any benefits for such are payable or required to be provided under any workmen's compensation, unemployment compensation, or disability benefits law, or under any similar law, or provided under their personal/business medical plan.

(2) For <u>third party or foster parent</u> property damages, losses and initial emergency medical treatment costs if the primary or contributing cause of the damage, loss or injury was the failure of the foster parent to give directions, instructions, proper/adequate supervision to the foster child(ren). The foster parent must exercise all reasonable means to save and preserve property from damages or losses and individuals from injury.

(3) For <u>third party or foster parent</u> damages or losses resulting from mysterious, unsubstantiated disappearances or thefts. (For claims relating to theft, a copy of the police report must be attached to the claim.)

(4) For third party or foster parent damages or losses for unusually expensive items that can be easily fenced. Foster parents should take special precautions to secure/guard against the loss of unusual or high value cost items.

(5) For foster parent or third party property damages, losses and initial emergency medical treatment costs arising out of the action(s) of a foster child, with or without the permission of the foster parent or third party, related to the ownership, operation, maintenance, loading, or unloading of any owned motor vehicle, owned watercraft, or owned aircraft. This exclusion does not apply to inoperable watercraft or aircraft while ashore or parked on premises or inoperable motor vehicles stored.

(6) For third party property damages, losses and initial emergency medical treatment costs or foster parent property damages, losses, initial emergency medical treatment costs, and legal defense expenses which occurred prior to the PLAN.

(7) For acts of foster children that occur as a result of their visits to/with their natural parents and/or while temporarily assigned outside the jurisdiction of their foster parents.

(8) For third party or foster parent bodily injury, except initial emergency medical treatment costs.

(9) For third party or foster parent property damages, losses, and initial emergency medical treatment costs or foster parent legal defense expenses for which a written claim was not received in ORM within ninety (90) days of the date the property damage, loss, or injury occurred or for legal defense expenses, within ninety (90) days of the termination of the legal proceedings. Failure to report claims in a timely manner will invalidate reimbursement under the PLAN.

C. Claim Filing Procedures

1. Foster Parent Procedure

When foster parents experience a loss or are notified by a third party of a property damage, loss or personal bodily injury (initial emergency medical treatment cost) incurred as a result of an action(s) by their foster/respite care child(ren) for which the foster parent(s) is or may be held liable, the foster parent shall:

a. Request from their service worker a Foster Parent Reimbursement Plan Claim form (DSHS 18-400(X), Revised 10/88). Use of prior (outdated) forms is not acceptable and will be rejected.

b. Complete the claim form and attach the requested documents (see instruction in Chapter 99) and submit the claim to their service worker within thirty (30) days of the occurrence. Failure to submit claims in a timely manner shall invalidate reimbursement under the PLAN. Claims are not considered submitted until all necessary documentation is received.

2. Service Worker Procedures

Upon receipt of a claim from a foster parent, the service worker shall:

a. Review the claim for accuracy, completeness nd timeliness. Claims are to be returned to the foster parent if they did not:

(1) Use the correct (current 10/88) form;

(2) Information is incomplete;

(3) Appropriate documents are not attached; or

(4) Claim is not signed/dated.

b. Complete the requested information located on the top front of the form:

(1) DCFS Office of DDD Case Management Services Office;

(2) Name of the contact person within the Office who can be contacted should clarification/additional information become necessary during adjudication of the claim;

(3) Total dollar amount requested by the foster parent;

(4) SCAN telephone number of the Office contact person; and

(5) Indicate (check) whether the claim is a foster parent or a third party claim.

c. Complete the service worker section (lower half of the back of the form).

(1) Check the source of funds to be used if the claim is approved for payment (as determined on DSHS 14-140(X)). Use any balance in a child's trust fund account to provide restitution to foster parents and third parties before filing a claim. If a claim is larger than the balance, apply the balance to the claim and note this information on the claim form.

(2) Check whether or not you concur with payment of the claim. State the reason(s) if you do not concur.

(3) Print your name, office, county and mailstop in the space provided and sign and date the claim form.

(4) For claims not meeting the submission deadline, refer to Section H-2 for additional instructions.

(5) Forward the claim form (original) (with documents attached) to:

DSHS Office of Risk Management
Office Building 2, Mail Stop OB-14E
Olympia, Washington 98504-0095

D. Reimbursement

1. Third Party Claims

Reimbursement for liability claims will be made directly to the third party. If payment/restitution has previously been made by the foster parent to the third party, and the foster parent substantiates such payment, reimbursement will be made to the foster parent.

2. For foster parent loss claims, reimbursement is directly to the foster parent.

E. Foster Parent Legal Defense Claims Procedures

1. Foster Parent Procedures

For foster parents who have incurred legal defense expenses pertaining to legal proceedings brought against them by a third party seeking compensation for property damages, losses, or initial emergency medical treatment costs which the third party sustained as a result of the action(s) of their foster/respite care child(ren), the foster parent shall:

a. Immediately forward upon receipt to their service worker, a copy of all legal summons, complaints, suits, demands, notices, and other legal actions/proceedings received which could result in a potential liability to the state or the named foster parent.

b. Within thirty (30) days of the termination of the legal proceedings and issuance of a final decision by the court, submit a letter to their service worker describing the nature of the legal proceedings and attach a copy of the court decision and documentation/written receipts substantiating incurred legal defense expenses. Failure to submit claims in a timely manner shall invalidate reimbursement under the PLAN.

2. Reimbursement

DSHS will reimburse foster parents for any incurred legal defense expenses (including legal representation/attorney fees, court costs, etc.) only after all proceedings have been terminated and documentation has been submitted to ORM. Reimbursement will be made directly to the foster parent.

3. State Obligation

The state does not assume any other obligation for reimbursement of legal defense expenses incurred other than those voluntarily made under the PLAN. Additionally, DSHS shall not incur any obligation to assist the foster parent: in the conduct/defense of suits, making settlements, attendance at hearings or trials; in the securing and giving of evidence, or obtaining of witnesses; in the enforcement of any rights on behalf of the foster parent; or through the indemnification of the foster parent who may be or is held legally liable because of such proceedings brought against them.

F. Fraud

In the event any material fact or circumstance is misrepresented or willfully concealed by either the foster parent or third party, DSHS shall be entitled to recover any payments made under the PLAN. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.

G. Access to Documentation of Claims

Upon request, DSHS shall be permitted to inspect the damaged property and retains the right to have an inspector of its choice make a damage estimate when and as often as DSHS may require.

Upon request by DSHS, the injured person shall execute authorization to enable DSHS to obtain medical reports and copies of treatment records and shall be permitted to require the injured party to submit to a physical examination by a physician of its choice when and as often as DSHS may require.

For independent consultations requested as specified above, payment made by DSHS to any party who rendered the service (damage estimate or medical service) shall reduce the amount payable to the claimant.

H. Reconsideration of Claim Determinations

1. Limitations

Reimbursement provided under the PLAN is strictly subject to the terms, limitations, and exclusions specified therein. The PLAN is provided voluntarily by DSHS and nothing in the PLAN shall be construed to create in any third party claimant or foster parent a

legal, enforceable right to reimbursement nor shall it be construed to impose upon DSHS an obligation to pay reimbursement. Disallowance shall not constitute a basis for requesting or obtaining an administrative fair hearing.

2. Reconsideration Procedures

Reconsideration requests of a claim determination may be addressed in writing to the Office Chief of the OFfice of Risk Management (ORM), Department of Social and Health Services, Office Building 2, Mail Stop OB-14E, Olympia, Washington 98504-0095. Documentation must include substantiating new factors or additional information not previously provided for claims to be reconsidered. All determinations made by ORM are final.

32.70 Transportation

A. Policy

1. Foster care related transportation expenses can be reimbursed when the transportation is:

   a. consistent with the FSP, or

   b. supports a permanent plan, or

   c. directly prevents a foster/group care placement, and

   d. is not payable by another resource.

2. If the total cost of the transportation is greater then $400.00, first line supervisory approval is necessary.

3. There are four types of transportation affected by this policy:

   a. Transportation related to making a foster care placement. This would normally include:

      (1) Transporting the child to the placement.

      (2) Transporting the child to any medical, psychological or school related appointments.

      (3) Transportation of parents, relatives and permanent planning resources related to the placement.

   b. Transportation necessary during the placement. This would normally include transportation for:

      (1) Visitations

      (2) Mental health treatment

(3) School related activities

(4) Court hearings

c. Transportation to directly prevent foster care placement. The intent is to use payments for the following circumstances:

(1) Return of a runaway child from another state.

(2) Return of a family to another state when children are in or at risk of foster care placement

d. Return of a dependent runaway from this state

For situations other than above, i.e., when a child is at risk of placement but needs transportation to a social/medical service, consider use of Home-Based Services funds.

4. Consider the following resources in the order listed before committing the department to pay transportation costs or authorizing payments.

a. Parents/guardian/family

b. Volunteers (individual or organization)

c. Other states

d. Schools

e. Reimbursement by Title XIX Medicaid for transportation provided by foster parents, guardian, other family members, or volunteers to/from covered medical services. If the transportation is for a service covered by a medical coupon, the transportation is to be paid for by Title XIX.

f. Title XIX medical coupon for services from ambulances, cabulances and taxi providers. (Require prior approval by the Area Medical Unit excepting emergency situations.)

g. Foster care transportation funds.

B. <u>Procedures</u>

1. Foster Care Transportation Payments

a. Payment can be made to any transportation provider including foster parents.

b. For payments in excess of $400.00, supervisor initials on the DSHS 14-154/159. Obtain first-line supervisor initials on the DSHS 14-154/159 for total trip payments in excess of $400.00.

c. Use Clothing payment procedures in 32.71, B to make transportation payments with the following modifications:

(1) If the travel has already occurred, caseworker opens and closes the DSHS 14-154 in same action showing actual amount of the payment.

(2) If the travel has not occurred, see clothing procedures.

(3) Attach verification of travel expense to record copy of DSHS 14-154. If foster parent provides the transportation, they need to submit a signed A-20 Travel Expense Voucher.

2. Medicaid Travel Reimbursements to Private Individuals

a. Obtain prior approval from the Division of Medical Assistance Central Authorization Unit (CAU). The CAU toll-free number is 1-800-228-6641.

b. If approval is given, obtain billing instructions from the CAU.

32.71 Clothing

A. Policy

1. DCFS may authorize the purchase(s) of an initial supply of clothing, within three months of placement, for those children needing clothing at the time they are placed in receiving, regular foster family care or group care. An initial supply is not purchased routinely for each child coming into care; purchases are authorized only to the extent necessary to supplement a child's wardrobe. These purchases will total no more than $100, except with Supervisor's approval.

2. Prior to approving such purchases, document, in the child's record, efforts to recover from the child's parent(s) or previous placement whatever clothing the child may have had.

3. Requests for clothing other than an initial supply are made on the DSHS 5-210(X), Exception Request.

B. Payment Procedures

1. Service worker authorization procedures

a. Receive approval to purchase clothing for child in placement either using the DSHs 5-21(X), Exception Request or obtaining supervisor's approval for $100 purchases at time of initial placement.

b. Completes a DSHS 14-154 for each vendor that is anticipated, but leaves exact cost of services blank. If a foster parent chooses to purchase the clothes and be reimbursed by the department, the foster parent may be the vendor.

c. At bottom of the DSHS 14-154, note:

(1) The maximum amount, i.e., "NOT TO EXCEED $100."

(2) The name of the purchaser. If purchaser is the service worker, supervisor.must initial the DSHS 14-154.

(3) Clothing items to be purchased. If exact items are not known, use a general description, such as "Misc clothing for a two-year-old girl."

d. Client and Vendor copy are routed to foster parent.

2. Purchaser/vendor procedures for payment to clothing vendor

a. Purchaser goes to vendor, selects clothing and in exchange for the clothing, gives the vendor the Vendor copy of the DSHS 14-154.

b. Vendor gives purchaser an itemized receipt for purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154 so that they can be matched to the remittance advice accompanying the warrant (see 5. b. below).

c. Purchaser signs receipt and routes it to the DCFS office.

3. Foster parent procedures: Reimbursement to foster parent

a. Foster parent purchases clothing with own funds within constraints of the DSHS 14-154.

b. Foster parent requests a separate receipt for the clothing, signs it, and routes it to the DCFS office.

4. Post-purchase procedures

a. Worker compares DSHS 14-154 to the receipt and resolves any discrepancies with purchaser.

b. Worker enters exact amount of purchase on the DSHS 14-154 and terminates service. The termination code must verify the service was provided by use of one of the following termination codes of 1a, 2a, 1b, or 2b.

c. The DSHS 14-154 is transmitted.

d. A warrant is then issued to the vendor in the amount authorized.

5. Vendor payment procedures

   a. Vendor receives warrant with form A-2 Vendor Remittance Advise showing clients and warrant amounts.

   b. Vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154. Discrepancies are to be resolved with the service worker.

32.72 Elective Medical

Within the limited amount of funds available, elective medical services not covered by medical coupons may be funded by foster care funds. Payment may be approved for such things as orthodontics and corrective surgery which may correct a disfiguring condition. Verification of denial of payment from the Division of Medical Assistance must accompany each request for such medical services. The Regional Office will approve or deny all requests. The service will be authorized on DSHS 14-154/159 using SSPS Code 3230.

32.80 ADMINISTRATIVE

32.81 Setting Up a Case Record

For procedures on how to set up a case record, see the DCFS Manual, Chapter 02.

32.82 Inter/Intra County Referral/Transfer

A. Referral/transfer of a child to an out-of-home placement in another DCFS's area may be necessary when:

   1. There are no suitable homes available for a child in the initiating DCFS's area.

   2. There is a specific need for specialized medical, emotional, and/or educational services/facilities not available near child's family.

   3. Child needs placement outside his/her home community due to the child's behavior and/or the family's situation.

   4. Child's family or alternate family has moved.

   5. A permanent placement has been located in another DCFS catchment area.

B. The initiating DCFS office will:

   1. Consult with Attorney General's/Prosecuting Attorney's office regarding legal issues and decision to transfer dependency case.

2. Notify the court when:

   a. A change of custody is anticipated; and

   b. Responsibility for case supervision has been transferred to another DCFS office.

3. Request a foster placement/home study from the receiving DCFS office.

   a. Initial request may be made by telephone.

   b. Written request and social summary on the child will be sent within five working days of the initial request.

4. Confirm acceptance into special education and related services in the new school district if the child is an eligible handicapped child.

5. Provide additional planning and placement, if:

   a. Home study on a particular family indicates the home is unlicensable or unsuitable for the child; and

   b. Placement is made and fails.

6. Assure supervisory review of case prior to transfer to verify completion/accuracy of file contents.

C. The receiving DCFS office will:

1. Contact the prospective family to evaluate placement and/or licensing and immediately notify the referring DCFS office of findings.

2. Refer suitable licensed homes to the referring DCFS office, or notify the referring DCFS office there are no suitable homes available.

3. Help coordinate actual placement with the initiating DCFS office and prospective home;

4. Assume full responsibility for the child as soon as placement is made;

5. Immediately initiate a new DSHS 14-154(X) or update DSHS 14-159, authorizing placement and any other services to be provided;

6. Immediately notify the initiating DCFS office for additional planning if the placement fails.

D. Where there is disagreement in transferring a case, the approved chain of command shall be followed with every effort to resolve the dispute at the DCFS office level.

E. When an American Indian child is being referred/transferred, the procedures in Section 32.33 F.3. will be followed.

F. When a child in a foster home placement moves with the foster family to another area, the original DCFS office will coordinate with the court having jurisdiction of the child and the receiving DCFS office for licensing, continuation of payment and supervision of the child.

G. When a child in a DCFS foster family placement runs away and is located in the catchment area of another DCFS office:

1. DCFS where the child is located shall:

a. Provide shelter care for the child, if necessary, and shall make payment to their foster home for that care.

b. Shall arrange for, and pay for, transportation to return that child to the catchment area of the originating DCFS office. (SSPS Code 3233, FC Transportation, authorizes this service.)

c. Notify the child's parent(s) of the child's whereabouts.

2. The originating office shall retain responsibility for planning for the child.

32.83 Supervisory Responsibilities

A. See Chapter 02.08, Social Service Delivery System, for general supervisory expectations.

B. Foster care/relative placement supervisors will review a random sample of no less than three (3) cases per month for each service worker. Verification of the review is to be placed in the child's file. In addition, the supervisor should maintain a listing of cases reviewed and the date the review took place. Items to be monitored include:

1. A service worker is assigned to each service case.

2. Program services are provided:

a. Reasonable efforts have been provided to prevent placement, or to return the child home if placement was necessary.

b. There shall be a valid court order giving the department supervision or a DSHS 9-04B(X) signed by the parent(s)/guardian(s) having custody.

c. Supervisory (or consultation team) concurrence with the plan for out-of-home care.

d. Each case plan has a specific permanency planning goal, is time limited, was developed with input from all participants where possible, defines specific actions to be taken by participants, and reflects a commitment to short-term foster care and permanency planning.

e. Required medical and dental services are being provided, utilizing Healthy Kids whenever possible.

f. Monthly visits are being made to each child in foster care to assure that the child is being provided adequate care in the foster home.

3. Activities specified in the case plan are being carried out by the service worker and are authorized on DSHS 14-154(X) and DSHS 14-159.

4. Verification or adequate documentation that AFDC-FC, SSI, medical eligibility, and other potential sources of income have been explored.

5. Voluntary placements comply with guidelines (see Section 32.41).

6. Adoption is being utilized for all legally-free children and all legally-free children have been promptly registered with SO upon termination of parental rights, using DSHS 9-235, Registry of Legally-Free Children. (See Chapter 36, Adoption Services.)

7. Case recording and required forms, including all SSPS service codes are complete and current.

C. Supervisors are encouraged to review all case records prior to closure, but must review all cases prior to transfer, to verify completion/ accuracy of record contents, and to monitor quality of care.

32.97 Interface With Other DSHS Services

A. Homemaker Services

Homemaker services are designed to prevent or reduce the length of out-of-home placement of children. Within regional allocations, homemakers are available to teach parenting and household management skills. Homemakers also function as members of a team working to deliver specific services described in the case plan (ISP). (See Chapter 40, Homemaker Services.)

B. Financial Services

1. Service workers will inform Financial Services when a child who has been included in a financial grant is placed in foster care.

2. Natural parent(s)/relative(s) will be referred to financial services for a financial eligibility determination when:

   a. It appears they may have been eligible for AFDC at the time the child was placed in foster care (i.e., child may be eligible for Title IV-E); or

   b. AFDC is indicated for the 30-day period prior to return to the caretaker relative.

C. Day Care Services

1. Day Care Services are provided within available funds for a variety of educational, employment, or child welfare-related purposes. (See WAC 388-15-170.)

2. For the purposes of this chapter, Day Care Services are appropriate primarily to prevent or reduce the length of out-of-home placement of children. Child welfare day care should be part of an established CPS, FRS, or child placement-related case plan and should be designed to help achieve the goals of the children's services program under which it is being provided.

3. For further description of day care services and procedures, see Chapter 28, Day Care Services.

D. Division of Developmental Disabilities (DDD)

1. DDD Field Services will refer to DCFS any child who is considered to be in need of, and potentially eligible for, child welfare placement services. DCFS will determine eligibility and deliver appropriate child welfare services.

2. DCFS will refer to DDD Field Services any child who is considered to be in need of, and potentially eligible for, Developmental Disabilities Services. DDD Field Services will determine eligibility and deliver DDD services as appropriate.

3. Those clients referred to DCFS or DDD Field Services who are determined ineligible for services will be referred back to the originating office.

4. Refer to Section 32.33 F.2. for special placement considerations of developmentally disabled children.

E. Division of Juvenile Rehabilitation (DJR)

1. A child may be found by the court to be both a dependent child and a juvenile offender who may also be committed to a DJR institution.

2. If a foster care placement becomes necessary for a child who is either on parole or being paroled from a DJR institution, services must be coordinated with the assigned Juvenile Parole Counselor. It

is necessary to have either the court authorize an out-of-home placement (dependency or ARP) or to obtain a DSHS 9-04(X), Placement Authorization and Acknowledgement. The previous finding of a juvenile offense is not sufficient to authorize a foster care placement. Prerequisites for out-of-home placement are the same for all children as defined in Section 32.32 D. (Also see Section 32.33 F. regarding the placement of American Indian children.)

3. The dependency aspect of the child's care is the responsibility of DCFS. This includes the development of the ISP and the determination of the need for out-of-home placement. DCFS staff are responsible for obtaining legal authority for placement, and supervising the continuing need for foster care. If DJR staff submit quarterly reports covering the case planning and continued need for foster care, DCFS staff may not need to supervise. These reports must be reviewed and approved by DCFS in order for continued placement to be authorized.

4. DCFS staff is responsible for licensing and supervision of the foster home.

5. Placing Community Residential Placement (CRP) children in family foster care through DCFS using foster care funds is contrary to regulations governing CRP programs and the agreement between DCFS and DJR. Such placements may not be authorized by DCFS staff nor funded by DCFS foster care funds.

F. State School for the Blind/Deaf

1. A dependent child attending state schools for the blind or deaf is eligible for clothing and personal incidentals on the same basis as a child in foster care.

2. When a child has no own home to return to when ready to leave school or for summer vacation, the child may be referred to DCFS for placement in foster care using procedures in Section 32.30.

G. Office of Support Enforcement (OSE)

1. Copies of foster care application, DSHS 9-04B(X) and court orders authorizing/ordering placement and/or payment of support/cost of placement must be sent to OSE within two working days of the placement.

2. Any updating information, i.e., change in location of child, rate of payment, etc., will be submitted to OSE as it occurs using DSHS 2-236, Client Change of Status.

3. Note: DDD, Adoption Support and short-term placement OSE referral exemptions in 32.35 A.

32.98 Interface With Non-DSHS Services

A. County Juvenile Probation

1. A child may be both a dependent child and a non-committable juvenile offender. Foster care services shall be made available the same as for all children generally. Services must be coordinated with the assigned Juvenile Probation staff.

2. If a foster care placement becomes necessary for a child on probation, it is necessary to have either the court authorize an out-of-home placement (dependency or ARP) or to obtain a DSHS 9-04B(X). The previous finding of a juvenile offender is not sufficient to authorize a foster care placement.

3. The dependency aspect of the child's care is the responsibility of DCFS. This includes the development of the ISP and the determination of the need for out-of-home placement. DCFS staff are responsible for obtaining legal authority for placement and supervising the continuing need for foster care. If probation staff submit quarterly reports covering the case planning and continued need for foster care, DCFS staff may not need to supervise. These reports must be reviewed and approved by DCFS in order for continued placement to be authorized.

4. DCFS staff is responsible for licensing and supervision of the foster home.

B. Placements Requested through the School District

Washington school laws provide educational opportunities for all handicapped children. Occasionally a school district, especially in rural areas, may not have an education resource to fit the needs of the child involved.

1. Determine whether the child is receiving special education and related services. If the child is receiving these services:

   a. For children under the supervision and custody of DSHS, the service worker must confirm (Prior to placement) that provision of special education and related services will continue in the new school district. (Confirmation can be obtained by requesting the child's current school to send his/her record to the new school district, and requesting the new school district to verify the continuation of special education and related services.)

   b. For children not under the custody of DSHS, the service worker will request the child's guardian to obtain confirmation of continued enrollment in special education and related services in the child's new school district.

2. Payment will be made in full by the school district when the only need for foster care arises from the need for an education. When the child is in care only five days a week, returning home on weekends, holidays, and for the summer, the placement should be considered to be one made to meet the child's educational needs.

3. DSHS will pay the cost of foster care if the primary reason for placement in foster care is one cited in WAC 388-70-012(1), i.e., the social reasons for the placement predominate and the child must remain in foster care continuously.

4. The school district will pay:

   a. Transportation costs for the child's parent(s)/guardian(s) or foster parent(s) to the school district in which the educational resource is available; and/or

   b. Board and room to a licensed foster home for care in lieu of transportation costs, when payment of transportation is not practical.

      (1) DSHS has no financial responsibility for children who are placed in foster care for the purpose of enabling them to meet their educational needs.

      (2) The room and board rate paid by the school district will generally be the same as that paid by DSHS for foster family care.

      (3) When the rate required for the child's care exceeds the DSHS rate for foster family care, the school district may also meet this, obtaining approval from the Office of the Superintendent of Public Instruction.

      (4) DSHS will not supplement the rate which is paid by the school.

5. When payment for transportation is not a satisfactory arrangement for a handicapped child <u>already in foster care under the supervision of DSHS</u>, the originating school district will make arrangements for the child to be transferred to the school district which will meet the child's educational needs.

   a. DCFS will make arrangements for the child to be placed in a foster home in the school district to which he is transferred.

   b. DSHS will be responsible for making payment to the foster home selected.

6. When the school district refers the parent(s) to DCFS for private placement, the office will provide the parent(s) with the names of the homes in the area which are already licensed, or license a home the parent(s) may have found, if that home meets licensing standards.

   a. DCFS will be responsible for supervising the home in relation to the licensing requirements.

   b. The child's parent(s) shall select the home, make the placement, and work directly with the foster parents and the originating school district in respect to their child.

32.99 FORMS REQUIRED BY THIS SERVICE

A. See Chapter 99, Forms, for instructions on these forms:

DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication/Referral (Rev. 9/78)
DSHS 2-306A(X)	Communication/Referral, page 2 (Rev. 9/78)
DSHS 4-220(X)	Family Ancestry Chart (Rev. 3/78)
DSHS 5-10(X)	Policy Exceptions Request (Rev. 6/83)
DSHS 7-42D(X)	Income Report (8/81)
DSHS 9-04B(X)	Voluntary Placement Agreement
DSHS 13-18(X)	Child's Health Record (7/79)
DSHS 14-12(X)	Authorization to Release Information (Rev. 3/78)
DSHS 15-128(X)	Verification of American Indian Status, Foster Care and Adoptive Applicant (5/79)
DSHS 15-173(X)	Foster Care Placement Consent: Continuation Beyond Age 18 (12/82)
DSHS 15-190(X)	DSHS/Private Child Placing Agency Agreement Child In Foster Care (10/83)
DSHS 18-400(X)	Foster Parent Reimbursement Plan Claim (10/88)
DSHS 23-05(X)	Initial Individual Service Plan (3/84)
DSHS 23-06(X)	Quarterly Progress Report (3/84)
----------	Long-Term Foster Care Agreement (Suggested Outline)
----------	Procedures For Deciding To Place Or Not To Place

PROCEDURES FOR DECIDING TO PLACE OR NOT TO PLACE

Developing a recommendation to place or not to place a child is a complex process. Factors must be weighed individually and against other factors. Rarely is it appropriate to make this important recommendation on the basis of a single factor, e.g., the home is filthy; the child has been injured; the parent is alcoholic. Instead, the child's condition, the physical and emotional environment, the capacity of the parent, and the alternatives available are among the dimensions to be assessed.

Three Guides will help to establish whether or not the child needs out-of-home placement:

1. Guide for Evaluating a Child's Life Experience

2. Guide for Evaluating Child/Parent Contributing Factors

3. Placement Decision Summary Worksheet

Together the Guides provide a structure for the assessment and decision making process. They are written to guide the recommendation for a single child. Care should be taken to view each child in a family individually, and to give attention to each dimension of that child's life experience.

Developing a recommendation about placement of a child is not the same as determining whether or not a child has been abused or neglected. The question here is: Should services be provided to the child and family while the child remains in the home, or with the child out of the home?

Instructions for Using the Guides

1. Always use minimum standards for judging adequacy of the child's experience and the parent's performance. Be certain the standards used correspond with:

   a. Child's age/development;

   b. Cultural environment/community standard; and

   c. Professional knowledge (health, child development, etc.).

2. Be certain all judgments made are based upon sufficient reasonable evidence and/or documentable facts.

3. Use the Guide for Evaluating a Child's Life Experience to identify adequacies, as well as critical and noncritical concerns. Transfer a summary of these judgments to the Placement Decision Summary Worksheet in the sections provided.

LONG-TERM CARE AGREEMENT (SUGGESTED OUTLINE)

LONG-TERM FOSTER CARE AGREEMENT

RE: _____(child)_____

The persons involved in this agreement believe that it is in the best interests of __(child)__ that he/she be allowed to remain in the home of Mr. and Mrs. __(foster parents)__ and be raised by them as a member of their family until he/she reaches adulthood.

I/We, __(foster parents)__, foster parents of __(child)__ agree to be the primary parents for this child until he/she reaches adulthood. We will not ask for him/her to be removed from our home except under serious, unusual circumstances. We agree to share information with the Department of Social and Health Services and with the biological parents, Mr. and Mrs. __(parents)__.

We, the Department of Social and Health Services, agree to maintain and support the long-term placement of __(child)__ in the foster home of Mr. and Mrs. __(foster parents)__. We will not disrupt this placement except under serious, unusual circumstances and only then through administrative decision. The Department of Social and Health Services will provide foster care payment, medical services, and other support provisions through the foster care program.

The Department of Social and Health Services will insure, for the biological parents, Mr. and Mrs. __(parents)__, that they will have reasonable visitation with their child, that they will be kept informed of __(child)__'s adjustment and progress. The Department of Social and Health Services is not, by its participation in this agreement, seeking termination of parental rights of Mr. and Mrs. __(parents)__, biological parents of __(child)__.

We, Mr. and Mrs. __(parents)__, the biological parents of __(child)__ agree that he/she shall remain in the foster home of Mr. and Mrs. __(foster parents__ until he/she is an adult. We will keep the Department of Social and Health Services and __(child)__ advised of our whereabouts and keep a regular schedule of visitation. We will pay $_____ dollars per month toward __(child)__'s support.

I, __(child)__ understand that I will remain in the foster home of Mr. and Mrs. __(foster parents)__, because I want to be a part of this family until I am on my own and self-supporting.

Signed,

Child	Date
Foster Parent	Date
Foster Parent	Date
Biological Parent	Date
Biological Parent	Date
CSO Service Worker	Date
CSO Supervisor	Date
CSO Administrator	Date

Child's Name _____ Child's Age _____

GUIDE FOR EVALUATING A CHILD'S LIFE EXPERIENCE

INSTRUCTIONS: On the continuum suggested below indicate with an "X" the level to which each of this child's needs is being met. Connect the "X"s for a graphic profile. At the bottom of the page itemize specific concerns. Transfer a summary of your evaluations to the Placement Decision: Summary Worksheet. CAUTION: Age, functional level, and cultural identity must be considered in establishing expectations for a particular child.

THE CHILD'S NEEDS	Unmet	Minimum Sufficient Level	Optimal Level
PHYSICAL NEEDS:			
Food			
Shelter			
Clothing			
Health/Medical			
Protection/Safety			
SOCIAL-EMOTIONAL NEEDS:			
Attachment/Belonging			
Ability to Trust			
Realistic Expectations			
Limit Setting			
Positive Interactions			
DEVELOPMENTAL NEEDS:			
Physical/Motor Skills			
Cognitive Skills			
Language Skills			
Social Skills			

CRITICAL CONCERNS: AREAS:	SERIOUS CONCERNS:	ADEQUATE
1.	1.	1.
2.	2.	2.
3.	3.	3.

Date _____ Caseworker _____

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Child's Name _____ Child's Age _____

GUIDE FOR EVALUATING CHILD/PARENT CONTRIBUTING FACTORS

INSTRUCTIONS: On the continuum suggested below indicate with an "X" a level of adequacy for each parent and child factor. Connect the "X"s for a graphic profile. At the bottom of the page itemize specific concerns and areas of adequacy. Transfer a summary of the evaluations for each section to the Placement Decision: Summary Worksheet.

	Critically Inadequate	Seriously Inadequate	At Least Adequate
CHILD INDICATORS			
CHILD'S SELF-DESTRUCTIVE BEHAVIOR:			
Child's Misconduct			
Coping Behavior of Child			
PARENT INDICATORS			
PARENTAL RESPONSE:			
Coping with Difficult Behavior			
Recognition of Problem			
Motivation to Solve Problems			
Cooperation with Case Plan			
PARENT ABILITY TO NURTURE/PROTECT:			
Parental Capacity			
Substance Use/Abuse			
Resource Management			
Support for Parent			

CRITICAL CONCERNS:	SERIOUS CONCERNS:	ADEQUATE AREAS:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Date _____ Caseworker _____

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Child's Name _____ Child's Age _____

PLACEMENT DECISION SUMMARY WORKSHEET

	Critical	Serious	Adequate
CHILD FACTORS:			
Summary of Guide A: Child's Life Experience:			
Critical Needs	_____		
Non-Critical Needs	_____		
Child's Self-Destructive Behavior	_____		
Multiple or Unexplained Injuries to a Young Child	Yes		
Attachment Process (6-24 months)	Poor		Evident
Child Requests Placement	Yes		
PARENT/CAREGIVER FACTORS:			
Parental Response	_____		
Parental Ability	_____		
Re-Abuse Present	Yes		No
Self-Referral, Child in Danger	Yes		No
Sexual Abuser Present	Yes		No
Substitute Caregiver Requests Placement of Abandoned Child	Yes		
OTHER FACTORS:			
Consultation Recommendations:			
1._____	Place		Don't Place
2._____	Place		Don't Place
3._____	Place		Don't Place
Alternative Plan Available	No		Yes
Acceptable Placement Available	Yes		No

PLACEMENT DECISION RECOMMENDATION:

|__| Yes _____ Child in Danger

_____ Treatment Plan

|__| No _____ Not now, but Changes Essential by_____

_____ Changes Advisable but Not Critical

Date _____ Caseworker _____

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Pearson

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 25 (Issued 11/89)

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MG-13. FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION, MS OB-16.

If you have questions about this revision, call the Division of Children and Family Services.

Telephone Number SCAN 234-6761 or (206) 753-6721
Mail Stop OB-41

DCFS Manual, Revision 25, contains 51 sheets of paper. Note that revision number and date appear at the bottom of each page. Remove Tan Notice numbers T-7, 17, 21, 37, 49, 53, 66, 74, 87 and note on the Tan Notice control sheet the date T-7, 17, 21, 37, 49, 53, 66, 74, 87 were removed.

On Revision Control Sheet, note the date Revision 25 was entered.

REMOVE	INSERT
Chapter 32 (Issued - 07/84)	Chapter 32 (Rev. 25 - 11/89)
Tan Notices T-7, 17, 21, 37, 49, 53, 66, 74, 87	

This revision to Chapter 32 of the DCFS Manual, to be effective December 1, 1989:

1. Changes the title from "Child Foster Care Assessment, Prevention and Placement Services" to "Relative Placements and Foster Care." This change reflects the plan to move permanency planning information to Chapter 23 and add additional emphasis on relative placements.

2. Retains Tan Notices 29, 52, 54 and 62 on the ISP, Administrative Reviews and other IV-B requirements until they are incorporated in Chapter 23.

3. Retains Tan Notice 69 on voluntary placements until it is incorporated in Chapter 23.

4. Retains Tan Notice 78 on federal funding eligibility until it is incorporated in Chapter 33.

5. Deletes Tan Notice 66 on the Immigration Reform and Control Act and Tan Notice T-17 on criminal history and central registry.

6. Incorporates all other Tan Notices into Chapter 32 including:

   a. T-87 on rate increases,

   b. T-74 on the special rate reduction and approval/payment authorization of additional rates,

   c. T-53 on Health Maintenance Organization coverage,

   d. T-49 on the Foster Parent Reimbursement Plan,

   e. T-37 on clothing and transportation procedures,

   f. T-21 on additional payments on transportation policy, and

   g. T-7 on support services to interim care homes.

7. Adds information on culturally responsive services related to foster care. See section 32.12.

8. Includes foster parents as members of the case planning team. See section 32.14, A.

9. Adds requirements for preparation for independent living. These are general requirements not directly related to contracted independent living services. See section 32.25, G.

10. Expands respite care, foster home consultation, foster home training, foster home training and foster home ancillary supports to be available to all foster homes rather than only receiving homes. A respite rate setting system is proposed based on the DDD model. Rates given are also from DDD. See section 32.66.

11. Incorporates and updates information on Health Maintenance Organization policies and procedures. See section 32.56.

12. Adds material on Title XIX eligibility for Consolidated Omnibus Reconciliation Act (COBRA) children eligible for IV-E. This information was previously available only on memorandum. See section 32.55.

13. Incorporates Tan Notice information on transportation policy and procedures.

14. Incorporates Tan Notice clothing policies and procedures.

15. Expands information on use of Psych/Psych funds and contracts. See section 32.53.

16. Incorporates Exceptional Cost Plan development information.

17. Incorporates information of the Foster Parent Reimbursement Plan including adding a copy of the Plan as an attachment.

18. Deletes the copy of the Statement of Work for Child Placement Agencies. Copies of contracts are available from Regional Offices.

19. Revises the policy on continuing DDD children in care after age 18. Eligibility for other programs no longer disqualify DDD clients for this extension.

20. Incorporates authority to pay the Private Agency Service Fee after the child has returned home or to other permanent placements. This authority was issued previously by memo.

21. Adds a requirement to develop and maintain Life Books for children in ongoing foster care.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO: T-40
Issued: 11/25/85

FROM: DIV. OF CHILDREN & FAMILY SVCS.
Shirley Goins, Director

SECTIONS REVISED:
32.63 A, B, C, F

EFFECTIVE: 01/01/86
FOR INFORMATION CALL:
John Weeden at
Non-SCAN 753-6761
SCAN 234-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT - MS OB-16

SUBJECT: FOSTER/RECEIVING CARE RATE INCREASES

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-40 was entered. Remove Notice No. T-26 issued 07/12/85 and note on the Tan Notice Control Sheet the date Notice No. T-26 was removed.

A. Background

The 1985 Legislature provided for three percent foster/receiving care vendor rate increases for all receiving and foster care standards. This notice details these increases.

All rate increases are to be paid starting January 1, 1986; SSPS was reprogrammed to reflect these changes for authorizations effective January 1, 1986.

B. Rate Increases

Section 32.63 is revised as follows:

1. DCFS and Private Agency Receiving Home Care

Monthly retainer ---------- $33.32
Daily rate ---------- $12.20

2. Special Rate Receiving Home Care

Monthly retainer ---------- $67.17
Daily rate ---------- $16.66

3. DCFS and Private Agency Foster Family Care

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less than 6 years	$134.35	$21.00	$28.65	$184.00
Child, 6 through 11 years	174.53	21.00	31.17	226.70
Child, 12 years or older	209.68	24.95	33.45	268.08

4. Private Child-Placing Agency Service Fee

Monthly rate ---------- $67.90
Daily rate ---------- $ 2.23

5. Special Rate Foster Family Care

a. Behavioral/emotional problems ---------- Monthly $140.63
Daily $ 4.62

b. Intellectual/physically handicapped ---- Monthly $140.63
---- Daily $ 4.62

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-52
Issued: 02/03/87

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Audrey Fetters, Assistant Secretary

SECTIONS REVISED
32.42, 5 d and e
32.99A

EFFECTIVE: 01/01/87
FOR INFORMATION CALL:
Bobbie Elbert at
Non-SCAN 753-4655 or
SCAN 234-4655
or
Sue Browning at
Non-Scan 586-0253
SCAN 321-0253

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION UNIT AT MS OB-16. IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM, MS FB-11

SUBJECT: ADMINISTRATIVE REVIEW FORM, DSHS 5-203

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-52 was entered.

Background:

A recent federal audit of Washington State's compliance with P.L. 96-272 suggested that changes be made in the current Administrative Review form. This change will assure that all data needed to be covered in an Administrative Review is covered.

Effective January 1, 1987, the Administrative Review form issued 7-84 (Suggested Outline 5/83) will no longer be used. It will be replaced by DSHS 5-203(X) (Rev. 12/86), Foster Care Administrative Review form.

Action Required:

1. Revise 32.42.5.d. as follows:

   d. "The chairperson prepares a final written report, DSHS 5-203(X) (Rev. 12/86), Foster Care Administrative Review form."

2. Revise 32.99 as follows:

   Delete: Foster Care Administrative Review (Suggested Outline)(7-84)

   Add: DSHS 5-203(X) (Rev. 12/86), Foster Care Administrative Review

DSHS 5-203(X) (Rev. 12/86), FOSTER CARE ADMINISTRATIVE REVIEW

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
FOSTER CARE ADMINISTRATIVE REVIEW

CHILD'S NAME _____ CHILD'S CASE NUMBER _____

DATE OF CHILD'S PLACEMENT INTO FOSTER CARE _____ DATE OF ADMINISTRATIVE REVIEW ___/___/___

PLACE OF REVIEW (CITY) _____

1. THE PARENTS (GUARDIANS) OF THE CHILD WERE ADVISED IN WRITING BY: _____ OF THEIR OPPORTUNITY TO PARTICIPATE IN THIS REVIEW BOARD MEETING.

   A. NEED FOR CARE:
   - ☐ THE CHILD NO LONGER NEEDS OUT OF HOME CARE.
   - ☐ THE CHILD SHOULD BE RETURNED TO THE PARENTS (RELATIVES) (GUARDIANS) ON _____ DATE.
   - ☐ THE CHILD CONTINUES TO NEED OUT OF HOME CARE BECAUSE _____

   B. APPROPRIATENESS OF PLACEMENT (THE PLACEMENT IS THE LEAST RESTRICTIVE AND IN THE CLOSEST PROXIMITY TO THE PARENT'S HOME, CONSISTENT WITH THE BEST INTEREST AND SPECIAL NEEDS OF THE CHILD.):
   - ☐ THE CHILD IS IN THE APPROPRIATE PLACEMENT.
   - ☐ OTHER PLACEMENT OPTIONS SHOULD BE EXPLORED INCLUDING _____

   C. LEGAL STATUS:
   - ☐ PLACEMENT SHOULD CONTINUE ON A CONSENT BASIS. NEXT ADMINISTRATIVE REVIEW BY: ___/___/___
   - ☐ CONTINUE COURT ORDERED PLACEMENT. NEXT COURT REVIEW BY: ___/___/___
   - ☐ PLACEMENT SHOULD BE CHANGED TO COURT ORDERED. DEPENDENCY/ALTERNATE RESIDENTIAL PLACEMENT ESTABLISHED BY: ___/___/___

   COMMENTS: _____

   D. DSHS INDIVIDUAL SERVICE PLAN COMPLIANCE:
   - ☐ SERVICES HAVE BEEN OFFERED OR PROVIDED TO THE FAMILY TO FACILITATE THE CHILD'S RETURN HOME, INCLUDING THE FOLLOWING:
     - ☐ family/individual counseling
     - ☐ medical treatment
     - ☐ day care
     - ☐ family/individual evaluations
     - ☐ Family Reconciliation Services
     - ☐ other _____

     COMMENTS: (DISCUSS COMPLIANCE AND SUCCESS OF SERVICES.) _____

   E. ☐ SERVICES HAVE BEEN PROVIDED TO ASSIST THE CHILD'S ADJUSTMENT IN FOSTER CARE INCLUDING:
     - ☐ individual counseling
     - ☐ medical treatment
     - ☐ respite care
     - ☐ evaluations
     - ☐ Family Reconciliation Services
     - ☐ other _____

     COMMENTS: _____

DSHS 5-203(X) (Rev. 12/86), FOSTER CARE ADMINISTRATIVE REVIEW (cont.)

F. FAMILY/CHILD ISP COMPLIANCE:

☐ VISITATION HAS OCCURRED APPROXIMATELY _____ TIMES PER _____.

_____

ANY INFREQUENCY OF VISITATION IS THE RESULT OF _____

_____

_____

OTHER FAMILY/CHILD ISP COMPLIANCE ACTIONS ARE AS FOLLOWS: _____

_____

G. ☐ ASSESSMENT OF PROGRESS TOWARDS RETURN HOME OR ANOTHER PLAN FOR PERMANANCY: _____

_____

_____

H. ☐ THE CHILD IS EXPECTED TO RETURN HOME OR BE PLACED IN AN ALTERNATE PERMANENT PLACEMENT ON OR BEFORE ____/____/____

I. THIS BOARD, HAVING REVIEWED THE UP-TO-DATE ISP AND RELATED DOCUMENTS AND BEING FULLY ADVISED BY THOSE PERSONS IN ATTENDANCE MAKES THE FOLLOWING RECOMMENDATIONS:

_____

_____

_____

2. ATTENDING THE REVIEW WERE: ☐ CHILD (Over 12) ☐ CHILD'S MOTHER; ☐ CHILD'S FATHER;

☐ DCFS CASEWORKER

☐ FOSTER PARENT; ☐ PRIVATE AGENCY CASEWORKER _____, REPRESENTING _____

☐ OTHER _____.

_____

3. REVIEW BOARD MEMBERS IN ATTENDANCE WERE: _____, CHAIRMAN, AND:

_____

AS CHAIRPERSON I CERTIFY THAT:

THIS REVIEW WAS OPEN TO THE CHILD (Over 12), THE PARENTS OF THE CHILD, AND THAT THEY WERE DULY NOTIFIED OF THEIR OPPORTUNITY TO ATTEND THE REVIEW BOARD MEETING, AND THAT THE FOLLOWING MEMBERS OF THE REVIEW BOARD DID NOT, AND DO NOT HAVE RESPONSIBILITY FOR CASE MANAGEMENT OF, OR DELIVERY OF SERVICE TO EITHER THE PARENT OR THE CHILD.

_____.
Name/Position

_____.
Name/Position

_____.
Name/Position

DATE ____/____/____

_____
Chairperson, Administrative Review Panel

Original — DCFS Casefile
Copies — Child (Over 12)
Parents
Private Agency

DSHS 5-203(X) (Rev. 12/86) QX A-233

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: Holders of DCFS Manuals

NOTICE NO.: T-54
ISSUED:

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Audrey Fetters, Assistant Secretary

SECTIONS REVISED:
32.34, 35, 42, 43

EFFECTIVE: April 1, 1987
FOR INFORMATION CALL:
Sue Browning
SCAN 321-0253 or
Non-SCAN 586-0253
John Weeden
SCAN 234-6761 or
Non-SCAN 753-6761

MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION PRODUCTION UNIT AT MS OB-16. IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11

SUBJECT;
1. CLARIFICATION OF PERIODIC REVIEW AND 18-MONTH COURT HEARING REQUIREMENTS
2. IMPORTANCE OF ORIGINAL PLACEMENT DATE
3. MANDATORY USE OF DSHS 15-192(X), CHILD PLACEMENT AND LEGAL HISTORY FORM
4. IDENTIFICATION AND REGISTRATION OF PERMANENCY PLANNING GOAL

Place this notice in front of Chapter 32 of the DCFS Manual and note on the Tan Notice Control Sheet the date Notice No. T-54 was entered.

A. Background

In a recent P.L. 96-272 audit of Washington State's policy and procedures, the federal government recommended changes that would:

1. Improve monitoring timeliness of court and administrative review; and

2. Enhance permanency planning services.

All cases which failed the federal audit did so because the six-month periodic review or court hearing requirement was not met in a timely fashion. Many of the failures were because of court-ordered continuances. Other failures might have been avoided had a better internal tracking or monitoring system been in place.

Subsequent policy interpretations further limit the type of review that will meet federal law requirements. Effective with this notice, only Alternative Administrative Reviews or post-dispositional court reviews will meet the periodic review requirement.

Cases initiated as ARPs that later transfer to either voluntary placement or dependency status present significant problems for meeting periodic review and court-hearing "timeliness of review" requirements. This notice clarifies policies and procedures related to these cases.

Auditors also found it difficult to identify the original date of placement. Because the original date of placement is the starting point from which the date for the first six-month review and 18-month dispositional is counted, it is critical that this information be readily identifiable in the child's case file.

Recent federal policy makes it clear that case reviews must be timely regardless of court continuances.

Lastly, the permanency planning goal is to be established at the time of placement, rather than within 90 days, per federal recommendations.

B. ACTION REQUIRED

1. Add to section 32.42 "Alternative Administrative Case Review System" as follows:

   New section A.6. "Dependency Review Hearings and AARP Review Hearings Administrative Reviews are the only types of reviews that meet periodic review requirements."

   New section A.7. "An Alternative Administrative Review is required for all placement cases by six months from the original placement date unless a Dependency or ARP Review Hearing has occurred by that date."

   New section A.8. "An Alternative Administrative Review is required for any case that will miss the six-month periodic review date due to a court-ordered continuance which was not granted in an actually convened court hearing."

   New section E.3.c.7. "The Alternative Administrative Review Chairperson/Coordinator will approve timetables/plans for meeting timeliness of periodic review and court-hearing requirements for all ARP cases that extend beyond six months."

New section E. 4. c. "In placements that begin with an ARP, the three-month ARR review hearing counts as the first periodic review. Thus, care must be taken to ensure an administrative review is held within six months after the ARP review hearing.

For example, a child is placed on 03/01/87 under an ARP dispositional order. The ARP three-month review hearing occurs on 5/31/87. If the placement authority is to be changed to dependency, an administrative review must be held on or before 11/30/87.

2. Revise section 32.35 A. 4. to add:

   d. The DSHS 15-192(X), Child Placement and Legal History Sheet, is now mandatory use document. It is to be placed in on the top of Section #4, the Permanent Planning Section.

      In addition to entering required date of placement and court action, dates of any administrative reviews shall be noted.

   e. The service worker shall clearly mark the original placement date on the following documents in the child's record.

      (1) The DSHS 15-192(X), Child Placement and Legal History Sheet, which must be included in each case record.

      (2) The DSHS 2-305(X), Service Episode Record, and the DSHS 15-209, Periodic Review Report/Individual Service Plan. If the child has been in care less than 30 days and no ISP has been completed, the original placement date should be entered on the DSHS 2-305(X), Service Episode Record.

      (3) Items 32, "Service Begin Date" for Service Code 3258, Permanent Planning Register.

   f. The original date of placement is defined as the most current (unbroken) episode of placement. Types of continuous placements include: CRC, receiving care, foster care, group care, and placements with relatives (in lieu of foster care) if DCFS is supervising the placement by court order or parental consent to place. Transfer of a child between these types of continuous placements does not break the episode of placement.

      The original date of placement will always remain the same and will be recorded as such until the episode of placement is broken.

Example 1: The child is placed in receiving care on 1/1/86 and is moved to a foster home on 2/3/86. The original placement date is 1/1/86.

Example 2: The child is placed in receiving care on 1/1/86, is moved to a foster home on 1/3/86, then is returned home on 3/1/86. For other than a temporary visit (normally 15 days or less), this return home would break the placement episode. If the child is placed at a later date, a new original placement date would be entered according to the above procedures.

g. The placement episode is continuous as long as DSHS retains court-ordered dependency responsibility or maintains a current DSHS 9-04 Placement Authorization and Acknowledgement and work remains to establish a permanent plan for the child. Thus, children placed in mental health facilities, hospitals, juvenile correction facilities, or detention, or children on runaway status are not breaking their placement episode as long as both conditions listed above remain.

These time frames only apply to P.L. 96-272 tracking and are not related to eligibility for foster care maintenance or Medicaid coupons or juvenile court requirements.

3. a. Delete section 32.35 G. 6. a. and insert:

6. Registering Children for Permanency Planning

All children must be registered for permanency planning services at the time of placement. This includes family foster care, group care, voluntary agency foster care, and relative care in lieu of foster care if DSHS is providing casework services toward a plan for permanency. To register the child, the service worker must open SSPS Code 3258, "Permanent Planning Register" (also see Chapter 04).

a. The "objective" code entered on Service Code 3258 must match the most current permanency planning goal for the child as recorded in the Individual Service Plan. (See Section 32.34 C. for details on ISP recording.)

b. Delete section 32.35 G. 6. f. and insert:

f. The original date of placement must be reported in SSPS Service Code 3258 on the line marked "Service Begin Date." <u>This original date of placement must be retained throughout a placement episode, even if changes in placement occur during the episode</u>.

c. Change references to Service Code 3256 in 32.35 G. to Service Code 3258, Permanent Planning Register.

d. Replace the text in 32.35 G. 7. "Terminating Permanency Planning Registration" with the following:

7. Terminate Service Code 3258 only when the child leaves out-of-home placement and the work on the permanent plan is completed. Do this regardless of dependency status. If work on the permanent plan is completed but the child remains in care, keep 3258 open with the appropriate objective code.

a. DSHS Court ordered dependency is terminated, or

b. DSHS parental work has ended on permanency planning related to a DSHS 9-04 Placement Authorization and Acknowledgement.

4. Delete section 32.34 C. 3. c. and insert:

c. Permanency planning goal. The permanency planning goal must be identified at time of placement. The plan to achieve the goal is to be developed during the first 30 days of placement. Most frequently, the initial permanency planning goal will be family reunification. Over time and subsequent ISP updates, the goal for permanency may change. When this occurs, the goal is to be revised in subsequent ISPs. If the plan for permanency changes, the SSPS coding should be corrected. See 32.35 G. 6. for permanency planning registration guidelines.

5. Revise Section 32.43 (Introduction) to add:

Any case which will miss the six-month periodic review date due to a court-ordered continuance which was <u>not</u> granted in an actually convened court hearing must be subject to an administrative review within the six-month periodic review period.

RECEIVED
APR 10 1987
DIVISION OF CHILDREN
& FAMILY SERVICES N31-9
EVERETT

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-56
Issued: 04/03/87

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Audrey Fetters, Assistant Secretary

SECTIONS REVISED
32-63 I,
Tan Notice 21, B.1.,d.

EFFECTIVE: 05/01/87
FOR INFORMATION CALL:
John Weeden
Non-SCAN 753-6761 or
SCAN 234-6761

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION UNIT AT MS OB-16. IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM, MS FB-11

SUBJECT: FOSTER CARE TRANSPORTATION POLICY REVISION

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-56 was entered.

I. Background

Policies for transportation related to foster children and dependents have historically involved a complex system of WAC's and administrative approvals. This Tan Notice is the result of WAC and DCFS Manual revisions designed to simplify foster care transportation policy. The key to this revision is the repeal WAC 388-70-056 "Transportation and Other Expenses -- Reimbursement" effective May 1, 1987. These rules are replaced by DCFS Manual Policy that focuses on the need for the transportation and the resources available for payment.

Service workers have, in the past, needed supervisory or DCFS Administrator/designee approval for many transportation payments. Now, if a proposed payment meets four basic guidelines, (ISP consistency or supports the permanent plan, or prevents a foster care placement and is not payable by another resource) the service workers may authorize payments up to $400 for the total trip expense. Payments above $400.00 need first line supervisory approval. The need for Exception to Policies and Additional Payment Requests is eliminated.

II. Policy

A. Foster care related transportation expenses can be reimbursed when the transportation is:

1. consistent with the ISP, or

2. supports a permanent plan, or

3. directly prevents a foster/group care placement, and

4. is not payable by another resource.

B. If the total cost of the transportation is greater then $400.00, first line supervisory approval is necessary.

C. There are four types of transportation affected by this policy:

1. Transportation related to making a foster care placement. This would normally include:

a. Transporting the child to the placement.

b. Transporting the child to any medical, psychological or school related appointments.

c. Transportation of parents, relatives and permanent planning resources related to the placement.

2. Transportation necessary during the placement. This would normally include transportation for:

a. Visitations

b. Mental health treatment

c. School related activities

d. Court hearings

3. Transportation to directly prevent foster care placement. The intent is to use payments for the following circumstances:

a. Return of a runaway child from another state.

b. Return of a family to another state when children are in or at risk of foster care placement

4. Return of a dependent runaway from this state

   For situations other than above, i.e., when a child is at risk of placement but needs transportation to a social/medical service, consider use of Home-Based Services funds.

D. Consider the following resources in the order listed before committing the department to pay transportation costs or authorizing payments.

   1. Parents/guardian/family

   2. Volunteers (individual or organization)

   3. Other states

   4. Schools

   5. Reimbursement by Medicaid for transportation provided by foster parents, guardian, other family members, or volunteers to/from covered medical services.

   6. Title XIX medical coupon for services from ambulances, cabulances and taxi providers. (Require prior approval by the Area Medical Unit excepting emergency situations.)

   7. Foster care transportation funds

III. Procedures

A. Foster Care Transportation Fund Payments

   1. Payment can be made to any transportation provider including foster parents.

   2. Use payment procedures in Tan Notice T-37 in front of Chapter 32.

   3. For payments in excess of $400.00, supervisor initials on the DSHS 14-154/159. Obtain firstline supervisor initials on the DSHS 14-154/159 for total trip payments in excess of $400.00.

B. Medicaid Reimbursements to Private Individuals

   1. Obtain prior approval from the Area Medical Unit.

   2. If approval is given, obtain billing instructions from the Area Medical Unit.

RECEIVED
WENATCHEE OFFICE
APR 22 1987
DSHS
OSE

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-62
Issued: 04/08/87

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Audrey Fetters, Assistant Secretary

SECTIONS REVISED:
32.34, 32.35 & 32.99
32.42

EFFECTIVE: 04/15/87
FOR INFORMATION CALL:
Sue Browning
Non-SCAN 586-0253 or
SCAN 321-0253

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION UNIT AT MS OB-16. IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM, MS FB-11

SUBJECT:
1. DSHS 15-209(X), PERIODIC REVIEW REPORT/INDIVIDUAL SERVICE PLAN FORM
2. PROVISION OF PROCEDURES AND TIME FRAMES FOR USAGE OF THE DSHS 15-209(X)
3. CHANGE IN PROCEDURE FOR THE ALTERNATIVE ADMINISTRATIVE CASE REVIEW SYSTEM/COMPOSITION OF PANEL

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-62 was entered.

A. BACKGROUND

In the 1985 federal audit of Washington State's compliance with P.L. 96-272 federal auditors recommended that the State of Washington design a statewide standardized form for individual service plans. A statewide committee designed a form that would meet all P.L. 96-272 requirements for written case plans. The form has been designed to be used for nine different purposes including: individual service plans, court review reports, administrative review reports, LICWAC reports, Child Protective Team staffing reports for children in placement, group care screening and approval, group care initial ISP's, group care ISP updates, and reports on permanent wards.

Time frames for required completion of the ISP have been changed from quarterly to semi-annually. The worker is required to complete the new ISP by the first month of a placement episode, prior to the sixth month of a placement episode and every sixth month thereafter. This modification to semi-annual case plan completion also applies to voluntary agency foster care.

Procedures for DSHS 15-209(X) development and distribution have been clarified. In-person ISP conferences with parents to develop ISP's are encouraged (and preferable) whenever staff time allows. However, at a minimum, workers are required to send copies of completed ISP's to parents.

Finally, procedures for selection of administrative review board members have been modified to permit greater flexability in choosing review board members.

B. ACTION REQUIRED

1. Relevant sections of 32.34 and 32.35 are revised as follows:

a. Form Requirement

The DSHS 15-209(X), Periodic Review Report/Individual Service Plan, shall be completed for all children who are in out-of-home placement for 30 days or longer. Caseworkers will no longer record ISP's on the DSHS 2-305(X), Service Episode Record or on the Initial Service Plan DSHS 23-05.

b. Time Frames

1. The DSHS 15-209(X), Periodic Review Report/Individual Service Plan shall be completed at or before the 30th day of a placement episode, prior to the sixth month of a placement episode and every sixth month thereafter. A DSHS 15-209(X) may be revised or modified earlier than the required completion dates to accomplish synchronization with court review dates or if needed to modify the case plan.

2. If the DSHS 15-209(X) is revised earlier than every six months, the next required completion date shall be at or before six months from the completion date of the last completed DSHS 15-209(X).

For example: A DSHS 15-209(X) is revised on 3/01/87 in a placement episode. The next revision is due by 8/31/87 but is revised early on 6/1/87. The next revision is due by 11/30/87.

c. Parental Involvement

The DSHS 15-209(X) will be developed in consultation with the parents of the child, adolescent children, and foster parents. It is preferable for caseworkers to develop the DSHS 15-209(X) in an in-person case conference with all parties, as staff time permits. At a minimum, the caseworker shall send a copy of the DSHS 15-209(X) to parents and document the date sent to parents on the DSHS 15-209(X). Other copies of the DSHS 15-209(X) are distributed as described on the form.

d. Other Reviewing Bodies

After completing the initial DSHS 15-209(X) at or before the 30th day of a placement episode, route one copy of the DSHS 15-209(X) to the regional Administrative Review Coordinator for scheduling of an initial administrative review.

The DSHS 15-209(X), Periodic Review Report/Individual Service Plan shall be completed and/or submitted to other review bodies (i.e., administrative review boards, LICWAC, CPT's, etc.) seven days before any scheduled review. The DSHS 15-209(X) shall be submitted to juvenile courts within the time frames described in regional policy and procedure.

e. Private Agencies

1. The DSHS 15-209(X), Periodic Review Report/Individual Service Plan form and the time-line for completion of the form described above are also required to all voluntary agency foster care placements. (See Chapter 34 for group care revisions relevant to the requirement of this form.)

2. When voluntary agencies fail to submit complete DSHS 15-209(X)'s and Foster Care Quarterly Reports, the DCFS caseworker with supervisory approval may return any DSHS 15-209(X) or Quarterly Report to the provider. If returned, the DSHS 15-209(X) or Quarterly Report shall be attached to a letter outlining the caseworker's concerns and sent to the voluntary agency with a carbon copy to the DCFS Administrator.

3. When voluntary agencies consistently fail to submit timely and/or complete DSHS 15-209(X)'s or Quarterly Reports, the DCFS Administrator shall notify the DCFS program manager responsible for voluntary agency foster care and request technical assistance/consultation on the problem as a contract compliance issue.

4. When children are in foster placement with a voluntary agency, the voluntary agency shall be responsible for submitting a complete DSHS 15-209(X), Periodic Review Report/Individual Service Plan to the DCFS caseworker within 30 days of a placement episode, prior to the sixth month of a placement episode and every sixth month thereafter. Voluntary agencies shall also be responsible for submitting the DSHS 15-209(X) to the DCFS caseworker 30 days before any scheduled court review date. Due dates for the DSHS 15-209(X) may be moved to an earlier date to synchronize with the court dates. When the due date is moved to an earlier date, the next 15-209(X) is due six months later.

5. When voluntary agencies responsible for submitting copies of the DSHS 15-209(X) fail to do so in a timely manner, no payment shall be made until complete reports are received. Copies of DSHS 15-209(X)'s shall be sent to parents.

6. Voluntary agencies shall submit a Foster Care Quarterly Report to the DCFS caseworker every ninety days. Quarterly Reports may be designed by the contractor but must include a complete discussion of the following information:

   a. Child's name;

   b. Child's age;

   c. Child's ethnicity;

   d. Child's date of entry into care;

   e. Date report is completed;

   f. Reporting period for report;

   g. Name of person and agency completing report;

   h. Discussion of family involvement to include dates of contacts/visits between the child and parents, summary of contacts/visits between child and family, family involvement in treatment/services provided by the agency, new services needed to facilitate family involvement;

i. Discussion of child's status to include medical status/services since last report, educational/vocational services since last report, planning for independent living for children over 16 years old, behavioral/emotional status/services delivered to child, any new services needed to meet any need not described above;

j. If the permanent plan will not be completed within the next 30 days, identify and discuss reasons or barriers preventing the early completion of the plan;

k. Other comments/pertinent information not previously described;

l. Signature and title of person completing report.

2. Revise 32.42 E. a. 1. and 2. and 32.42 3. C. 4. as follows:

a. The panel should consist of a sufficient number of members to ensure that three persons will be present at any review:

(1) The administrative review coordinator and/or local review board chairman, appointed and removed by the Regional Administrator or his/her designee.

(2) Other members shall be appointed and removed by the Regional Administrator or his/her designee. Members may be DSHS employees, community representatives, foster care providers or others. If a person who is not a DSHS employee is selected, he/she must be registered as a DSHS volunteer to ensure authority for access to confidential information.

C. 4. (d) If an "emergency" administrative review must be held without being scheduled 14 calendar days in advance, the chairperson/coordinator shall ensure that parents have been notified verbally of their right to attend the review.

3. Revise 32.99 as follows:

   a. Delete:

      1. DSHS 23-05(X), Initial Individual Service Plan (3/84)

      2. DSHS 23-06(X), Quarterly Progress Report

      3. ----------, Foster Care Administrative Review (Suggested Outline)

   b. Add:

      1. DSHS 15-209(X), Periodic Review Report (Individual Service Plan)
      2. The DSHS/Child Placing Agency Contract will be amended by 6/30/87 to incorporate the policy and procedures described in this Tan Notice.

DSHS 15-209(X), Periodic Review Report (Individual Service Plan)

DSHS PERIODIC REVIEW REPORT
INDIVIDUAL SERVICE PLAN

Type of Hearing/Review: _____ Date and Time of Hearing/Review: _____

Date of Report: _____

Report Covers: ___/___/___ to ___/___/___

I. IDENTIFYING INFORMATION

Child: _____ Legal No.: _____

Birthdate/Age: _____ Case No.: _____

SSN: _____

Ethnicity (check all that apply): ☐ Black ☐ Native American ☐ Caucasian ☐ Asian ☐ Hispanic

☐ yes ☐ no This child is Native American per Attachment A on initial ISP report dated ___/___/___.
(If child is not Native American, subsequent reports can delete Attachment A.)

Type of Placement: _____ Voluntary Agency Name: _____

Date of Petition: _____ Date of Fact Finding Hearing: _____

Date of Disposition: _____ Date/s of Previous Review Hearing/s: _____

Current Legal Status: _____

Principals Involved Are:

Mother:	Mother's Attorney:
Father:	Father's Attorney:
Guardian ad litem:	GAL Attorney:
DSHS Caseworker:	Caseworker Attorney:
Child:	Child's Attorney:
Others (i.e., probation/parole officer):	Other Attorney:

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

II CASE BACKGROUND

A. Begin date of current placement episode: ____/____/____
(Refer to instructions for definition of current placement episode date.)

B. Child was originally placed because:

C. Child/family needs were originally identified as: (Consider medical, educational, environmental, psychological, ethnic and cultural needs.)

D. Services originally offered and/or provided to prevent placement: (Describe result of preventive services offered and provided. If none offered or provided, explain why.)

E. Placement resources considered or tried to achieve least restrictive setting at the time of child's original removal from home.

DSHS 15-209(X), Periodic Review Report (Individual Service Plan)

NEW PLAN

III. CASE PLAN FOR NEW REVIEW PERIOD (except as amended by court order)

A. Permanent Plan: (For upcoming report period.)

☐ Return Home ☐ Adoption

☐ Relative Placement ☐ Foster Parent Guardianship

☐ Relative Guardianship ☐ Foster Care Long-Term Agreement

Tentative completion date of present permanent plan, depending on action, progress and cooperation of those involved is: _____/_____ (Month/Year)

B. Recommendations—Legal Status of the Child. (Include discussion of continued risk to the child or continued parent/child conflict):

C. Recommendations—Placement:

1. ☐ Family home because: _____

2. ☐ Out-of-home placement because: _____

_____

3. Discuss type of out-of-home placement recommended and how the proposed placement described in C-2 is least restrictive and in the closest possible proximity to the parent's home, consistent with the child's best interests and special needs.

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

NEW PLAN

D. Services/Responsibilities recommended for the next six months:

Parents/Family: (List services/responsibilities to meet educational, medical, environmental, social, psychological, ethnic and cultural needs.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Child: (List services/responsibilities to meet educational, medical, environmental, social, psychological, ethnic and cultural needs.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DSHS/Voluntary Agency/Foster Parent: (List services/responsibilities to meet educational, medical, environmental, social, psychological, ethnic and cultural needs of child/family.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

NEW PLAN

E. How will the service plan listed in III-D help assure the proper care of the child, improve conditions in the parent's home with the goal of returning the child to that home or otherwise achieving another permanent plan at the earliest possible date, and assure that any judicial determinations made are carried out?

F. **Visitation plan for the next report period (list plan, any reasons for change and discuss how plan will help reunify the family):**

G. **Independent Living Skills:**
If child is over age 16, what planning is being done in anticipation of child reaching age 18 in the event that the plan for the child to return home is not achieved?

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

NEW PLAN

H. Current Status/Social Summary of Child/Family (and any other pertinent information):

DSHS 15-209(X), Periodic Review Report (Individual Service Plan)

PREVIOUS PLAN

IV. PREVIOUS CASE PLAN

A. Permanent Plan: (During last report period.)

- ☐ Return Home
- ☐ Adoption
- ☐ Relative Placement
- ☐ Foster Parent Guardianship
- ☐ Relative Guardianship
- ☐ Foster Care Long-Term Agreement

Tentative completion date for previous permanent plan was: _____/_____.
(Month/Year)

B. Evaluation of Previous Case Plan

1. Compliance with Services and Responsibilities:

Parent:

Child:

DSHS/Voluntary Agency/Foster Parent:

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

PREVIOUS PLAN

2. **Visitation Plan: (frequency and quality) between parent and child. Has past visitation plan been helpful to achieve reunification of the family?**

3. **Progress Achieved (toward less restrictive setting and permanent plan):**

Parent:

Child:

DSHS/Voluntary Agency/Foster Parent:

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

A. Attachments:

B. Comments by Parents, Child, Voluntary Agency:

C. Signatures: (Signatures by parents, child or voluntary agency do not necessarily indicate agreement with all parts of this plan.)

_____

_____

_____

_____

_____

_____

Submitted by: _____ ____/____/____
Division of Children and Family Service Caseworker — Date

Approved by: _____ ____/____/____
Division of Children and Family Service Supervisor — Date

Dates copies provided to parents: (Mandatory)
Mother _____ ____/____/____
Name — Date
Father _____ ____/____/____
Name — Date

Parents were notified of visitation changes: ____/____/____ ____/____/____
Date — Date

Parents were notified of placement changes: ____/____/____ ____/____/____
Date — Date

Approval for initial placement in group care: ____/____/____
Date

Approved by: _____
DCFS Administrator or Designee
(Required only for initial group care approval.)

Original: Juvenile Court or Other Review Body
CC. Case File
Parents/Parent's Attorney
Voluntary Agency
Child (Over 12)/Child's Attorney
Caseworker Attorney
Guardian Ad Litem/GAL Attorney

DSHS 15-209(X), Periodic Review Report (Individual Service Plan)

ATTACHMENT A

CHILD'S NAME: _____

1. Determination of Native American status (check all that apply):

Child is:

A. Yes ☐ No ☐ **An enrolled Indian:**

_____ Enrolled or eligible for enrollment in a recognized tribe.

_____ Any person determined or eligible to be found to be an Indian by the Secretary of the Interior (BIA).

_____ An Eskimo, Aleut, or other Alaskan Native.

Name of Tribe(s) _____

B. Yes ☐ No ☐ **A Canadian Indian:** A member of a tribe/band Metis community, or non-status Indian community from Canada.

Band Name: _____

C. Yes ☐ No ☐ **An unenrolled Indian:** A person considered to be an Indian by a tribe or Indian organization (Federal or non-Federal recognized).

Name of Tribe/Organization: _____

D. Yes ☐ No ☐ The child **may** be an Indian. Plan to seek verification is:

E. Yes ☐ The child is not an Indian to our knowledge. (None of the above apply.) Omit #2 and #3 below.

2. Has the consent been signed to staff with LICWAC?

a. ☐ Yes Date staffed or to be staffed: _____

b. ☐ No Reason: _____

Plan to obtain consultation from Native American Consultant or LICWAC:

_____

_____

3. For children under the jurisdiction of the Indian Child Welfare Act, has tribe/BIA been notified of custody proceedings in the state court?

☐ Yes

☐ No Reason: _____

_____

Original: Juvenile Court or Other Review Body
CC: Case File
Parents/Parent's Attorney
Voluntary Agency
Child (Over 12)/Child's Attorney
Caseworker Attorney
Guardian Ad Litem/GAL Attorney

DSHS 15-209(X), Periodic Review Report (Individual Service Plan)

ATTACHMENT B

FOSTER PARENT/RELATIVE/ADOPTIVE PARENT PLACEMENT AGREEMENT:

CHILD: _____ Report Period ____/____/____ to ____/____/____

1. List services to be offered by DSHS/Voluntary Agency to foster parent/relative/adoptive parent in next report period:

   1. _____ 4. _____
   2. _____ 5. _____
   3. _____ 6. _____

2. List responsibilities of foster parent/relative/adoptive parent during next report period.

   1. _____ 4. _____
   2. _____ 5. _____
   3. _____ 6. _____

3. Discuss how services provided to foster parent/relative/adoptive parent in report period by DSHS/Voluntary Agency will be helpful in meeting the child's best interests and achieving the permanent plan for this child:

4. ☐ Yes ☐ No Is there a special foster care rate or other exceptional cost plan for the child? Describe:

This agreement has been discussed with me.

_____ _____
Foster Parent/Relative/Adoptive Parent Signature Date

_____ _____
Foster Parent/Relative/Adoptive Parent Signature Date

_____ _____
Caseworker Date

Comments: _____

_____

Copies sent to foster parent/relative placement on: ____/____/____

Report Instructions: Attachment B is not distributed to the parents of the child and is not attached to Reports to the Juvenile Court.

Original: Case File
Copy: Foster Parent/Relative/Adoptive Parent

DSHS 15-209(X) 12/86 OX A-243

DSHS 15-209(X), Periodic Review Report (Individual Service Plan

DSHS PERIODIC REVIEW REPORT
INDIVIDUAL SERVICE PLAN FORM

INSTRUCTIONS

Purpose

The DSHS Periodic Review Report/Individual Service Plan form provides information to the juvenile court and documents the requirements of Public Law 96-272 for a written case plan. It also provides a written report for administrative reviews, case conferences, LICWAC reviews, child protection team reviews, and is used to obtain approval for group care placement.

Use

The DSHS Periodic Review Report/Individual Service Plan will be completed for each child in foster care by the 30th day of an initial placement episode, by the sixth month of a placement episode and every six months thereafter. This form provides information regarding the entire case plan for a child and his/her family. It enables the reviewing body to make informed conclusions and recommendations regarding the child's future status, and reviews the progress already made towards achieving a permanent plan for the child.

The following are specific instructions to questions contained on the DSHS Periodic Review Report/Individual Service Plan.

Heading

Type of Hearing/Review—State the reason the report is being completed. Choices can include: Dependency Review Report, Alternative Residential Placement Review Report, Administration Review Report, Group Care Case Conference, LICWAC Report, Group Care Screening and Approval Form, Child Protection Team Report, etc.

Date and time of Hearing/Review—self explanatory.

Date of Report—the current date. This date must be within six months of the date on the last Periodic Review Report/Individual Service Plan.

Report Covers—List the dates the report covers. This period must be no longer than six months and should be correlated to update the periods listed in the previous Periodic Review Report/Individual Service Plan.

Item I—Identifying Information

Child—List child's name. If more than one child in a sibling group is included, list all identifying information for all included children.

Legal Number—List child's juvenile court number.

Birthdate/Age—Self-Explanatory.

SSN—List child's Social Security number.

Case Number—List child's DCFS Case Number.

Ethnicity—Self-Explanatory.

This child is Native American—State yes or no.
If this is an Initial Periodic Review Report/Individual Service Plan, fill out Attachment A and attach to Periodic Review Report/Individual Service Plan. If this is an ISP update then discard Attachment A, unless Attachment A was not previously completed or the information on the previous Attachment A is now incorrect.

Type of Placement—List foster, group care, placement with relatives, foster-adopt, adoptive, placement at home, hospital, detention, mental health institution, etc.

Voluntary Agency Name—Self-Explanatory.

Date of Petition—List date of court petition.

Date of Fact Finding—List date of Court Fact Finding Hearing.

Date of Dispositional Order—List date of entry of court dispositional order.

Dates of Previous Review Hearings—List dates of previous reviews, e.g., Dependency Review 1-10-86, 7-8-86, etc.

Current Legal Status—Identify whether the child is dependent, in placement by voluntary parental consent, or by an ARP Order.

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

Principals involved are—List names, addresses and phone numbers of parties involved in the case. Child's address can list the local DSHS office only, if revealing the address would place the child at risk of harm or intimidation.

Item II

Case Background.

This page is designed to be completed at the time of initial Periodic Review Report/Individual Service Plan. At the time of subsequent Periodic Review Report/Individual Service Plan this page can be duplicated from the original.

A. List date of child's current placement episode.
This date is the most current date of an unbroken episode of placement. Transferring a child between placements does not break the episode of placement. The placement episode is continuous as long as DSHS maintains a current DSHS 9-04 or retains court custody and is working to accomplish a permanent plan. Children who have achieved a permanent plan of Foster Care Long Term Agreement continue to have a current placement episode date beginning with the last unbroken episode of placement.

B. Self-Explanatory.

C. Self-Explanatory.

D. Self-Explanatory.

E. Self-Explanatory.

Item III

Case Plan for New Review Period.

This section details the new case plan for the next review period.

A. **Permanent Plan: (For upcoming report period.)**—List new plan. You must choose from one of these plans. No other choices are acceptable.

B. **Recommendations—Legal Status of the child.** Explain why legal intervention is/is not necessary.

C. **Recommendations—Placement.** This section addresses both the restrictiveness and proximity of placement.

D. **Services/Responsibilities**—List services for next period, e.g., "Mother will attend a battered women's group once a week", "foster parents will provide food, shelter and emotional nurturance to the child", "child will not run away from placement", or "DSHS will arrange appropriate counseling for the child", etc.

E. Describe expected result of above listed services and responsibilities, e.g., "By completing the counseling plan, it is expected that mother will learn how to break away from the battering relationship that keeps her from being a non-protective parent. Mary's safety from sexual abuse by Dad can only be guaranteed if there is a no-contact order with Dad."

F. **Visitation Plan**—Specifically list plan and reasons for plan, e.g., "Mother will visit with child only under supervised conditions for two hours a week. If visitation and service plan are complied with by parents, visitation may be increased or unsupervised at the discretion of the supervising agency."

G. **Independent Living Skills**—Self-Explanatory.

H. **Current Status/Social Summary of Child/Family**—describe how the child is adjusting to placement and other pertinent information about the child/family that was not previously discussed.

Item IV

Previous Case Plan

A. **Permanent Plan**—Self-Explanatory. See III-A.

B. **Evaluation of Previous Case Plan**—

1. **Compliance with Services and Responsibilities**—discuss how often parent or child have attended required services and discuss the difficulties and reasons why difficulties exist with compliance with the plan. Discuss how the services and responsibilities provided by DSHS/voluntary agency and foster parents contributed to parental and child compliance with the plan, e.g., "DSHS provided casework services to both the parents and foster parents to encourage compliance with court odered services".
2. **Visitation Plan**—Describe how often visitation was supposed to have happened, where and under what conditions, how often it actually happened, and what were the dynamics of the visits. Do parents respond appropriately to the child? How does the child react to parents? Is the current plan helpful or harmful to the family?
3. **Progress Achieved**—Describe what progress has been made towards reaching the goals of the caseplan. Have the parents improved their ability to care for the child? Have the services provided by DSHS/voluntary agency or foster parent helped to achieve the permanent plan?

DSHS 15-209(X), Periodic Review Report (Individual Service Plan) (cont.)

Item V

Attachments and Signatures

A. **Attachments**—Make a list of attachments to this report, e.g., psychological evaluations, reports from counselors, doctors, other service agencies involved with the child or other information that is relevant to attach. For group care initial approval only—attach a list of previous types of placements, dates, and reasons placements terminated.

B. **Comments**—Comments may be gathered by phone and written by the caseworker. However, if the form is filled out with the child's parents, they may write in comments.

C. **Signatures**—Parties to the review may sign here—e.g., Parents, Child, Voluntary Agency, Group Home, CPT Members, Administrative Review Board Members, Probation/Parole Office.

Submitted by—Caseworker's signature and date signed. Documentation of dates, copies must be provided to parents.

Approved by—Supervisor's signature and date signed.

Parents Notification—Documentation of the dates of notification of visitation or placement changes is mandatory.

Administrative Signature—Needed only when this form is used for group care approval.

Copies—Distribute copies as listed.

Attachment A. This page documents that the possible Indian status of the child has been reviewed. Fill out for all children on Initial Periodic Review Report/Individual Service Plan. This page may be discarded on subsequent Periodic Review Report/Individual Service Plans if it has already been previously completed and the information is still accurate.

Copies—Distribute copies as listed.

Attachment B—Foster Parent/Relative/Adoptive Parent Placement Agreement.

This page documents agreements made with the family placement resource that help assure that the child is receiving appropriate care while in placement and that services offered to the foster parents are consistent with the overall case plan for the child.

1. **Services**—List services DCFS and/or voluntary agency will offer to substitute family care-giver in the next report period, e.g., routine casework services, training, day care, exceptional rate, respite care, etc.

2. **Responsibilities**—List responsibilities of substitute family care-giver during next report period, e.g., "transportation of Johnny to counseling, working with Johnny's counselor to prepare Johnny for return home., nursing for May, attending training on difficult teenagers", etc.

3. Discuss services in terms of relationship to over-all case plan for child, e.g., "casework services to foster parent will be aimed towards improving foster parent's knowledge of special discipline techniques needed for dealing with a sexually abused child."

4. **Special Rate**—Describe special rate or ECP, when that plan starts and ends, and why such a plan is necessary.

5. **Signatures and Comments**—Foster parent and caseworker sign and date form. Comments may be made by foster parent or caseworker.

Copies—Distribute copies as listed. Do not send the rest of the Periodic Review Report/Individual Service Plan to the foster parents.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO: T-64
Issued: 08/14/87

FROM: DIV. OF CHILDREN & FAMILY SVCS.
Jerome Wasson, Acting Director

SECTIONS REVISED:
32.63 A, B, C, F

EFFECTIVE: 09/01/87

FOR INFORMATION CALL:
John Weeden at
Non-SCAN 753-6761
SCAN 234-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT - MS OB-16

SUBJECT: FOSTER/RECEIVING CARE RATE INCREASES

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-64 was entered. Remove Notice No. T-40 issued 11/25/85 and note on the Tan Notice Control Sheet the date Notice No. T-40 was removed.

A. Background

The 1987 Legislature provided for a two percent increase in foster/receiving care rates effective September 1, 1987. This notice details this increase.

This notice also documents a legislatively authorized July 1, 1987, Private Agency Service Fee increase. Field staff were notified of this change in a June 11, 1987, memo from Jerome Wasson.

B. Rate Change Procedure

SSPS procedures to effect the rate change will be issued by memo.

C. Rate Increases

Section 32.63 is revised as follows:

1. DCFS and Private Agency Receiving Home Care

Monthly retainer ---------- $34.00
Daily rate ---------- $12.44

2. Special Rate Receiving Home Care

Monthly retainer ---------- $68.50
Daily rate ---------- $17.00

3. DCFS and Private Agency Foster Family Care

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less than 6 years	$137.04	$21.42	$29.22	$187.68
Child, 6 through 11 years	178.02	21.42	31.79	231.23
Child, 12 years or older	213.87	25.45	34.12	273.44

4. Private Child-Placing Agency Service Fee

Effective 7/1/87: Monthly rate ---------- $95.00
Daily rate ---------- $ 3.12

Effective 9/1/87: Monthly rate ---------- $96.90
Daily rate ---------- $ 3.18

5. Special Rate Foster Family Care

a. Behavioral/emotional problems ---------- Monthly $143.44
---- Daily $ 4.71

b. Intellectual/physically handicapped ---- Monthly $143.44
---- Daily $ 4.71

RECEIVED
JUL 08 1988
DSHS, WENATCHEE CSO

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-68
Issued: 07/05/88

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Katharine Briar, Assistant Secretary

SECTIONS REVISED:
Chapter 32.43, 5 and
Tan Notice T-54

EFFECTIVE: 04/01/87

FOR INFORMATION CALL:
Sue Browning
Non-SCAN 586-0253 or
SCAN 321-0253

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: OFFICE
OF STAFF SERVICES AT MS OB-22

SUBJECT: CLARIFICATION OF PREVIOUS TITLE IV-B POLICY REGARDING PERIODIC REVIEW AND FEDERAL HEARING REQUIREMENTS

Place this notice in front of Chapter 32, DCFS Manual, and note on the Tan Notice Control Sheet the date Notice No. T-68 was entered.

BACKGROUND

This Tan Notice clarifies policy regarding periodic review and federal hearing requirements. Court hearings other than court reviews may meet Title IV-B requirements under certain specified conditions. Agreed orders entered without an actual in-court hearing being held may be used to meet federal hearing requirements if procedures outlined in this Tan Notice are followed. Policy explaining the problems with continuances has been clarified. Finally, this Tan Notice explains when to stop completing IV-B activities.

POLICY

A. Review Requirements During the First 18 Months of Placement:

Court review hearings or administrative review hearings are the preferred method of meeting Title IV-B periodic (six month) review requirements anytime in a placement episode of a child.

Usually other types of court hearings (e.g., shelter care hearings, termination hearings, fact-finding hearings, etc.) will not meet the Title IV-B (federal) six month periodic review requirements. For other types of hearings to meet federal periodic (six month) review requirements, the following conditions must exist to meet all "protections" for case review:

1. The primary purpose of the hearing is to review a case plan established after the child is placed in out of home care.

2. The child has been in out-of-home care continually for a significant length of time, such as three months.

3. The review determines the continuing need for and appropriateness of the placement.

4. The review determines the extent of compliance with the case plan by the child, the child's parents, and the agency supervising the case.

5. The review determines the extent of progress which has been made toward correcting the problems which necessitate the child's placement in care.

6. The review projects a date by which the child will return home or will be placed for adoption or legal guardianship.

7. The child's parents may participate in the review.

B. Federal Hearing Requirements When a Child Has Been in Placement 18 Months or Longer

1. Court review hearings are the preferred method for meeting federal hearing requirements. The purpose of the requirement is to provide a significant decision point at regular intervals in which the court thoroughly considers the movement made toward achieving the permanent plan.

   Usually other types of court hearings (e.g., shelter care hearings, fact-finding hearings, termination hearings, etc.) will not meet federal hearing requirements. For other types of hearings to meet the federal requirements, the court must make a determination regarding the future permanent planning for the child based on the progress made toward correcting the problems which lead to placement of the child out of the home.

2. For the purposes of meeting Public Law 96-272 court hearing requirements, DCFS shall complete a court hearing by 18 months of a child's placement episode. After the first federal hearing

requirement is completed, additional hearings to meet federal hearing requirements shall be completed at least once every 18 months after the last one held. In these hearings the court must make a determination regarding the future status of the child. To meet federal requirements, the court should state the permanent planning goal for the child and the expected date of the completion of the permanent plan.

For Example: "The child is in the permanent custody and supervision of DSHS and adoption will be completed by October 1, 1987."

For Example: "The child is in the temporary custody of DSHS and will be returned home on October 1, 1987."

3. This policy does not change DSHS compliance requirements with state law judicial review requirements. Caseworkers must still complete court reviews every six months following establishment of dependency as required by state law.

C. Agreed Orders Clarification

1. Preferably, DCFS meets federal hearing requirements in fully convened court hearings. However, DCFS may use agreed orders entered without an actual in-court hearing being held to meet federal periodic review or hearing requirements providing the following procedure is followed:

a. In dependency cases:

- DCFS signs the agreed order,
- At least one parent (or parent's attorney) signs the agreed order,
- The second parent (or parent's attorney) signs the agreed order unless the second parent has a default order entered and his/her whereabouts continue to be unknown,
- A guardian ad litem or attorney for the child or the child if the child is 13 years of age or older signs the order.

For Example: John is a three year old child. A court review is scheduled this month. The DCFS caseworker has reached an agreement with the child's mother about what the case plan is for the family for the next six months and wants to enter an agreed court review order with the court. The father of the

child does not have an attorney and a default order ordering dependency was entered six months ago by the court because the father's identity and location was unknown.

To properly enter an agreed order the worker signs the court order, the mother signs the court order, and the guardian-ad-litem for the child signs the court order. The order can then be filed with the court without an actual in-court hearing (if the local juvenile court allows this practice).

b. In alternative residential placement cases:

- DCFS signs the agreed order,
- All parents (or parents' attorneys) who file the petition or parents who are a party to the petition sign the agreed order, and
- A guardian ad litem or attorney for the child (or the child if the child is 13 years of age or older) signs the agreed order.

For Example: Mary is a 14 year old girl. She has a court review scheduled soon. She was placed in foster care as a result of an alternative residential placement court order three months ago. The child's mother is a party to the court order but her father's identity is unknown. The DCFS caseworker has reached an agreement with both Mary and her mother about the case plan for the family for the next six months.

The caseworker wants to enter an agreed order with the court. The worker signs the agreed order, Mary signs the order and Mary's mother signs the order. The worker then can file the order with the court (if the local juvenile court allows this) without an actually convened in-court hearing.

c. In both alternative residential placement and dependency cases:

- When both parents have had default orders entered by the court, agreed orders are not possible and an in-court review must occur.

D. Notification To Parents Of Case Planning Activities

DCFS shall document the following information on the DSHS 15-209, Individual Service Plan, if the court does not document this information on the court order:

1. Reasonable efforts made by DCFS to locate an absent parent for the purpose of providing them with a DSHS 15-209, Individual Service Plan.

   For Example: "DCFS sent letters to the parents and they were returned by the post office indicating the parent had moved, future address unknown. Telephone calls to grandparents were made, however, they did not know the location of the parents. Telephone calls to employers determined that Mrs. Jones had resigned and left the area, location unknown. None of the above sources expressed any idea about where Mrs. Jones had gone."

2. To meet federal six-month periodic review and federal hearing requirements, all parents whose whereabouts are known shall be sent a copy of the DSHS 15-209. This requirement applies to parents even when a default order is entered by the court.

E. Clarification To IV-B Policy Regarding Court Continuances and Administrative Reviews:

1. The majority of administrative reviews are held because it is not possible to schedule a court review hearing with the first six months of a child's placement in out-of-home care. Usually this occurs because there is not a court finding of dependency, the case is a voluntary placement with no court action or the court finding of dependency is so recent that scheduling a court review is impractical. Sometimes an administrative review occurs because a court ordered continuance will cause a six month review date to be missed.

2. DCFS shall initiate an administrative review when:

   a. The child is in placement and

   b. An agreed continuance order is entered without an actual in-court hearing having occurred that will cause a (six month) review requirement to be missed.

3. While DCFS can not always stop the court from ordering a continuance, federal requirements still stress that the child has a right to a timely review that evaluates the case movement towards achieving a permanent home for the child as quickly as possible. Continuances may delay timely permanency planning for the child.

F. Children Subject to the Title IV-B Audit - Clarification

1. Most children in out-of-home care are subject to Title IV-B requirements until a permanent plan is completed. DCFS shall continue to meet case plan and periodic review requirements and shall include in the audit sample children who are in the following permanent situations:

   a. Foster care with long-term permanency agreements.

   b. Permanent relative placements when DCFS is supervising the placement and the placement has not been finalized in guardianship.

2. DCFS does not need to meet the case planning and case review requirements described above on children whose adoptions or supervised/unsupervised guardianships have been finalized or for those children who have returned home.

3. All Indian children in the legal custody of DCFS must meet these requirements. DCFS does not include Indian children who are in the legal custody of private agencies or tribes as part of the Title IV-B audit sample.

4. Children who are in the home of either parent are not subject to the Title IV-B audit requirements.

G. Placement Episode Begin Date Clarification-Custody Transfers

1. DCFS shall establish the beginning date of the current placement episode for children transferring from private agency or tribal custody from the date of the custody transfer to DCFS.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-69
Issued: 07/11/88

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Katharine Briar, Assistant Secretary

SECTIONS REVISED:
32.13 K, 32.41

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Dan Gadman
Non-SCAN 753-0561 or
SCAN 234-0561

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: OFFICE OF STAFF SERVICES AT MS OB-22

SUBJECT: 1. EXTENSION OF VOLUNTARY PLACEMENT LIMITATION TO 180 DAYS

2. PROCEDURES FOR USE OF THE DSHS 9-04B, VOLUNTARY PLACEMENT AGREEMENT

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-69 was entered.

A. BACKGROUND

DSHS originally placed limitations on the length of voluntary placements as a means to reduce risk of foster care drift and delayed permanency planning. In implementing P.L. 96-272, DSHS restricted voluntary placements to three months in order to ensure timeliness of court reviews. In addition, because Washington State did not have authority to claim Title IV-E funds on voluntary placements, this restriction also reduced expenditures in the state-funded foster program.

With the development of the Administrative Review system for P.L. 96-272 and amendment of the state's Title IV-E plan to allow IV-E payments on certain voluntary placements, it is now possible to expand the use of voluntary placements.

This material describes those placement situations which are appropriate to authorize under a voluntary agreement between DSHS and the parent. Procedures for completing DSHS 9-04B Voluntary Placement Agreement which meets the requirements of P.L. 96-272 are also given. An agreement format, rather than the consent to place format, is used. This emphasizes the responsibilities which both the parent and state have to ensure that activities occur which will result in the child's return

home or movement toward an alternate permanent placement. This material also implements procedures for obtaining signatures under the state of Washington Parenting Act of 1987.

Until further notice, private placement agencies will continue to use the DSHS 9-04(X) Placement Authorization and Acknowledgement form for children placed under their supervision. DCFS staff should continue to use the DSHS 9-04(X) for court-ordered placements for parents to acknowledge, if appropriate, their responsibility to make payments to the Office of Support Enforcement.

In addition, and until further notice, DCFS staff and private placement agencies shall continue to accept voluntary placement consents relative to Indian Children only when validated by the juvenile court.

B. ACTION REQUIRED

Delete the text of Section 32.13 K of the DCFS Manual and replace the text with the following:

K. Use of Voluntary Placement

Voluntary placements are limited to 180 days, unless an extension is approved by the regional administrator or area manager and an administrative review has occurred.

DCFS may not extend a voluntary placement if the extension will result in the child being in continuous out-of-home care for longer than eighteen months without a court review hearing.

DCFS shall not use voluntary placements in those cases where the return of a child to his/her parents would pose a risk of imminent harm to the child or in situations where the family is not working cooperatively with the department.

DCFS shall not enter into a voluntary placement agreement unless DCFS is reasonably assured that the parent agreeing to placement has the legal authority to do so. In all voluntary placements, DSHS staff shall work diligently to involve both parents in case planning.

C. PROCEDURES

Delete the text of Section 32.41 of the DCFS Manual and replace it with the following:

32.41 Voluntary Consent Placement Requesting DSHS Financial Support

A. When assessing the appropriateness of placement on a voluntary basis versus a court ordered one, DCFS service worker should evaluate the following factors:

1. Would the child be at risk of imminent harm if the parents withdrew their support from the voluntary agreement?

2. Are the parents entering into the agreement willingly? Do they comprehend their responsibilities under the agreement and the responsibilities they have given to DCFS?

3. Does the plan for out-of-home care have a short term focus limited to 180 days or less and is the permanent plan to return the child to his/her parents?

4. Will a lack of early court involvement delay achieving a permanent placement?

5. Are the child's placement needs such that it is appropriate to provide placement services on a trial basis, rather than having them ordered by the court?

6. Does the child need the protection of the court in order to ensure he/she receives services or does DCFS need the authority of the court in order to deliver services?

B. The DCFS service worker shall complete the Voluntary Placement Agreement (DSHS 9-04 B, copy attached) by:

1. Involving both parents in the discussion and the decision to place the child in care. If one parent is not immediately available, the case worker should work with the other parent to involve the absent parent, and hold preliminary discussions with the signing parent as to what actions will occur if the absent parent should request visits or termination of the voluntary placement.

2. Reviewing and discussing the contents of the agreement with the parents including the activities which they will engage in and the activities DCFS will engage in, in order to meet the terms of the agreement.

3. Establishing and recording the time period, both begin and <u>end</u> dates, for the voluntary placement on the form. Projecting the <u>end</u> date of the placement is critical in maintaining the short term focus of the placement.

4. Advising parents of the need to request termination of an agreement in writing and with 72 hours notice if they wish to end the placement prior to its agreed termination.

C. The DCFS service worker shall obtain the parent(s) signature on the placement agreement. For legal and case planning reasons, efforts should be made to secure both parent's signatures on the placement agreement. <u>If only one parent is available, a voluntary placement agreement should not be negotiated unless</u>:

1. The parent who signs is a single parent, or by divorce or legal separation is the custodial parent; or

2. The parent has authority pursuant to a parenting plan to sign the agreement, or is the parent with whom the child resides the majority of the time as specified in the parenting plan, or has been designated custodian of the child in the parenting plan.

If only one parent signs the voluntary placement agreement, that parent must also certify under penalty of perjury that they have the authority to sign the agreement. If DCFS staff doubts the authenticity of the parent's statement, the worker shall obtain consultation with the Assistant Attorney General, or reevaluate the plan for a voluntary placement.

D. The DCFS service worker must also sign the voluntary placement agreement for it to be valid.

E. The DCFS service worker is responsible for monitoring the Voluntary Placement Agreement. If at any point the DCFS service worker determines that the parent(s) are not complying with the voluntary placement agreement, or if the child's needs are not being met through the voluntary placement, the service worker may exercise the options of either terminating the placement or taking steps to have the placement become court-ordered.

F. The DCFS service worker may request an exception to the 180 day limit. Regional Administrators or Area Managers have the authority to grant exceptions to the 180 day limit on voluntary placements if:

1. An <u>administrative review has occurred</u> and has recommended that placement continue on a voluntary basis, <u>and</u>

2. The extension will not cause the child to remain in out-of-home care for a period of eighteen months without a court review hearing being held that meets the requirements of P.L. 96-272, <u>and</u>

3. Continued voluntary placement is appropriate in that one of the following exists:

   a. The return of the child to his own home or other permanent placement is imminent; or

   b. The child is seventeen years of age or older.

G. Child placement agencies will continue to use the DSHS 9-04(X), Placement Authorization and Acknowledgement form for children whose voluntary placement is supervised by them. NOTE: If DCFS is supervising the placement but "borrowing" a Child Placement Agency home, the Voluntary Placement Agreement, rather than the Placement Authorization and Acknowledgement form is to be used.

H. The DCFS service worker should continue to use the DSHS 9-04(X) for court-ordered placements for parents to acknowledge, when appropriate, their responsibility to make payments to the Office of Support Enforcement.

I. Until further notice, the procedures outlined in the DCFS policy memo dated July 17, 1987 on the subject "Indian Child Welfare Bill," will be followed relative to the voluntary placement of Indian Children in foster care. DCFS will not make or approve voluntary placement of Indian children into foster care unless the consent is executed in writing before the court and appropriately validated by the court.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-75
Issued: 08/05/88

FROM: Katherine Briar, Assistant Secretary
Children, Youth and Family Services

SECTIONS REVISED:
32.63 A, B, C, F

EFFECTIVE: 09/01/88
FOR INFORMATION CALL:
Ken Guza
SCAN: 234-3812
Non-SCAN: 753-3812

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY OFFICE OF STAFF SERVICES AT MS OB-22.

SUBJECT: FOSTER/RECEIVING CARE RATE INCREASES

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. 75 was entered. Remove Notice No. T-64 issued August 14, 1987 and note on the Tan Notice Control Sheet the date Notice No. T-64 was removed.

A. Background

The 1987 Legislature provided for a two-percent increase in foster/receiving care rates effective September 1, 1988. This notice details this increase.

B. Rate Change Procedure

SSPS procedures to effect the rate change will be issued by memo.

C. Rate Increase

Section 32.63 is revised as follows:

1. DCFS and Private Agency Receiving Home Care

Monthly retainer ---------- $35.36
Daily rate ---------- $12.93

2. Special Rate Receiving Home Care

Monthly retainer ---------- $71.24
Daily rate ---------- $17.68

3. DCFS and Private Agency Foster Family Care

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less than 6 years	142.52	22.27	30.38	195.17
Child, 6 through 11 years	185.14	22.27	33.06	240.47
Child, 12 years or older	222.42	26.46	35.48	284.36

4. Private Child-Placing Agency Service Fee

Effective 9/1/88: Monthly rate ---------- $100.77
Daily rate ---------- $ 3.31

5. Special Rate Foster Family Care

a. Behavioral/emotional problems: Monthly -------- $0 to 120.00
Daily ---------- $Prorated

b. Intellectual/physical handicapped: Monthly ---- $0 to 120.00
Daily ------ $Prorated

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-77
Issued: 08/16/88

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Katherine Briar, Assistant Secretary

SECTIONS REVISED:
T-32

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Dan B. Gadman
Non-SCAN 753-0561 or
SCAN 234-0561

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY OFFICE
OF STAFF SERVICES AT MS OB-22

SUBJECT: CORRECTION OF FORM FOR CORRECTION OF PAYMENTS FROM INCORRECT FUNDING SOURCE (DSHS 4-374(X))

Place this notice in front of Chapter 33 of the DCFS Manual and note on the Tan Notice Control Sheet the date Notice No. T-77 was entered.

A. BACKGROUND

The federal Department of Health and Human Services requires that we have an ongoing system to correct errors made regarding incorrect funding sources for foster care payments. This system shall provide an audit trail on individual children's eligibility.

B. POLICY

1. The department shall provide an ongoing system to correct funding source errors made for foster care payments, both in the authorization and accounting systems.

2. The system shall provide an audit trail on individual children's eligibility.

C. PROCEDURE

1. Service workers shall correct payments made from an incorrect funding source by performing the following duties:

   a. Make changes at:

      (1) Point of discovery; or

      (2) Next six-month redetermination of individual children's eligibility;

   b. Use the amended Correction of Payments From Incorrect Funding Source form (DSHS 4-374(X)) for changes.

DCFS MANUAL: CHAPTER 32 -- CHILD FOSTER CARE: ASSESSMENT, PREVENTION, AND PLACEMENT SERVICES

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-78
Issued: 09/12/88

FROM: Katharine Briar, Assistant Secretary
Children, Youth and Family Services

SECTIONS REVISED: 32.61
(Also add to Chapters 24, 26, and 34)

EFFECTIVE: July 1, 1988
FOR INFORMATION CALL:
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SUBJECT:
1. SOCIAL WORKERS ROLE IN DETERMINING ELIGIBILITY FOR FEDERAL FUNDING FOR CHILDREN IN OUT-OF-HOME CARE
2. REVISED APPLICATION PROCEDURES FOR OTHER FINANCIAL BENEFITS ON BEHALF OF CHILDREN IN OUT-OF-HOME CARE
3. USE OF ELIGIBILITY ACTION REFERRAL, DSHS 14-279
4. USE OF FAMILY FACE SHEET, DSHS 14-24
5. USE OF FINANCIAL RESOURCES DATA SHEET, DSHS 14-281
6. USE OF FINANCIAL RESOURCES REDETERMINATION DATA SHEET, DSHS 14-280

Place this notice in front of DCFS Manual Chapters 24, 26, 32, 34, and note on the Tan Notice Control Sheet the date Notice T-78 was entered.

A. BACKGROUND

Recent federal audits have identified problems in the current methods of determining eligibility for federal financial participation in the state's foster care program. In order to assure that the state makes maximum use of federal resources in financing its program of providing foster care and adoption support, new procedures are being introduced.

These policies and procedural changes meet the following objectives:

1. Enhance federal financial participation in the foster care program.

2. Ensure that all other benefits for which children are eligible are claimed on their behalf.

3. Streamline the role of the Social Worker in accomplishing such tasks as data collection, eligibility determination, referral for other financial benefits, and enumeration procedures.

4. Specialize the function of eligibility determination by placing responsibility for this activity with staff trained in this function.

The revised eligibility process and accompanying forms were developed in conjunction with recommendations received from State IV-B/IV-E Coordinators, Work Environment Action Committee (WEAC), and numerous social services staff in DCFS offices.

In the past, Title IV-E eligibility determinations have been made by social workers who completed the DSHS 14-140(X) forms. With the development of these new procedures, the social worker's primary role is to collect data from the child's family regarding their available financial resources. In addition, the revised procedures are designed to identify other financial resources for which the child and/or parents may be eligible.

B. POLICY STATEMENT

DCFS shall review the circumstances of every child placed in foster care to determine the child's eligibility for Title IV-E and/or other financial benefits.

The DCFS Social Worker shall review each case when the child first enters care and every six months thereafter if necessary. The role of the Social Worker is to collect data regarding the family's social and financial circumstances.

The Eligibility Specialist shall analyze the data, make eligibility determinations, apply for other financial benefits, and notify appropriate parties of the results of these actions.

C. ELIGIBILITY PROCEDURES FOR CHILDREN WHOSE PLACEMENT IS SUPERVISED BY DSHS

1. The DCFS Social Worker shall take the following actions on each initial placement:

   a. Authorize payment within five working days of placement. Indicate state funds (code 5) as the initial source of funds on the SSPS Social Services Authorization, DSHS 14-154(X).

b. Complete/obtain the following items within thirty (30) days of placement.

(1) Family Face Sheet, DSHS 14-24(X);

(2) Financial Resources Data Sheet, DSHS 14-281, on all children whose placement is supervised by DSHS, including those in private agency care if DSHS is the supervising agency;

(3) The Child Placement and Legal History, DSHS 15-192;

(4) Social Services Authorization, DSHS 14-154(X);

(5) ITIS Clearance (if already available);

(6) Notification to Financial Services, DSHS 14-226(X); and

(7) The Voluntary Placement Agreement <u>or</u> petition and court order leading to the initial removal from the home.

c. Transmit a copy of the above items to the Eligibility Specialist using the Eligibility Action Referral, DSHS 14-279, as a cover memo. The Social Worker completes Part I of this form indicating which of the above listed items are attached.

d. Request the Eligibility Specialist determine the child's IV-E eligibility. Complete Part II of the Eligibility Action Referral, DSHS 14-279.

e. Request the Eligibility Specialist assist in applying for benefits to which the child may be entitled. The application procedures for benefits which require efforts in addition to the completion of forms (such as personal office visits for SSI benefits), will continue to be conducted by the Social Worker. Since local office procedures vary throughout the state, the roles of the Eligibility Specialist and Social Worker in applying for other financial benefits may vary accordingly. It shall be the responsibility of each region to define these roles according to local practice.

f. Change the DSHS 15-159 to show the correct source of funds after notification is received from the Eligibility Specialist as described in the next section.

2. The Eligibility Specialist shall take the following action upon notification of each placement:

   a. Receive the Eligibility Action Referral, DSHS 14-279, and accompanying packet of materials from the Social Worker.

   b. Determine IV-E eligibility for the child.

   c. Notify the Social Worker of the correct source of funds via the color coded forms; Notification of Funding Category for Placement, DSHS 2-501, 2-501A, and 2-501B.

      NOTE: In addition to notifying the Social Worker of the correct source of funds, some regions may elect to have the Eligibility Specialist also enter the change on SSPS. The IV-E Coordinator in each region will determine this responsibility.

   d. Assist the Social Worker in the application for other benefits such as SSI, SSA, Veteran's benefits, etc.

   e. Make referrals to the Office of Support Enforcement and Provider Services if the child has other medical insurance.

3. Six-Month Eligibility Redetermination Process

   Children who are eligible for Title IV-E funding must have their eligibility redetermined every six months.

   a. Four weeks prior to the redetermination month, the Eligibility Specialist will notify the Social Worker by sending the Financial Resources Redetermination Data Sheet, DSHS 14-280.

   b. The Social Worker completes the Redetermination Data Sheet and returns it to the Eligibility Specialist within 20 days. Include an updated copy of the DSHS 15-192, Child Placement and Legal History.

   c. The Eligibility Specialist completes the review and advises the Social Worker via the color coded DSHS 2-501, 2-501A, or 2-501B if the child continues to be eligible for IV-E or if the source of funds should be changed.

4. Purpose of Forms

The Family Face Sheet, Financial Resources Data Sheet, and Financial Resources Redetermination Data Sheet are used to:

a. Function as a face sheet for all children receiving DSHS services.

b. Serve as a data collection instrument on the family and child(ren)'s social and financial circumstances.

c. Provide information for the Eligibility Specialist at the time of the Title IV-E semi-annual redetermination.

d. Provide information for referral to the Office of Support Enforcement.

e. Provide information for Provider Services in claiming third party liability medical insurance.

f. Provide information for WIN referral.

g. Provide information relative to other benefits for which the child might be entitled.

h. Provide information necessary to file a social security number application.

i. Serve as the source document to validate claims for Title IV-E federal funds in the foster care program.

D. PROCEDURES FOR CHILDREN WHOSE PLACEMENT IS SUPERVISED BY A CHILD PLACING AGENCY (CPA)

1. The CPA shall take following action:

a. Complete pages 1 and 2 of the Source of Funds Application, DSHS 14-140(X). This form serves as the face sheet instead of the DSHS 14-24(X).

b. Submit the DSHS 14-140(X) to the appropriate DCFS office along with the ISP and legal authority to place.

2. The DCFS Social Worker shall take the following action:

a. Authorize payment within five working days for children whose placement they have approved. Indicate source of funds as state (code 5).

b. Submit copies of the following items to the Eligibility Specialist within 30 days of placement.

(1) Eligibility Action Referral Form;

(2) DSHS 14-140(X);

(3) Social Services Authorization, DSHS 14-154(X);

(4) Notification to Financial Services, DSHS 14-226(X); and

(5) Placement Authorization and Acknowledgement, DSHS 9-04(X), <u>or</u> court order authorizing placement.

3. The Eligibility Specialist shall take the following action:

a. Refer the case to the Office of Support Enforcement or Provider Services, if appropriate.

b. Review for potential benefits from other sources such as SSI or SSA.

c. Inform the Social Worker if there are benefits to which the child may be entitled and assist in the application process.

E. <u>PLACEMENTS NOT REQUIRING A IV-E DETERMINATION</u>

The following types of placements do not require a referral to the Eligibility Specialist for a IV-E determination.

1. Placements lasting less than 72 hours (excluding weekends, holidays).

2. Relative placements where no foster care payment is made because the relative elects to receive AFDC benefits. A referral is required should the child be later removed and placed in a home where a foster care payment is made.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 25 (Issued 11/89)

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Telephone Number SCAN 234-6761 or (206) 753-6721
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DCFS Manual, Revision 25, contains 51 sheets of paper. Note that revision number and date appear at the bottom of each page. Remove Tan Notice numbers T-7, 17, 21, 37, 49, 53, 66, 74, 87 and note on the Tan Notice control sheet the date T-7, 17, 21, 37, 49, 53, 66, 74, 87 were removed.

On Revision Control Sheet, note the date Revision 25 was entered.

REMOVE	INSERT
Chapter 32 (Issued - 07/84)	Chapter 32 (Rev. 25 - 11/89)
Tan Notices T-7, 17, 21, 37, 49, 53, 66, 74, 87	

This revision to Chapter 32 of the DCFS Manual, to be effective December 1, 1989:

1. Changes the title from "Child Foster Care Assessment, Prevention and Placement Services" to "Relative Placements and Foster Care." This change reflects the plan to move permanency planning information to Chapter 23 and add additional emphasis on relative placements.

2. Retains Tan Notices 29, 52, 54 and 62 on the ISP, Administrative Reviews and other IV-B requirements until they are incorporated in Chapter 23.

3. Retains Tan Notice 69 on voluntary placements until it is incorporated in Chapter 23.

4. Retains Tan Notice 78 on federal funding eligibility until it is incorporated in Chapter 33.

5. Deletes Tan Notice 66 on the Immigration Reform and Control Act and Tan Notice T-17 on criminal history and central registry.

6. Incorporates all other Tan Notices into Chapter 32 including:

   a. T-87 on rate increases,

   b. T-74 on the special rate reduction and approval/payment authorization of additional rates,

   c. T-53 on Health Maintenance Organization coverage,

   d. T-49 on the Foster Parent Reimbursement Plan,

   e. T-37 on clothing and transportation procedures,

   f. T-21 on additional payments on transportation policy, and

   g. T-7 on support services to interim care homes.

7. Adds information on culturally responsive services related to foster care. See section 32.12.

8. Includes foster parents as members of the case planning team. See section 32.14, A.

9. Adds requirements for preparation for independent living. These are general requirements not directly related to contracted independent living services. See section 32.25, G.

10. Expands respite care, foster home consultation, foster home training, foster home training and foster home ancillary supports to be available to all foster homes rather than only receiving homes. A respite rate setting system is proposed based on the DDD model. Rates given are also from DDD. See section 32.66.

11. Incorporates and updates information on Health Maintenance Organization policies and procedures. See section 32.56.

12. Adds material on Title XIX eligibility for Consolidated Omnibus Reconciliation Act (COBRA) children eligible for IV-E. This information was previously available only on memorandum. See section 32.55.

13. Incorporates Tan Notice information on transportation policy and procedures.

14. Incorporates Tan Notice clothing policies and procedures.

15. Expands information on use of Psych/Psych funds and contracts. See section 32.53.

16. Incorporates Exceptional Cost Plan development information.

17. Incorporates information of the Foster Parent Reimbursement Plan including adding a copy of the Plan as an attachment.

18. Deletes the copy of the Statement of Work for Child Placement Agencies. Copies of contracts are available from Regional Offices.

19. Revises the policy on continuing DDD children in care after age 18. Eligibility for other programs no longer disqualify DDD clients for this extension.

20. Incorporates authority to pay the Private Agency Service Fee after the child has returned home or to other permanent placements. This authority was issued previously by memo.

21. Adds a requirement to develop and maintain Life Books for children in ongoing foster care.

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32.00 PROGRAM AUTHORITY

Federal: 45 CFR 233.110; P.L. 96-272

State: RCW 7.13.020; RCW 74.13.031. WAC 388-15-150; WAC 388-70; WAC 388-73, WAC 388-83

32.10 POLICY

32.11 Purpose of Service and Statement of Philosophy

The purpose of relative placements and foster care is to provide children a temporary, protective, nurturing home when a child's family is unable to provide basic protection care and nurture for a child. Services are directed to increase the child's chance of obtaining a permanent placement and decrease the time spent in out of home placement.

The level of interaction between the child, DCFS staff, relatives, foster parents and permanent placement resources must be high to ensure that the child maintains or develops strong family ties with the placement resource and the maximum level of information is gathered on the strengths and weaknesses of the potential placement. Relative placements and foster care are viewed as short-term, time-limited services.

32.12 Cultural Responsiveness

A. Goals

A child's relative placement and foster care experience shall as close as possible parallel the child's cultural and ethnic background. The following services must reflect the needs of parents and children needing foster care:

1. Recruitment and selection homes,
2. Selection of DCFS social workers,
3. Training foster parents and support of relatives,
4. Planning for visits,
5. Selecting schools or day care,
6. Providing interpreter and communication services (such as American Sign Language translators), and
7. Selection of community services.

B. Objectives

1. Each DCFS office is responsible for providing culturally responsive foster care services.

2. If a home cannot be located that matches the child's cultural and individual needs, the foster parents shall be provided with instruction on how to meet the child's cultural and individual needs.

32.13 Service Description

A. Relative placement services include:

1. Screening and selection of appropriate families.

2. Preparation of a Family Service Plan.

3. Provision of case management and Social Work services directed to establishment of the permanent plan.

B. Foster homes may be recruited and approved for care by either Division of Children and Family Services offices (DCFS) or Child Placement Agencies (CPA). Foster care services may be provided by the DCFS or purchased through a CPA.

C. Foster care includes:

1. A full assessment of the individual child and family situation.

2. Counseling and preventive services to the child, parent(s)/guardian(s), relative(s), to reinforce and maintain the family unit whenever possible.

3. Placement and supervision of children who cannot remain in their own family homes after all reasonable efforts have been made to provide preventive services.

4. Specialized placements for children with special needs.

5. Post-placement counseling and reunification services to the child, parent(s)/guardian(s), relative(s) to return the child home or if this fails, to place child in an alternate permanent family situation.

6. Medical, psychological/psychiatric, and other specialized services as needed.

32.14 General Policies

A. Foster Care Teams

Foster Care Teams (FCT) comprised of the social worker, foster parents, natural parents, extended family (if appropriate) the child (if appropriate) and other professionals involved with the family shall be the primary case plan implementation group.

1. Parent Involvement

When possible, involve the child's parent in the decision to place their child prior to removing the child from home.

Social workers and foster parents shall encourage parental participation in the development of an Individual Service Plan (ISP) to ensure reduction of risk factors to assist the child's timely return home. All parents whose location is known must be provided with a copy of the ISP.

2. Social Worker Role

Social Workers have primary responsibility to manage the efforts of all FCT members on behalf of the child and child's family. This includes developing with biological parents the goals, and means of achieving these goals, for the strengthening of the family; supporting the placement family with information and resources to assist the stability of the placement and to meet the child's special needs and work with other professionals to support the child's permanency plan.

3. Foster Parent Role

Foster parents are responsible for the protection, care and nurture of the child in placement. As an integral part of the FCT, foster parents may participate in the development of the service plan for the child and child's family; assist in family visitation, including monitoring; and model effective parenting behavior for the natural family.

4. Other Professionals

Professional members of the FCT (e.g., medical, educational, tribal, psychological, legal, etc.) work in accordance with the family Service Plan (FSP) providing services to support the child and family moving toward permanency. These professionals share their recommendations with the FCT through written reports or FCT staffings.

5. Child

Many children who enter the foster care system are willing and able to participate in the individual service plan by sharing their needs and feelings. Although not in a decision making position, their input needs to be heard, acknowledged, and responded to by the FCT. Adolescent children <u>particularly</u> should be involved in planning.

B. Minimum Possible Number of Placements

In order to provide stability to the child in out-of-home care, the placement selection will be made with a view toward the fewest possible placements for each child. If possible, the initial placement should be viewed as potentially the only placement for the child. The use of short-term interim placements (30 days maximum) to protect a child's health or safety while the placement of choice is being arranged is not a violation of this principle.

C. Preservation of Family Relationships

Efforts shall be made to place the child in close proximity to the parent(s)/guardian(s) home consistent with the best interests and special needs of the child. Placement selection will attempt to preserve the family relationships of the child. Frequency of visitation of the child in foster care by the parent(s) is directly related to the length of stay in foster care. Generally, the more frequent the visitation, the more likely the child will return home.

D. Long-Range Plan

The ultimate or long-range plan for the child (return home, adoption, placement with relative, guardianship, or in limited situations, long-term foster care) will be the primary consideration in the type and location of both initial and subsequent placements. Any temporary placement should be chosen with a view toward preparing the child for the long-range placement plan.

E. Relative Placement

RCW 13.34.130 (b) states that unless there is reasonable cause to believe that the safety or welfare of the child would be jeopardized or that efforts to reunite the parent and child would be hindered, children should be placed with relatives.

1. The definition of relatives includes: grandparents, brothers, sisters, stepbrothers, stepsisters uncles, aunts or first cousins with whom the child has had a relationship and is comfortable with. The relative needs to be willing and available to care for the child.

2. Efforts shall be made whenever possible and appropriate to place the child with an extended family member when the child cannot return to his/her natural family. This should include thorough relative searches early in the DCFS involvement in the family and periodically throughout the time out of home placement is necessary.

3. When a child is placed temporarily with a relative in lieu of foster care, social work services should be provided the same as for all out-of-home care. (See Section 32.33 A.)

F. Permanent Family at Earliest Possible Date

Time is a critical factor in the temporary placement of children. The long-range placement plan is to be achieved at the earliest possible date. If the plan is to return the child home, selection of placement resources shall facilitate and support return home within weeks, if possible.

1. No child shall stay in foster care longer than is necessary to return them safely to their home or develop a permanent placement.

2. Many families and children can benefit by using foster care as a respite service allowing the child to keep their primary residence at home and minimize time in out-of home placement

3. Consider foster care/adoption homes when the likelihood of return home or relative placement is low. See Chapter 36 on Foster-Adoptive placements.

G. Placement in the Most Family-Like Resource

Children must be placed in the most family-like setting that also meets their needs. The following placement resources are ranked in order from most family-like to least family-like:

1. Child's natural or adoptive parents.

2. Relative placement.

3. Family foster care (including receiving home care).

4. Group care.

5. Institutional care (medical hospitals, Mental Health institutions, Residential Habilitation centers).

H. Child's Previous Placement History

Careful attention is to be given to the child's previous placement history when selecting a temporary or permanent home for a child. Prior placement history may indicate a need for prompt action to achieve permanency, a need for more or less structure, an inability to relate to parental figures, or other factors which should be considered in placement selection.

I. Needs of the Child and Placement Resources

Efforts shall be made to place the child in the least restrictive (most family-like) setting available consistent with the best interests and special needs of the child. Placement selection must consider the needs of a child for specialized services and the accessibility of those

services. For example, a child in need of special education services should not be placed where such services are not available. Similarly, the child in need of specialized medical treatment or services is to be placed where such services are available and reasonably accessible to the child.

J. Case Plans (ISP)

For each child in out-of-home care, there must be a case plan which is time-limited, goal-oriented, and routinely involves the child, parent(s)/guardian(s), and foster parent(s). The case plan is also intended to serve as a written agreement between the agency, the parent(s), child, and foster parent(s). (See FSP procedures in Chapter 23.)

K. Court Involvement

Foster care required beyond six months must be authorized by a court order, or through an Exception to Policy utilizing an Alternative Administrative Review or Citizens Review as appropriate. (See Chapter 23 for Alternative Administrative Review and Citizens Review procedures.)

32.15 Service Priorities

A. Mandatory Services

1. Providing assessment and counseling to child, parent(s)/guardian(s), relative(s) to develop a plan for meeting child's needs without placement if possible.

2. Providing/arranging counseling/preventive services to child, parent(s)/guardian(s), relative(s) to prevent placement.

3. Evaluating need for out-of-home placement.

4. Arranging for placement of children into homes of relatives, receiving homes, and family foster homes when out-of-home care cannot be prevented.

5. Determining source of funding for foster care maintenance payments and medical services.

6. Providing/arranging counseling/reunification services to child, parent(s)/guardian(s), relative(s) to return child home or to place child in an alternate permanent care situation.

7. Providing consultative and support services to foster parents to assist with maintaining the foster placement, to prevent a more restrictive placement of the foster child, and to achieve the Family Service Plan (FSP) for permanency.

8. Monitoring of placement to ensure quality of care.

B. Case Assignment Priorities

The following case priorities are applicable to cases entering the foster care system for reasons described under Section 32.31 A.4. or transferred to ongoing foster care services from CPS or FRS. (For CPS/FRS case assignment priorities, see Manual G, Chapters 26 and 24.)

1. Priority 1 foster care cases will be reviewed and assigned as soon as possible, but no longer than three (3) working days of receipt. The following are Priority 1 Cases:

   a. Children without parent or legal guardian because of:

      (1) Death
      (2) Physical/emotional illness
      (3) Severe disability
      (4) Whereabouts unknown
      (5) Incarceration
      (6) Inpatient treatment
      (7) Parent's refusal to have child in home

   b. Dependent children who are at risk of abuse/neglect.

   c. Dependent children who are a danger to self, family or community.

2. Priority 2 foster care cases will be reviewed and assigned as soon as possible, but no longer than ten (10) working days of receipt. The following are Priority 2 Cases:

   a. Requests for relinquishment planning for children six and over.

   b. Minor who applies for financial assistance (including minor unmarried parents).

3. Priority 3 foster care cases will be reviewed and assigned as soon as possible, but no longer than twenty (20) working days of receipt. The following are Priority 3 Cases:

   a. Requests for home evaluations, other regions or states.

   b. Requests for assistance in planning independent placements. (See Section 32.33 F.5.)

32.16 Eligibility

A. Service Eligibility

All children are eligible for foster care assessment, prevention, and placement services without regard to income.

B. Maintenance Payment Eligibility

Make payment only when you have determined the need for foster care, and at least one of the conditions in WAC 388-70-013 are met. See Chapter 33 for the role of the social worker in selecting the correct funding source.

C. Medical Eligibility

Each child placed into foster care is eligible for the "Categorically Needy" medical program.

32.20 PROGRAM STANDARDS

32.21 Program Expectations/Response Time

The service worker will:

A. Within one working day of assignment, respond to all service/foster family placement requests as specified in Assessment, Prevention, and Placement Procedures, Section 32.32.

B. Within one working day of the initial assessment interview, refer inappropriate requests for service/foster care placement to appropriate department/community resources, i.e., CPS, family reconciliation services, mental health, etc.

C. Within 30 working days for cases accepted for service, complete an evaluation of the child/family situation and develop an Individual Service Plan (ISP) with the child, the family, and the foster care provider. (See 32.34 C. for specific ISP procedures.)

D. Arrange emergency medical/psychiatric treatment as needed for the child prior to placement.

E. Within 30 working days of service request, schedule a physical and dental examination for the child.

F. Within three days of placement, identify the plan for permanency for the child and steps necessary to achieve the plan.

G. Have monthly face-to-face contact (individual or together) with the child and his/her own family in order to best implement the ISP and evaluate the placement. More frequent contact is encouraged, especially during the initial month of placement.

H. Have monthly face-to-face contact with each foster care provider (individual or together with child) to access how the placement is going and what, if any, additional services are needed.

I. Within 10 working days, assess and determine the appropriateness of all initial requests for payment made by child-placing agencies. (See CPA procedures, Section 32.33 F.4.)

J. Monitor and approve Quarterly Reports/ISPs submitted by CPAs whose placements or services are partially or fully financially supported by DSHS.

32.30 SERVICE PROCEDURES

32.31 General Information

A. Referral Sources

1. Most children enter the foster care system through either the Children's Protective Services (CPS) program (see Chapter 26), or the Family Reconciliation Services (FRS) program (see Chapter 24). Coordination/cooperation between discrete program areas is vital. (See Section 32.31 B.)

2. Some children who do not meet the definition of a CPS or FRS client are referred for service through the Child Welfare Services (CWS) program.

   Examples of such referrals include, but are not limited to:

   a. Request for foster care or group care placement, where a conflict does not exist between the child and the caretaker, but the child has emotional/behavioral problems which cannot be dealt with in the home.

   b. Adoption requests, and adoption support development.

   c. Interstate courtesy supervision is requested, and/or a child from another state (whether a compact state or not) requests assistance regarding placement and support of basic needs.

   e. Voluntary relinquishment requests.

   f. Situations resolved by provision of an agreed guardianship.

   g. Medical/psychiatric problems exist for a parent and that parent requests services to assist in caring for the child(ren).

B. Coordination with CPS/FRS

1. In those cases where a child is receiving CPS or FRS services and is also being considered for receiving home or foster care placement, staff are required to follow the same assessment, prevention, and placement procedures regardless of who is providing the service.

2. In those cases where it is necessary for a child to be removed from his/her own home and the case is transferred from CPS/FRS to ongoing foster care, there must be cooperation and coordination between programs to ensure a smooth transition of responsibility for working with the child, parent(s)/guardian(s), and foster family.

   a. DCFS offices shall have adequate procedures for transferring a case from CPS/FRS to foster care. The CPS/FRS staff is to provide services during the transition period to ensure that at no time will a child be without a service worker.

   b. If another CPS complaint or FRS referral involving the family is received while foster care services are being provided, CPS or FRS is responsible for provision of the CPS or FRS service. The foster care worker shall coordinate with the CPS/FRS staff and shall continue to provide foster care services to the child in foster care, the foster parents, and natural family. (See Chapter 26.)

C. Coordination with Private Agencies

1. DCFS contracts with private agencies throughout the state to provide foster home licensing, placement and supervision.

2. Private agency-licensed placement resources should be considered equally with DCFS-licensed resources.

3. Private agencies bringing children from other countries for adoption are financially responsible for the child's placement costs if the adoption is not finalized or disrupts.

D. Rights of Natural Parents

1. You are responsible to inform parents of their legal rights and responsibilities.

2. DCFS may accept voluntary placement of children in foster care in cooperation with the family's decision to place the child outside of the home. The parent(s) retains all his/her rights in these situations. (See Section 32.41 for Voluntary Consent procedures.)

3. In cases where parents voluntarily consent to the child's out-of-home placement, the residual parental rights are generally: the right to participate in the placement of the child, reasonable visitation, information about the child's whereabouts and condition, determination of religious affiliation, consent to adoption, inheritance, and the right to notice and appearance at judicial proceedings involving the child.

4. In cases where court action has been initiated, the law provides for a number of additional legal rights and protections. (See RCW 13.34.060 and 090 and RCW 13.32 A 160.)

5. The parent(s) of a child placed in foster care remain financially responsible for that child and may be required to pay all or part of the cost of foster care. Parents of children receiving services from DDD are exempt from this requirement.

6. In cases of termination of parental rights, there are no residual parental rights.

E. Information to be Provided Foster Parents

Prior to any placement, give sufficient information about the child and his/her family to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home. (See Section 32.34 D. for specific information.)

32.32 Preventive Services

In recognition of the child's need for permanency in family relationships and the appropriate role of DSHS in supporting the family as the primary caretaker of children, primary efforts of the service worker should be focused toward identifying and remedying those problems which place children in jeopardy of out-of-home placement.

A. Family-Focused Case Assessment

1. Make a full assessment of the individual child and family, and document the need for out-of-home placement per placement prerequisites in Section 32.32 D. Make a placement only when absolutely necessary in meeting the needs of children. Before a child is placed out of home, all reasonable efforts must be made to stabilize the family and assure the welfare of the child residing in the home, and such efforts shall be documented in the record.

2. A family-focused assessment includes an examination of the family's entire situation. Appropriate treatment is dependent on correct identification of family needs and strengths. (See Placement Decision, Section 32.32 D., and Procedures for Deciding to Place or Not to Place at the end of this chapter, Section 32.99.)

3. Procedures for making an accurate case assessment:

   a. Obtain clarification of the presenting problem(s) and expected resolution(s) from the referral source.

   b. Review available case records, including previous placement history and response, and determine who is legally responsible for child.

   c. Observe family environment, involvement of relatives, family interaction, child at school, etc., whenever possible.

d. Obtain child's (when appropriate) and parent's/guardian's statement of the problems which prompted the request for service. This should include onset of problem, frequency, duration, intensity, etc., as well as a statement regarding any services already tried and the outcomes.

e. Review/develop family social history that takes into consideration such things as resources, strengths, emotional/social support systems, cultural/ethnic background, family dynamics, work history, and family mobility.

f. Review/develop child's/parent's educational background, that takes into consideration such things as last school child attended, grade, I.Q., academic skills, problem areas. There must be no disruption in special education and related services according to Section 32.98 B.

g. Obtain medical history on family (i.e., hereditary problems). Complete DSHS 13-18X.

h. Review less restrictive service alternatives, including those already utilized by the family. Document appropriateness.

i. Make any collateral contacts essential to completing initial assessment.

j. Obtain child's and parent's/guardian's recommendations for resolving stated problem(s).

k. In consultation with the supervisor (as needed) and parent/child participation (as appropriate), decide what services are needed and available to resolve stated and observed problem(s).

l. Assessment is an ongoing process within service provision. Any new information, changes, etc., may require revision of the service plan.

m. Complete appropriate forms documenting above actions:

(1) Service Episode Record (DSHS 2-305(X));

(2) Face Sheet (DSHS 14-24(X));

(3) SSPS (DSHS-154(X));

(4) Release of Information (DSHS 14-12(X)) when needed; and

(5) Any other forms required by the specific service being requested.

B. Resources

It is important to connect the family to supports within the community. Each DCFS staff shall have knowledge about local resources.

1. Explore, or develop to the extent possible where gaps in service exist, both in-home and out-of-home resources prior to placing a child in out-of-home care.

2. The following resource list links family need to potential services. The services available will vary from community to community and are provided through a multitude of delivery systems including voluntary agencies, regular social service agencies, DSHS, and by purchase-of-service.

FAMILY RELATED

INCOME

- AFDC, GA-U, Social Security
- Churches
- Credit Counseling
- Employment Referrals

CLOTHING

- Clothing Bank (local, schools)
- Salvation Army/Goodwill

HOUSING

- Low-income Housing
- Emergency Shelter
- Missions

MEDICAL CARE/DENTAL CARE

- Medical Insurance
- Medical Assistance
- Community Health Nurse, Well-Child Clinics, Hospice
- Civic Groups, Kiwanis, etc.
- Crippled Children's Services

NUTRITION

- WIC
- Food Banks Community Health Nurse
- Food Stamps/Commodities

TRANSPORTATION

- FISH/Volunteers
- Bus Passes

JOB TRAINING/EMPLOYMENT

- Vocational Rehabilitation
- College Financial and Women's Centers
- Employment Security,
- FIP

MENTAL HEALTH

- Community Mental Health
- Case Management (through Community Mental Health)
- Day Treatment
- Specialized Counseling
- In-Home Therapy
- Group Therapy

ABUSE/NEGLECT

- Anger Control Group
- Parent's Anonymous
- Mother's Groups
- Parent Aids
- CPS/CWS Day care
- Chore Services
- Respite Care
- Coop Preschools
- Headstart, Bug-in-the-Ear
- Parenting Classes
- Parent Workshops
- Parent Advocates
- In-Home Specialists
- (health or education)
- Emergency Caretakers
- Crisis Nursery
- Homemaker Services
- Public Health
- Court

SUBSTANCE ABUSE

- Alcoholics Anonymous
- Narcotics Anonymous
- Community Alcohol/Drug Agencies
- Alateen/Alanon
- Inpatient Treatment
- ADATSA

SOCIAL ISOLATION

- Extended Family
- Churches
- Friends
- Parents Without Partners

- Clubs, Civic Groups
- Special Interest/Support Groups (SIDS, DDD)
- Culturally-related Organizations
- Recreational Activities,
- YMCA, YWCA

COORDINATION

- Diagnostic Teams
- Consultation
- Staffings
- Resource Development

CHILD RELATED

SCHOOL ATTENDANCE

- School Counselors
- Staffings
- Alternative Schools
- Teachers

SCHOOL PERFORMANCE

- Tutoring
- Alternative Schools
- Evaluation - Special
- Education Services

JOB TRAINING/EMPLOYMENT

- Youth Jobs
- Vocational Programs

MENTAL HEALTH

- Group Therapy
- Community Mental Health
- Family Therapy
- Casework Counseling
- Specialized Counseling
- Therapeutic Day Care

BEHAVIOR (ACTING OUT, RUNNING AWAY)

- Peer Counseling
- One-To-One Programs
- (Big Brothers, Big Sisters)
- Family Reconciliation Services
- Recreational (Camps,
- Sports YMCA, YWCA)
- Skill-Building Classes
- Preschool-Coops

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

- Referral to DDD
- Crippled Children's Service
- Shriner, etc.
- Special Education
- Civic Groups for Special Needs Services

C. Reasonable Efforts to Provide Preventive Services

1. The service worker must make reasonable efforts prior to the placement of each child in relative placement or foster care to prevent or eliminate the need for removal of the child from his/her own home, as well as reasonable efforts to make it possible for the child to return to his/her home when placement of the child was necessary.

   a. "Reasonable efforts" are defined as:

      (1) Completion of a family assessment;

      (2) Development of a collaborative case plan with the family and child to meet their needs. Resources used in the plan shall be appropriate to the unique, individual needs of the family.

      (3) Facilitation of access to resources required to alleviate the conditions that require agency involvement.

      (4) Monitoring and reviewing the progress and results and supporting and adapting the plan as necessary.

      Documentation of all reasonable efforts must be in the case record.

   b. In emergency situations where it is assessed that the safety of the child precludes preventive services, document in the ISP why such services were not provided.

2. See Section 32.32 B., Resources, for list of preventive/reunification service options.

3. All efforts to provide preventive/reunification services must be documented in the service record on the ISP.

4. A court determination regarding the "reasonable efforts" by the department to provide preventive/reunification services is required for IV-E eligibility.

D. Deciding to Place or Not to Place

1. Determining the appropriateness of a child being placed out-of-home is based on the following five (5) prerequisites:

   a. Unmet critical needs of the child have been identified.

   b. Parental ability and/or availability to meet the child's needs have been assessed to be insufficient.

   c. Alternatives other than placement have been explored and/or identified as inadequate or unavailable to meet the child's needs.

   d. Supervisory and/or team consultation (i.e., case staffing involving at least one supervisory member) supports a placement recommendation.

   e. Authority to place has been legally established.

2. The fact a child is requesting out-of-home placement is not in and of itself a sufficient prerequisite for placement.

3. The service worker, in deciding whether or not to place a child, shall use the following definitions of the prerequisites to placement:

   a. Unmet Critical Needs of Child[1/]

      (1) For each child in the family, the child's current condition and ability/willingness to protect and/or care for him or herself are determined by:

         (a) A full assessment of the referral problem. When content of the referral indicates a serious problem, but the specifics of the problem (nature of problem, severity, amount, and quality of intake information, etc.) are not clear, placement may be warranted until the assessment can be completed.

         (b) Severity of the child's need for medical/dental/mental health care.

         (c) Child's age and general physical, psychological, and emotional capacity to protect self. A vulnerable child may be unable to survive (protect self) even in moderately deficient conditions.

1/ Refer to end of chapter for suggested Guide for Evaluating a Child's Life Experience.

(d) A full assessment that the family's conflict and/or abuse/neglect is more extreme than the impact of placement on the child.

(e) An assessment of whether the quality of the child's support systems (i.e., friends, relatives, teachers, etc.) is sufficient to sustain the child and reduce risk/conflict during the intervention process.

(2) Assessing risk in sexual abuse requires additional considerations. These special considerations include:

(a) A determination of the ability of the non-offending parent(s)/guardian(s) to protect the victim from the alleged offender(s), with reasonable assurance that the abuse/neglect will stop. If separation is indicated, preferably the offender will leave the house.

(b) Risk to other children in the family home may be great because of the progressive repetitive nature of the problem. This is especially true if the victim leaves and the perpetrator stays.

b. Parental Ability and/or Availability to Meet Child's Needs[1/]

(1) Parental Response - Recommendations for placement are often grounded on the parent(s)/guardian(s) refusal to perceive and/or remedy conditions which are seriously endangering or damaging a child. Some of the factors for assessing this parental response are:

(a) Recognition and acceptance of problem.

(b) Acknowledgement of their role in causing/allowing problem.

(c) Motivation to solve problem.

(d) Cooperation with case plan.

(2) Parental Ability to Nurture/Protect - The following factors are considered indicators of the parent(s)/guardian(s) ability to function:

(a) Parental capacity for child care. Assessed strengths and limitations including physical, psychological, and emotional capacity.

1/ Refer to end of chapter for suggested Guide for Evaluating Child/Parent Contributing Factors.

(b) Substance use/abuse.

(c) Resource management.

(d) Support for parent, including availability and access to that support.

(3) Pervasiveness of problem, length of time the problem has existed, and history of prior referrals is also an indicator for determining parental ability/willingness to prevent or correct the conditions or conduct resulting in risk or conflict.

c. Alternatives Other than Placement

Both in-home and out-of-home resources are to be explored, or developed to the extent possible, prior to out-of-home placement. The extent to which resources are valuable/useful is dependent upon the parent's and child's willingness and ability to utilize the resources. Some of these resources are:

(1) In-Home Support Services - Homemakers, parent aids, or any other responsible person including relatives willing to come into the family home on a temporary basis to stabilize the crisis period.

(2) Community Support Services - Day care services, emergency mental health, parent skill training.

(3) Social Supports - Neighborhood ties, churches, schools, and/or relationships with relatives.

(a) The extended family is often appropriate as an emergency placement resource and should be considered first.

(b) For longer-term case planning, a complete assessment must be done for the purpose of permanency planning and will always include an assessment of the extended family member as a resource.

d. Supervisory and/or Other Consultation

(1) Recognizing the importance of, and often times the difficulty in deciding whether a child should be removed from his/her home (no matter how temporary the removal), supervisory and/or team consultation and support shall be provided to the service worker in all out-of-home placement decisions. When team consultation is used, at least one member of the team shall be at the supervisory level or above:

(a) Emergent Placements - Independent decisions must be made by the service worker in emergency out-of-home placements (i.e., situations where delay of placement would endanger the health and/or safety of the child). Such placements shall be reviewed by the supervisor/consultation team within one work day following the placement.

(b) Non-Emergent Placements - All non-emergent out-of-home placements shall be discussed with the supervisor/consultation team and shall have supervisory or team concurrence prior to the placement.

(2) Supervisor/team consultation on out-of-home placement decisions can be guided by the following: (1) Guide for Evaluating a Child's Life Experience; (2) Guide For Evaluating Child/Parent Contributing Factors; and (3) Placement Decision Summary Worksheet. These guides provide a concise format for the assessment process necessary in deciding to place or not to place. Brief instructions and a set of Guides can be found at the end of this chapter.

(3) Provide documentation of supervisor/team concurrence with placement on the DSHS 2-305(X), Service Episode Record. In situations of non-concurrence, document the reason(s) why and the alternate case plan.

e. Legal Authority to Place

One of the following considerations must exist before DSHS has legal authority to place a child. See RCW 13.32A, Families in Conflict, RCW 13.34, Dependency, and RCW 26.44, Child Abuse/ Neglect.

(1) Police Hold - A law enforcement officer acting under the authority of RCW 13.32A.050 or RCW 26.44.050 has authorized up to a 72-hour hold on the child and referred the child to DSHS for placement.

NOTE: DSHS must accept a child referred by Law Enforcement but DSHS is not necessarily required to place child. If, through the provision of crisis counseling/preventive service(s), the child may safely return home, or through assessment it is determined that the child does not need placement, then the child should be returned home and not placed.

(2) Court Order - An order by the court having jurisdiction has been issued as follows:

(a) Shelter Care - The authorization of shelter care by authority of:

- RCW 13.34.050 (dependency-court order to take child into custody),
- RCW 13.34.060 (dependency-placing child in shelter care),
- RCW 13.32A.160 (alternative residential placement-court order upon filing petition-child placement); or

(b) Disposition - The authorization of out-of-home placement as a result of a disposition or review hearing by authority of:

- RCW 13.34.130 (dependency-order of disposition reviews).
- RCW 13.32A.170 (ARP-fact finding-placement disposition plan),
- RCW 13.32A.190 (ARP-placement disposition order reviews),

(3) Consent to Place - A DSHS 9-04B(X) Voluntary Placement Agreement has been signed by the parent(s) or person(s) with legal custody of the child.

(4) Interstate Compact Placement - Meets the conditions outlined in RCW 26.34.010, Article V (Retention of Jurisdiction).

32.33 Placement Options

A. Placement with Relatives

1. Placement with an extended family member, on a planned basis, must be considered for the child who cannot return to his/her own home, contingent on case plan and needs of child.

2. Make a through search for possible relative placement resources:

   a. Before placement (if possible) or no later that 10 working days after placement.

   b. Periodically during placement but at least every six months.

3. A through search consists of interviews with natural family members and interview or contacts with relatives.

4. Temporary placement with a relative, in lieu of foster care and if DSHS is supervising the placement, is considered a foster care placement and foster care services are provided accordingly.

5. Relative homes may be licensed to provide foster care, with an option if eligible to receive foster care payments, providing they are certified and meet all relevant foster family home rules and law.

6. Do a criminal history/arrest record and CPS check on all relatives, except parents, who request placement of a child in their home. Such checks will be completed prior to placing the child in the relative's home.

7. Do an investigation to consider the character, suitability and competence of the relative in their care and treatment of the child prior to placing the child in the relative's home.

B. Receiving Care

1. Regular Receiving Care

a. Receiving home care is care provided in licensed foster homes which are designated to provide emergent or short-term care.

b. Receiving home care is temporary care not to exceed 30 days.

c. Receiving home care is used when need for placement is immediate and time does not allow for planning to place directly into regular foster care.

d. The child should be returned home as quickly as possible.

e. If placement is necessary for more than 30 days, the child should be moved into regular foster care or other appropriate alternative care.

f. In some instances, it may become necessary to request an authorization from the Regional Administrator (RA) or designee (according to Regional procedures) to extend receiving care beyond 30 days. A child is not to be moved to another receiving home to avoid this process.

2. Special Rate Receiving Care

a. Certain children who are in conflict with their parents or who are runaways may be placed in receiving homes which have been identified by the Regional Administrator (RA) or designee to provide specialized care.

b. The number of special rate receiving home beds available to each region is determined by the RA.

c. To be considered for placement in a special rate receiving home, a child must:

(1) Exhibit any one or more of the behaviors in Section 32.64, or

(2) Is a runaway taken into limited custody and placed by a law enforcement agency.

d. Special rate receiving home parents must maintain a daily activity and behavior log as well as prepare an after-care assessment report on each child placed in special rate receiving care.

3. Determining need for receiving homes.

a. The number and type of receiving homes needed by each DCFS and voluntary agency should be determined by evaluating caseload data such as the average number of new referrals for placement by age groupings and by sex, each month; the average number of replacements per month, average number of runaways, etc.

b. Receiving homes supported by the department shall be limited to the number the RA determines necessary in the geographical area. The criteria to be followed are:

(1) Each DCFS or voluntary agency shall document its need for a receiving home and present the request in writing, giving the specifics to the DCFS Administrator or to the RA when more than one DCFS Administrator is involved.

(2) The DCFS Administrator may establish utilization limits on receiving homes in order to protect the homes from overuse and subsequent loss as well as to ensure sufficient usage. The limitation on utilization is one method by which the quality of receiving home care can be enhanced.

(3) The DCFS Administrator may limit the intake of children to regular receiving homes to specific categories of children in order to enhance the quality of care. For example, individual receiving homes may be restricted to serving CPS, dependent, or neglected children. Other receiving homes may be limited to serving runaway children or children in conflict with their families.

c. In determining the need for receiving homes the DCFS Administrator may consider plans that do not require the 24-hour, seven-day-a-week availability of an individual home as long as the total number of beds available to a DCFS is sufficient to meet emergency needs.

C. Family Foster Care

1. Is provided in licensed homes when placement is needed beyond receiving home placement.

2. Shall be utilized without initial receiving home placement when circumstances allow time for planning.

D. Group Foster Care - See Manual G, Chapter 34

E. Placement of Developmentally Disabled Children

The following procedures shall be followed for all DD children referred to the DCFS by the Division of Developmental Disabilities (DDD) for child welfare (placement) services. These procedures also apply when parent(s)/guardian(s) of a DD child request foster care placement directly through the DCFS or CPA.

In addition to the general assessment/prevention/placement procedures listed in Section 32.32, the service worker shall:

1. Arrange/attend a joint planning conference with DDD whenever out-of-home placement of a DD child is requested by the child's parent(s)/guardian(s) and DCFS foster care is considered an option.

2. Together with DDD and the child's parent(s)/guardian(s), assess and make a determination as to what services are appropriate to meet the child's needs in the child's own home.

   a. If the parent(s)/guardian(s) are willing to keep the child home with the provision of additional in-home and/or community services, DDD will assume the major responsibility to explore the availability and arrange for such services.

   b. If provision of in-home services is not available and/or appropriate, the DCFS will assume the major responsibility to explain to the child's family, and to the child when possible, what services are available through the DCFS child welfare/foster care program.

   c. If determination is made by the DCFS and DDD that the child's needs can best be met in the home, but the parent(s)/guardian(s) are in disagreement and are unwilling to keep the child in the home, consideration should be given to establishing dependency under RCW 13.34.030(2)(c) "parent unwilling/unable."

1. If out-of-home placement is the appropriate plan, together with DDD and the child's parent(s)/guardian(s), assess and make a determination regarding the appropriateness of relative or foster family care. This determination shall be based on the level of care needed by the child, and the capacity to provide this by relatives or within the foster care system.

2. If foster family care is the appropriate plan, explore the availability of an appropriate foster home, and the need and/or availability of support services, and, in exceptional situations, any special funding required.

3. Determine whether a Voluntary Consent by the parent(s)/guardian(s) or court action is the most appropriate legal authority for out-of-home placement. It will be important to ensure that prior to court involvement, the department will have identified and approved an appropriate alternate placement. This will include plan for support services, and in exceptional situations any additional funding required to provide adequate out-of-home care for the DD child. Guidelines for making this determination are as follows:

   a. Voluntary Consent

      A DSHS 9-04B(X), Voluntary Placement Agreement, will be completed by the parent(s)/guardian(s) in lieu of dependency when:

      (1) Placement is expected to last less than 90 days; or

      (2) Placement is expected to last more than 90 days but more time is needed by the service worker to explore/assess the following:

         (A) Availability/suitability of an appropriate home;

         (B) Need and/or availability of support services, and in exceptional situations any additional funding required to adequately provide out-of-home care;

         (C) Capability of foster family care to meet the child's needs; or

      (3) Placement is expected to last more than 90 days, but less than 18 months and individual case circumstances indicate the placement can be adequately supervised on a voluntary basis.

      (4) If it appears that a voluntary placement will continue beyond six months, the service worker shall submit a DSHS 5-201(X), Exception Request to continue the voluntary placement beyond six months.

(5) An Alternative Administrative Review will be held on voluntary placements before six months. No voluntary placement may extend beyond 18 months without court dispositional hearing.

(6) A new DSHS 9-04B(X) needs to be completed when voluntary consent is extended.

b. Court Action

(1) A dependency petition will be filed according to RCW 13.34.030(2)(d) when:

(A) Placement is expected to last more than 18 months; or

(B) Conditions above under Voluntary Consent (ii) (A), (B), and (C) have been met but individual case circumstances warrant the involvement/supervision of the court.

(2) If the child's level of care requires special funding, this will be obtained by an Exceptional Cost Plan (see Section 32.66) approval prior to going to court (i.e., before filing dependency petition). The ECP shall indicate to what extent DDD is able or unable to assist in funding the additional service costs necessary to support the placement and plan for permanency.

(3) Because dependency under RCW 13.34.030(2)(d) can only be established when the department together with the child's parent, guardian, or legal custodian concur that services appropriate to the child's needs cannot be provided in the home, the DCFS must review and approve all foster family placement plans made by child-placing agencies prior to court action.

(A) At the request of the CPA, the DCFS service worker will provide a written statement indicating agreement or disagreement with the plan based on information provided in the ISP or quarterly report. This statement will be used by the CPA in petitioning the court for dependency under RCW 13.34.030(2)(d).

(B) A response to the CPA will be made within ten (10) working days.

(C) Any statement of disagreement will include the reason(s) why as well as recommendation(s) for alternate handling.

(D) A copy of the statement will be filed in the child's service record.

c. The family of a DD child who is in foster care in lieu of an institutional placement is exempt from referral to OSE.

d. If an appropriate placement resource cannot be located, or support services/special funding developed to appropriately meet the child's needs in foster family care, a joint case staffing will be arranged with DDD Field Services to discuss and determine further action.

4. Placement of American Indian Children/Boarding Schools:

a. In all cases the service worker shall ask the family whether they are of Indian ancestry and whether they are enrolled or eligible to be enrolled in an American Indian tribe. If the parent(s) think they are of Indian ancestry but do not know their tribal affiliation or enrollment status, consultation will be obtained from the closest Local Indian Child Welfare Advisory Committee (LICWAC) or the DCFS Indian Child Welfare Specialist in Olympia.

b. In those instances where the American Indian child's parent(s)/guardian(s) are not available, the resources of the department and of the Indian community shall be used to locate the child's parent(s)/guardian(s) and relative(s), and to assist in locating possible placement resources.

c. Cases shall be referred to the child's tribe's child welfare program or LICWAC for staffing and/or case transfer to the child's tribe.

d. When the decision to place an American Indian child outside his/her home is made, first consideration shall be given to the home of a relative. When relatives' homes are not available, Indian children shall be placed in non-relative Indian foster homes. Two copies of DSHS 15-128(X), Verification of American Indian Status, will be completed and approved by the ICWAC committee or Indian consultant, and one copy filed in the child's record.

e. When American Indian homes are not available, Indian children shall, with the permission of the child's tribe or the LICWAC, be placed in non-Indian foster homes specifically recruited and trained to meet the special needs of American Indian children. These homes should be geographically near the child's home community to ensure continuation of the parent-child and contact with the child's culture. (See Chapter Voluntary/Involuntary Placement Procedures.)

f. In planning foster care placements for American Indian children, demonstratable consideration shall be given to tribal membership, tribal culture and Indian identity. The case record shall document all service plans, all reasons for and circumstances concerning placement decisions with specific statements to support those decisions and plans.

h. For each unenrolled American Indian child who will be in out-of-home care for more than thirty (30) days, including those for whom adoption is planned, the DCFS shall make a reasonable effort to complete two copies of the DSHS 4-220(X), Family Ancestry Chart. One copy will be retained in the child's file, the other will be forwarded to the Bureau of Indian Affairs Office responsible for that area. (The BIA has offices in Everett, Spokane, Colville, Hoquiam, Toppenish, Nespelem, and Wellpinit.) The BIA will review the chart for possible enrollment eligibility in conjunction with the enrollment committee of the appropriate tribe. The child's parent(s)/ guardian(s) are the primary source of information regarding the child's ancestry and their availability is an important consideration.

i. In order to protect their rights, the child, his/her natural parent(s) and/or guardian(s) shall be informed of resources for legal representation; advocacy; and support from an Indian representative approved by the appropriate tribal council or urban Indian organization or the local ICWAC.

j. When an American Indian child is entitled to receive Indian trust income and is placed outside of the natural home, the service worker will notify the Superintendent of the Bureau of Indian Affairs Office which services the child's tribe. Such notice shall contain a request to withhold a child's Indian trust funds and place them in a trust account until the child returns home or is adopted. A copy of this notice shall be filed in the document section of the child's record.

(1) Bureau of Indian Affairs Offices in Washington State:

Colville Agency
P.O. Box 111
Nespelem, WA 99155

Spokane Agency
P.O. Box G
Wellpinit, WA 99040

Puget Sound Agency
3006 Colby Avenue
Everett, WA 98201

Yakima Agency
P.O. Box 632
Toppenish, WA 98948

Peninsula Area Office
P.O. Box 120
Hoquiam, WA 98550

(2) If the BIA agency that services the child's tribe cannot be determined, consultation from the Local Indian Child Welfare Committee (LICWAC) should be requested.

k. Services provided to an Indian child will be authorized by SSPS Code 3260, Service to Indian Child.

l. The initial Quarterly Report for Indian children in placement shall include the name of the agency placing the child and the child's tribal affiliation.

Placement in a Boarding School:

a. Federal boarding schools operated by the Bureau of Indian Affairs (BIA) are available for the education of Indian children receiving service from the department when other resources are not available or do not meet the needs of the particular child involved.

b. The department may provide personal incidentals and the monthly replacement clothing allowance while the child is in school if the following criteria are met:

(1) Planning for placement of the child in an out-of-state federal boarding school involved the child, the child's parent(s) or legal guardian(s), the representative of the BIA, and the DCFS service worker.

(2) The child was either in foster care or was a member of a family receiving Aid to Families with Dependent Children (AFDC).

(3) All financial resources available to the child, such as OASDI or Indian benefits, were taken into consideration.

(4) An Indian federal boarding school was considered a better educational resource for the child than that which was available in his/her home community.

c. An ISP will be developed for children placed into boarding schools as defined in Section 32.34 C.

d. SSPS Service Code 3223 FC CPI authorizes clothing and personal incidentals during boarding school placement.

5. Voluntary Child-Placement Agencies (CPA):

a. Referrals Initiated by the DCFS

The service worker may initiate a referral to a child-placing agency (CPA) requesting their assistance in finding a suitable foster home for a child requiring foster care placement. Procedures are as follows:

(1) The service worker initiates the request with a written referral to the child-placing agency.

(2) The referral shall include a social summary outlining the child's and family's situation and the ISP.

(3) When the CPA is willing to accept the child into placement and provide services:

(a) DCFS will assist in placement and in the development of a service plan, and

(b) Complete the same expectations that are required when placing a child in a DCFS foster home (i.e., medical, etc.).

(4) If DCFS plans to retain supervisory responsibilities:

(a) Written permission for the placement must be obtained from the CPA. A DSHS 15-190(X), DSHS/Private Child-Placing Agency, Child in Foster Care Agreement must be completed. (See Section 32.99.)

(b) SSPS code 3213 will be used to authorize a service fee to the CPA, unless the CPA requests in writing a waiver of the service fee.

b. Referrals Initiated by the CPA

CPA foster care referrals will be submitted to the DCFS (or centralized unit) nearest the legal caretaker's residence. The DCFS will receive and review CPA requests for payment. The request must comply with WAC 388-70-013 (authorization for foster care placement) and must address each of the elements in the Statement of Work (SOW) Section 7, and the "Reports Section" in the Contract. (See Contract and SOW in Section 32.99.)

(1) Within ten working days from the date a written request has been received, the service worker shall notify the child-placing agency of the DCFS's final decision.

(2) The DCFS has the authority to deny a request for payment made by a CPA when:

(a) All of the required documents (i.e., DSHS 23-05(X), Initial Individual Service Plan (ISP); Court Order or DSHS 9-04(X), Consent to Place; and DSHS 14-05, Application for Foster Care and Support Enforcement Services) are not received or are incomplete;

(b) The information provided in the request does not include sufficient assessment information to make a determination for out-of-home care; or

(c) The DCFS determines that the child could be served in a less restrictive resource.

(3) SSPS code 3213 will be used to authorize a service fee to the voluntary agency, unless the CPA requests in writing a waiver of the service fee, or the fee is waived by a contract amendment.

6. Independent Placement:

Occasionally parent(s)/guardian(s) request help from the department in locating a suitable foster home for their child for a temporary period of time. The parent(s)/guardian(s) plans to maintain full responsibility for supervision and payment of care.

(a) The service worker will explore/discuss with the parent(s)/guardian(s) their responsibility to make arrangements with the foster parent(s) to maintain full responsibility for supervision and payment of care.

(b) The service worker will provide the parent(s)/guardian(s) with names and addresses of suitable foster families who have agreed to take independent placements. If the parent(s)/guardian(s) decides to use the foster home facilities offered, the DCFS will advise him/her that the service worker will visit the foster home only to renew the license.

32.34 Preplacement Activities

Preplacement planning is done by the service worker providing Family Reconciliation Services (FRS), Child Protective Services (CPS), or Foster Care Services.

A. Goal-Oriented Service Delivery

1. Goal-oriented service delivery establishes a plan for permanency at the outset in order to best serve the child's and family's needs. Services and case activity should be planned to achieve these goals.

2. In the majority of cases, the case goal will be to return the child to the natural family. Goal-oriented activities shall be formulated by both service worker and family, and shall be clearly defined in the ISP.

   a. Parent(s)/guardian(s) should continually be involved (as appropriate) in visiting the child in foster care, as well as in activities and planning for the child, such as attendance at school conferences and involvement in medical and dental appointments.

b. Arrange emergency medical/dental/psychiatric treatment when needed prior to placement in receiving/foster care.

c. Arrange an initial physical/dental examination for children entering foster care.

d. The ISP should be reviewed on a regular basis with parents to evaluate their progress toward reunification of the family.

e. Once the identified problem(s) which led to the child's removal has been sufficiently resolved, the child should be returned to parental care. Some cases may have additional serious underlying problem(s) which need to be addressed to ensure the home is made safe for the child's return.

B. Preplacement Visitation

1. In all instances where placement is not urgent (i.e., danger to health and/or safety of child, family crises necessitating immediate placement), a pre-placement visit shall be arranged to help reduce the anxiety of the child surrounding the placement, and to familiarize the child with his/her alternate family.

2. When possible and appropriate, the parent(s)/guardian(s) shall be involved in this visit to the foster home.

3. In all instances the service worker, who is the child's link to his natural family, will be involved in this visit unless an emergency preempts such involvement.

4. When urgency of the placement does not allow for pre-placement visitation, the service worker will transport the child and remain until the child has become familiar with the home/family. (In situations where law enforcement is involved, law enforcement may transport if approved by the department.)

5. A follow-up contact will be made within the next two-three days by the service worker to reassure the child of the worker's continued involvement and to allow the child to express any fears, questions, and concerns he/she may have, as well as to provide support and direction to the foster parent(s). This contact shall consist of a home visit in most cases. When a direct visit is not possible, a phone call to the child and foster parent(s) will be made.

C. Preparation of Child and Placement Family

To facilitate the child's transition from his/her own home to relative placement or foster care, or from one placement to another, whenever appropriate and possible:

1. The foster home, relatives and members of the family will be described to the child and his/her parent(s)/guardian(s).

2. Preplacement visits to the home will be provided per Section 32.34.

D. Selection and Preparation of Alternate Family Resource

1. Careful evaluation will be done to assure the child is placed in the alternate family best suited to meet his/her needs.

2. When appropriate, relative placement will be explored, as well as neighborhood, family, and child networks, for a potential alternate care resource.

3. Assessment by other DCFS staff and foster family records will be used in determining the suitability of a home for a specific child.

4. Sufficient information about the child and his/her family will be given to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home. When complete information is not available at placement, all available pertinent information is to be provided. Additional information is to be provided as it becomes available. Documentation of the provision of this information to foster parents is to be contained in the record on the DSHS 2-305(X), Service Episode Record.

5. Specific information to be provided to the foster parents in writing is as follows:

   a. Child's full name;

   b. Birthdate and legal status;

   c. Last school of attendance and eligibility for special education and related services;

   d. Medical problems/history including name of doctor/dentist, medical coverage;

   e. Behavioral, emotional problems;

   f. Name and address of parent(s)/guardian(s);

   g. Reason(s) for placement;

   h. Emergency procedures and any special instructions;

   i. Name and telephone number of service worker and immediate supervisor.

6. Foster parent(s) will be informed of the goals of the placement and how they can assist in reinforcing the goals while meeting the developmental needs/adjustment of children in care. Foster parents are considered members of the placement "team."

7. Foster parent(s) will share in the case planning (FSP) and will be given a copy of that part of the ISP that relates to the tasks expected of the foster parent(s). Documentation is required in the service record.

8. The service worker will inform the foster parent(s) that this information is confidential and may not be shared with anyone, subject to DSHS policies on confidentiality.

32.35 Placement Activities

A. Eligibility and Service Authorization

The DCFS service worker shall determine the need for foster care in all situations where the department makes payment or funds other services, and there is legal authority for placement per WAC 388-70-013. This includes placements made directly to the DCFS and those referred to the department for payment by voluntary agencies.

1. Within two working days of the placement, the service worker shall complete a DSHS 14-05(X), Application for Foster Care and Support Enforcement, determining the source of maintenance payment. (See Section 32.61, Maintenance Funding Categories and Child's Resources/ Income.)

2. Within two working days of the placement, the service worker shall make a referral to OSE, except for:

   a. DD children who are in foster care in lieu of placement in an institution,

   b. Children placed in interim care (receiving home or CRC) who leave placement in 72 hours or less AND who are in placement for a cumulative total of less than 15 days in a preceding 90-day period (see Section 32.97 G), and

   c. Children in homes receiving Adoption Support.

3. When a child has been removed from a family receiving financial assistance in the child's behalf, the service worker shall complete and forward to financial services DSHS 2-306(X), Communication Referral (C/R), within one working day of the placement in order to terminate the AFDC payment to the family. The C/R should give the date and expected length of placement. Other reports may be necessary as the case progresses.

4. Within five working days of the out-of-home placement, the service worker shall complete the necessary eligibility and authorization documents:

   a. DSHS 9-04B(X), Voluntary Placement Agreement, for each child placed to authorize voluntary placement and/or authorize medical care, indicate religious preference and acknowledge

that a financial obligation exists. When the parent(s) is requesting the placement, unless custody has been given to one parent, a good faith effort must be made to have both parents sign the form.

b. DSHS 14-24(X), Face Sheet, to update family history and placement address.

c. DSHS 14-154(X), Social Service Authorization, or DSHS 14-159, Change of Service Authorization, to authorize all services including foster care payment and medical services provided the child and family.

B. Supervising/Monitoring the DCFS Placement

1. During the placement, the service worker shall maintain monthly face-to-face contact with the child, parent(s)/guardian(s), and foster parent(s), consistent with the ISP, and to assess and evaluate progress toward permanency planning goals. These contacts shall be documented in the service record on the DSHS 2-305(X), Service Episode Record.

2. More frequent visits are suggested in the first month following placement and when child returns home or to alternate permanent care.

3. Exceptions to Section B.1. above may be made in consultation with the supervisor and will be documented in the case record (i.e., long-term foster care agreement where the family situation is stable). At a minimum, these contacts shall be quarterly.

4. Supportive services consistent with the ISP and permanency planning goals shall be provided by the service worker to the foster parent(s) and recorded on the DSHS 2-305(X), Service Episode Record.

C. Monitoring Child-Placement Agency (CPA) Placements

1. The DCFS must receive quarterly progress reports (DSHS 23-06(X)) from the CPA for all children whose placements or other services are financially supported by DSHS.

a. The DCFS has the authority to return any quarterly report that does not meet the expectations of the department. A letter outlining the department's concerns shall be sent to the child-placing agency with a copy going to the Regional Office.

b. For payment to be continuous, acceptable quarterly progress reports must be received into the DCFS within 30 days of the end of the service period for which it covers. No payment shall be made until the report is received.

c. Child-placing agencies are required to immediately notify the DCFS in writing of all major injuries, illnesses, placement changes, whereabouts of the child prior to any move, or planned termination. In the event of an unplanned termination, the DCFS must be immediately notified and a report submitted stating the reason(s) and summarizing services.

d. In situations where a child-placing agency continually fails to submit timely and/or adequate ISPs/quarterly reports, and the issue cannot be resolved by the Regional Office, the DCFS foster care program manager should be notified and the problem will be handled as a contract compliance issue.

2. All SSPS payment codes will be used to authorize services for CPA placements when appropriate. The request/need/approval must be documented in the case file.

3. The private agency service fee may be continued for up to six months of post-foster care services if the services are provided in the home of child's permanent placement.

4. When a CPA has a contract amendment which provides for placement in a non-payment placement, the placement will be authorized by use of the "9" code, i.e., 93203 Private Agency Regular Receiving Care and 93211 Private Agency Foster Care. Service Fee Private Agency Foster Care, 3213, will <u>not</u> be authorized when waived in writing by the agency or by a contract amendment.

D. <u>Parent/Child Visitation</u>

Visitation with parent(s)/guardian(s) and sibling(s) should be implemented in accordance with the visitation agreement specified in the FSP. The parent(s)/guardian(s) shall participate in modifications of the visitation agreement and be given a written copy of any alterations. All changes will be documented on the DSHS 2-305(X), Service Episode Record.

1. Should contact with parent(s)/guardian(s) be broken, a diligent search must be conducted to discover their whereabouts.

2. Parent(s)/guardian(s) shall be informed of all placement changes of the child prior to moves, unless this information would endanger the child.

3. Documentation is required on the DSHS 2-305(X), Service Episode Record.

E. <u>Child Illness/Injury/Hospitalization</u>

1. Parent(s)/guardian(s) shall be informed of all illnesses and injuries requiring medical treatment while child is in out-of-home placement.

2. Any serious injury or illness requiring hospitalization shall be reported to the parent(s)/guardian(s) as soon as possible, but not later than 24 hours after its occurrence

3. Documentation required on the DSHS 2-305(X), Service Episode Record.

F. Reviewing/Updating the Service Plan

1. The ISP shall be reviewed/updated whenever service delivery changes or at least every six months. This review/update shall be in written form and shall include:

   a. A summary of services provided, an evaluation of their effectiveness (i.e., progress or lack thereof), and a concise statement regarding the continued appropriateness of placement.

   b. A description of services continued, services terminated, and any new services, if any, that are added to the initial ISP.

   c. Any change in the plan for visitation.

   d. Verification of the provision of special education and related services for eligible handicapped children.

2. Modification of the ISP shall be recorded on DSHS 2-305(X), Service Episode Record, for both voluntary and court-ordered placements. Use of the DSHS 23-06(X), Quarterly Progress Report, may substitute for recording the updated ISP on the DSHS 2-305(X).

3. Obtain parent(s)/guardian(s) signatures distribute copies to all signing parties.

G. Preparation of Child for Independent Living

1. Social workers need to ensure that all children leaving foster care for independent living situations have independent living skills including to ability to:

   a. Locate and maintain employment.

   b. Locate and maintain housing.

   c. Perform personal budgeting tasks.

   d. Perform community social survival skills.

2. Independent living skills shall be part of a child's ISP as soon as a child is mentally and physically able to perform household tasks and shall continue with increased instruction and responsibilities until emancipation.

H. Continuation of Placement Past 18th Birthday

Young adults 18 to 21 years of age who do not have other fiscal resources adequate to meet their needs may continue in family foster care if the young adult is attending but has not finished high school or an alternate program leading to the completion of a high school diploma or GED equivalent and has a documented need for family foster care services.

1. The intent of paying foster care past the 18th birthday is to enable a young adult to finish school where they would otherwise be unable to do so without assistance in maintenance care and support from foster parents.

2. Have the young adult complete and sign the DSHS 15-173(X), "Family Foster Care/Group Care Placement Consent: Continuation Beyond Age 18."

3. Payments may be continued until the date the high school program or equivalent is completed or the child turns age 21.

4. If a DDD-eligible child has a placement disruption during this extended eligibility, the next home of the child shall not be funded and supported by DCFS foster care. Work with staff from DDD and Aging and Adult Services on an alternate living situation.

5. Notify the Trust Fund Unit when the young adult is leaving foster care; they will be responsible for distributing and remaining fund balance. DCFS will continue any trust accounts until foster care payments end.

6. Court or Administrative Reviews per Public Law 96-272 are not required but DCFS should continue to provide all of the necessary social work services to ensure that the young adult's service needs are being met and he/she continues to be eligible for family foster care services.

I. Abuse Incidents in Out-of-Home Placement

1. A complaint alleging abuse or neglect by foster parent(s) must be brought to the attention of a CPS worker, the child's foster care worker and licensing worker.

2. CPS staff have primary responsibility to investigate and provide services related to the CPS problem.

3. See Chapter 26.33 for procedures.

4. The DCFS Regional Administrator shall be informed of all CPS complaints relating to DCFS-supervised children in foster care.

5. Children shall be removed from a foster home in which there has been a protective service complaint unless there is clear and convincing proof that the child will not be harmed or endangered. The CPS worker will make this determination.

6. Children shall not be placed in a foster home in which there has been a protective service complaint unless that complaint has been investigated and is unfounded.

7. The DCFS Regional Administrator will be responsible to ascertain that all CPS complaints involving DCFS foster homes are resolved.

8. The license shall be revoked for a foster home in which there has been a substantiated CPS complaint. (See Chapter 06, Licensing.)

J. Private Agency After Care Services

1. The Private Agency Service Fee may be continued up to six months after the child is placed in a home that is not supervised by the last CPA.

2. Document in the SER the services to be provided by the CPA that will help the child adjust to the next placement including in-home placements.

K. Life Books

1. Purpose

All children placed in foster care for 30 days or more are at risk of losing critical information about their life, their family and other care providers. To preserve this information, DCFS social workers, along with foster parents, need to develop and/or maintain life books for each child in foster care for more than 30 days. The purposes of life books are:

a. Provide a chronology of the child's life helping the young person understand and remember what has happened to him in the past.

b. Enhance self esteem and identify formation.

c. Provide a vehicle for sharing information with significant others in the child's life.

d. Aid in resolving separation issues.

e. Links the past to the present by helping child understand how his past affects his current perceptions and behaviors and how it may affect his future development.

f. Can be used to facilitate attachment.

g. Compilation of the Lifebook helps to forge an alliance between child and worker.

h. It provides opportunities for recognition and resolution of strong feelings related to past events. There will be many opportunities for the worker to separate feelings and behaviors, being accepting of the former while confronting inappropriate behaviors that either the child or his parent(s) may have demonstrated.

2. Contents

a. A Lifeline at the beginning of the Lifebook can given a quick pictorial summary of important events in the child's life and comparative lengths of time that the child has lived with various adults.

b. Information about birth parents.

(1) Acknowledgement should be made of both birth mother and birth father.

(2) If the father is unknown, it still is necessary to acknowledge his existence with a statement such as, "Your birth mother was unable to give us any information about your birth father."

c. Information as to why the child entered the foster care system.

(1) Although mention may be made of the age or marital status of the birth parents, these are not reasons that child welfare personnel remove children.

3. Possible Source

Case record
Case/records from other agencies that my have had contact with child and other family members.
Birthparents*/
Other relatives such as grandparents, aunts, uncles, etc.*
Previous foster parents*
Previous caseworkers
Hospital records, including birth records*
Well baby clinic records
Neighbors
Teachers and schools*
Medical records -- child, other family members
Court records

*/ Possible source of pictures.

Newspapers -- birth announcements, marriage announcements, obituaries, etc.
Police (in addition to formal police records, sometimes individual policemen have additional information about specific families and situations. They may also have pictures obtained for looking for Missing Persons, etc.) Church groups and Sunday School records Daycare center personnel Group leaders -- i.e., Scouts, coaches, etc.

32.36 Termination of Placement and Post-Placement Activities

Once it has been determined that the identified problem(s) has been alleviated to the extent that the child(ren) could be returned home or placed in another permanent setting, the service worker shall begin a planned process to make this transition.

A. Prerequisites for Reunification or Alternate Plan for Permanency

1. Prior to returning a child home or placing child in another permanent placement, document on the SER that the reunification services that have been provided to the parent(s)/guardian(s) and child and the results of these services.

2. For the child returning home, document that the identified problem(s) causing removal have been resolved and the potential for further abuse or neglect minimized.

3. Utilize collateral resources to arrive at a decision to return the child home or to an alternate permanent family. Document collateral contact results on the updated service plan.

4. The decision to return the child home or to an alternate permanent family must be discussed with and concurred by the supervisor or consultation team involving at least one supervisory staff. Document supervisor/team consultation and concurrence on the DSHS 2-305(X), Service Episode Record.

B. Child/Foster Parent Relationship

Incorporate into the case plan activities that acknowledge and utilize positive relationships that have developed between the child and foster parent(s). Encourage visits, letters, and phone contacts that will preserve and build these relationships.

C. Support Services to Family

For children returning to their own family, or being placed in another permanent setting, provide services to the family to make necessary readjustments including:

1. Visitation.

   a. Gradually increase the amount of visitation between parent(s)/guardian(s), or other caretaker(s), including overnight and weekend visits. Increased visitation will help ease the transition from foster care to another living arrangement.

   b. Monitor and document the results of increased visitation to aid in determining the projected timing and success of the child returning home or to another permanent family.

2. Updated Service Plan.

   a. Detail the placement plan in the ISP after receiving input from all involved family and foster family members. Reasonable expectations of the parent(s)/guardian(s) and the child will be clearly outlined in order to maintain family reunification.

   b. Make agreements goal-directed and time-limited.

3. Community/Agency Resources.

   a. Prior to the child's return home or alternate family placement, develop and establish a community support system for the family and child (e.g., housing, financial support, medical care, preventive services, educational services, day care, employment services, recreational services, etc.).

   b. Such support services may include but are not limited to:

      (1) In-home services to assure family continuity, and to reinforce family strengths and maintain the family unit. Special contracted services or programs within DSHS such as Home Based Services and Family Reconciliation Services may be utilized.

      (2) Counseling services (as needed) to be provided by the service worker and/or community agencies, private practitioners to further resolve problems which previously necessitated placement.

      (3) Work with the family's social support system (i.e., extended family, friends, neighbors, schools, church) to assist family in a supportive manner in order to reestablish/maintain family integrity.

4. DCFS Post-Placement Supervision.

   a. Post-placement services may be provided for six months without supervisory approval.

   b. Children and families requiring post-placement services beyond six months require supervisory approval.

5. The Private Agency Service Fee may be paid for up to six months after placement for provision of post-placement services.

32.50 MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL SERVICES

32.51 Physical Examinations and Immunizations for Children in Foster Care

A. Obtain the child's medical history and immunization history from the child's parent(s) or guardian(s) at the time of the child's placement and shall be recorded in the appropriate sections of the DSHS 13-18(X), Child's Health Record. (See Chapter 48 and Section 32.99.)

   This partially completed form with the return address of the DCFS will be given to the provider at the time of the physical examination and returned to the DCFS and filed in the service record.

B. Initial physical examinations for children entering foster care are to be obtained prior to placement when possible or within 30 days of placement. Physical examinations will be obtained yearly for children over age one. Infants up to age one will receive five (5) examinations within the first year of life.

C. If there is a need (prior to the day of placement) for immediate medical treatment or evaluation of a child referred to CPS, Chapter 26.

D. The initial and yearly physical examinations of children in out-of-home care shall be equal to or more comprehensive than the following Healthy Kids unclothed examination requirements:

   1. Medical history

   2. Assessment of physical growth and nutritional status

   3. Developmental assessment (physical and mental)

   4. Inspection for obvious defects

   5. Inspection of ears, nose, mouth, teeth and throat

   6. Visual screening; auditory testing

   7. Screening for cardiac abnormalities

   8. Screening for anemia

9. Urine screening

10. Blood pressure (children 12 years of age or older)

11. Assessment of immunization status and updating immunization

12. Referral to a dentist for examination, diagnosis and treatment for children three years of age and over.

E. Dental services for children over three years of age shall include both examination and treatment. This service must be equal to or more comprehensive than that provided by dentists who provide Healthy Kids.

F. Immunizations are to be updated as stated in the instructions for the DSHS 13-18(X) in Section 32.99.

G. The following guidelines shall be employed to assure recording of the examination:

1. The Healthy Kids program (see Chapter 48) may be used for the initial placement examination and subsequent examinations for children in foster care <u>providing</u> that the provider will complete the DSHS 13-18(X), "Child's Health Record," and the child is eligible for a federally funded medical program.

2. A Healthy Kids screening exam can be used only once in a year for children over one year of age.

3. If it is not possible to get a report of a physical examination using the family's medical plan or Health Kids, authorize payment for the examination. (SSPS Code 3231, FC Physical Exam/Report, authorizes this service; payment is made by A-19.)

H. Use the following policies for provision of Health Kids to children in foster/group care:

1. Children in foster care who are eligible for medical assistance (i.e., medical coupons) are eligible for Healthy Kids under Title XIX.

2. Healthy Kids screening examinations may be provided in addition to regular medical care for illnesses or trauma and in addition to or in place of the preplacement physical examination (one (1) screening per year).

3. Utilize a Healthy Kids screening in place of a preplacement physical examination whenever possible.

4. If the Healthy Kids exam indicates a child needs medical or dental services, develop and monitor a plan that ensures services are provided.

I. Per WAC 388-73-208, provide foster parents with a health history as complete as possible for each child upon placement. This history shall include an immunization history, allergies, previous illnesses, and conditions of the child which may adversely affect his/her health. In addition, arrange for a medical examination and immunizations. Although foster parents may on occasion participate in making such arrangements ensure that required medical examinations, immunizations, and health care are obtained.

J. All clients eligible to receive Title 19 medical coverage must be informed that Healthy Kids is available and provided with a DSHS pamphlet #22-19(X) on Healthy Kids services.

32.52 Title XIX Psychological or Psychiatric Services

Title XIX medical funding may be available for psychiatric and psychological evaluations and psychiatric treatment when requested by a physician, including a psychiatrist in either private or community mental health center practice.

A. Payment is authorized as other medical care (i.e., medical coupons).

B. The provider is responsible for requesting approval from the centralized medical authorization unit in Olympia.

C. The service worker may be asked to provide the physician or medical consultant with additional information regarding the need for treatment.

32.53 DCFS Funded Psychological or Psychiatric Services

A. Evaluations or treatment of children/parents that cannot be obtained with Title XIX medical coupons may be purchased using foster care funds to:

1. Implement a voluntary plan (i.e., no court action).

2. Implement an in-home dependency (e.g., child returning home after placement).

3. Prevent abuse/neglect.

4. Prevent out-of-home placement.

5. Further assess risk of abuse/neglect and make placement decision.

6. Assess the need for termination of parental rights.

B. How to Purchase Services

1. Determine client/family resources, if any, which might be applied to this service. You will instruct the contractor to bill client or client's insurance, if available, before billing the department.

2. See the Eligibility Specialist for assistance if needed. Determine if Title XIX Medical Coupons will pay for the service.

3. Determine who is contracted. Supervisors, region and central office staff have this information.

4. Obtain necessary approvals: Approval processes vary by region. At least supervisory approval is needed for all services. Also see SSPS service code instructions.

5. Use the following codes to authorize foster care or home based services evaluations on therapy.

Monthly 02520 - Home Based Services - Use for all client and family services when child resides in the family home. Usually the HBS fund is administered by a DCFS supervisor.

03232 - FC Psych Eval - for children in foster homes or receiving homes.

Use this code to purchase psychological evaluations and sexual psychopathy evaluations.

Hourly 03235 - FC Counseling - Use this to purchase therapy (i.e., Master's level) and counseling (i.e., Bachelor's level) services, and FC supplemental services children in foster care, receiving care and/or their families or foster families. Usually needs authorization on a six-month FC exceptional cost plan.

Monthly 03271 - Group Care Exceptional Cost Non-Maintenance - Use to purchase any service for a child and/or family when child is in group home, CRC, residential treatment center.

SPECIAL SITUATIONS: If a child know to CPS or CWS is placed with a relative who is not a licensed foster home, consider it as a home based service.

C. Authorizing and Monitoring

For evaluations, issue a service authorization for a maximum two-month period. Withhold payment authorization, i.e., input to SSPS, until you receive a satisfactory report.

For therapy, counseling and FC supplemental services, authorize a maximum of three months of service; payment is to be authorized at the same time. Withhold authorization for a succeeding three months of service until you receive a satisfactory report.

Your authorization (14-154) must be accompanied by instructions to the contractor. You may write these on the 14-154 or attach a letter or form that includes the following components:

1. Dates reports are due.

2. Reason for the service purchase. Include the specific information you need to know, e.g., What needs to change in this family so they will protect their child? Define the strengths of this family and methods that could be used to use these strengths to end the need for out of home placement. What are the family dynamics that encourage abuse in the home? How is this child's mental illness affecting the whole family?

3. Family members it is necessary for the contractor to include in an evaluation, therapy or counseling process.

4. Names of any collateral contacts which might be useful to the contractor.

5. If applicable, describe how you will use the contractors' report, e.g., termination, dependency review.

D. Terminate Services

1. Unsatisfactory report: Advise the contractor by letter that payment cannot be issued unless a satisfactory report is provided. If a satisfactory report is not received, advise the contractor the service authorization is withdrawn.

2. Contractor fails to comply with contract in any manner other than failure to provide satisfactory report: document circumstances and send to regional office.

32.54 Medical Eligibility

A. General

The service worker is responsible for ensuring that each child placed into foster care has medical and dental coverage. For Title XIX Medicaid purposes, foster care includes placement of children into family foster homes, group homes funded by foster care, receiving homes, crisis residential centers, and placement of children leaving foster care for approved adoptive homes prior to the finalization of the child's adoption.

B. Medicaid Eligibility

The "Categorically Needy" medical program is a federal/state-funded program that covers children in foster care. Children are eligible for this program regardless of other third-party liability medical/dental insurance if:

1. DCFS is making a CRC/foster/group care payment for at least one day of a calendar month that medical coupons are issued; and

2. The child's resources are below the one person AFDC resource limit. This is typically a problem for children with large resources due to insurance settlements and DSHS managed trust funds; and

3. The child is:

   a. A citizen of the United States; or

   b. A North American Indian born in Canada; or

   c. A lawfully admitted alien. See WAC 388-83-115.

C. Coverage Time Limits

Categorically Needy coverage is to be authorized for the entire month for any month that DCFS makes a foster/group care payment for one or more days of care.

D. Third-Party Resources

Identify private medical insurance (third-party liability) resources and enter that information on funding source eligibility documents. This information will be printed on the child's medical coupons. Medical providers are responsible to bill third-party resources before billing Title XIX.

E. Medicaid Authorization Procedures:

1. Verify the child's eligibility for private insurance with family members and enter the information on the Family Face Sheet and the Financial Resources Data Sheet.

2. Forward a copy of the completed Face Sheet and Data Sheet to the Financial Eligibility Specialist.

3. Authorize a medical coupon using the DSHS 14-154/159, Social Service Authorization/Change of Service Authorization, for each child in foster care.

   a. Use SSPS code 4810 for regular medical services and codes 4811, 4812, 4813 for contracted Health Maintenance Organization services.

   b. Item 21 on DSHS 14-154/159 identifies whether the child has third-party liability. Note that this is different than the use of item 21 for CPS, FRS or Services to Indian Children.

   c. Source of Funds code 6 in Item 31 on DSHS 14-154/159 identifies whether the child is eligible for the "Categorically Needy" medical program. (Source Code 6 is used only when using the SSPS 4800 codes.)

   d. When authorizing a period of medical eligibility prior to an existing eligibility period, initiate a memo to staff responsible for ITIS medical input specifying the period of eligibility. Retroactive medical eligibility can only be done

by Data Control in State Office. Special office issued coupons will be issued marked "Retro. Cert." after Data Control has established the eligibility segment in ITIS.

4. To issue local office emergent medical coupons, complete the DSHS 14-154/159 according to D.3. above, including in the special instructions section a notation to the clerical support to issue coupons from the office.

5. If a child changes placements and retains medical eligibility (e.g., moves from one home to another):

   a. Ensure that the coupons go with the child; and

   b. Use the correct SSPS termination codes when changing the provider to avoid elimination of eligibility periods in ITIS.

6. Children eligible for SSI will be issued medical coupons through Economic and Medical Services Offices. Medical coupons are automatically issued once the children are approved for SSI benefits through the Social Security Administration office. Authorize medical coverage through the "Categorically Needy" program for children whose application for SSI is being processed but eligibility has not yet been determined.

7. When foster parents or group care providers or medical care providers have rejected billings:

   a. Correct any eligibility authorization errors;

   b. Instruct DCFS care providers to return the bill to the provider;

   c. Instruct medical care providers to contact the Office of Provider Services for assistance in billing;

   d. Contact the Division of Medical Assistance Regional Representative for assistance in complex eligibility and payment problems.

F. <u>Child Not Eligible For Medicaid</u>

1. If a child is not eligible for Medicaid for excess resources, use the excess resources to purchase medical and dental coverage.

2. If a child is not eligible due to citizenship requirements, use community resources.

32.55 Medical Coupons For IV-E Eligible Children

A. Children eligible for Title IV-E maintenance payments are to receive Title 19 medical coverage from the state they reside. This policy affects two groups:

   1. Children receiving IV-E foster care from another state while residing in a licensed foster/group home in Washington State; and,

   2. Children receiving IV-E foster care from Washington State while residing in foster/group care in another state.

B. For IV-E children from other states:

   1. Document in writing from the sending state initially and every six months thereafter the child's IV-E eligibility. Initial documentation is provided as part of the Interstate Compact process.

   2. Obtain a completed DSHS - Title IV-E Medicaid Application from the care provider and distribute copies as follows:

      a. Original to the DCFS case file;

      b. Copy to the applicant;

      c. Copy to the Third Party Liability Unit, M.S. HA-11.

   3. Open medical coupon authorization on SSPS.

C. For IV-E children from Washington State placed in other states:

   1. Provide the receiving state with written documentation of IV-E eligibility through the Interstate Compact process and in writing at IV-E review periods.

   2. Terminate medical coupon issuance at the end of the last month the child resided in Washington State.

D. If child is transferring to the Adoption Support Program, responsibility for medical coupons is transferred to the Central Office Adoption Support Program.

E. All non-IV-E children receive medical coverage from the sending state.

32.56 HMO Enrollment

A. Eligible clients

Foster/group care children eligible for Medicaid may receive their Medicaid medical services (except dental) from contracted Health Maintenance Organizations if:

1. They are coming from a family that had the child enrolled in the same plan and the child lost that enrollment when placed if foster/group care; or

2. The child was placed in a foster home where at least one foster parent is enrolled in the HMO the child want to join.

   Note: Children in pre-adopt placements are not eligible for Medicaid HMO payments. These children should be covered under the family's medical plan.

B. Enrollment Policy

1. New enrollments are effective the date the enrollment card is signed and mailed to the HMO.

2. Use enrollment cards provided by the HMO.

3. Medical program changes on SSPS should only be done effective the first of a month. This will ensure that the correct messages will appear on the child's medical coupons.

4. Enrollments can not be retroactive, i.e., prior to the date the enrollment card is signed and mailed.

5. For disenrollments, data entry of SSPS medical coupon changes must be done before the ITIS "deadline" for eligibility to end on the last day of the current month.

6. If action is taken after "deadline," the disenrollment is effective at the end of the next month.

Procedures

A. Enrollment

1. If the child comes from a privately-contracted HMO home, determine if the enrollment will continue.

   a. If it will continue, authorize regular medical coupons using SSPS Service Code 4810.

   b. If it will end when placement is made, authorize the appropriate SSPS 4800 HMO code.

2. Ensure the child is living in the catchment area of the HMO. These areas are listed on each SSPS Service Code sheet.

3. If the child was previously residing in an AFDC household, ensure that the child is disenrolled from any DSHS contracted medical programs, i.e., Kitsap Physician's Service.

4. Complete the enrollment card ensuring it is signed and dated and mail it to he HMO. Cards are available from DCFS Regional Offices or DCFS central office.

B. Disenrollment

1. To terminate at the end of the current month, submit the SSPS authorization before the ITIS deadline (approximately five working days before the end of each month).

2. Authorizations transmitted after deadline are effective the end of the next month.

3. Send to the HMO a copy of the enrollment card with the disenrollment date.

C. Problem Solving

Most problems with HMO enrollment/disenrollment occur when:

1. Enrollment cards are not completed and sent, or

2. The coupon authorization was incorrect resulting in either no "HMO" message on the coupon when one is desired or an HMO message is incorrect.

   Both the enrollment card and the coupon authorization must be correct for the correct payment to be made to the HMO. For scope of care and coordination of benefit problems with Group Health of Puget Sound, contact the Group Health representative at phone (206) 448-4174.

32.60 PAYMENT RATES AND REIMBURSEMENTS

32.61 Payment Rates

1. DCFS and Private Agency Receiving Home Care: Effective Sept. 1, 1988

   Monthly retainer ---------- $35.36
   Daily rate ---------- $12.93

2. Special Rate Receiving Home Care: Effective Sept. 1, 1988

   Monthly retainer ---------- $71.24
   Daily rate ---------- $17.68

3. DCFS and Private Agency Foster Family Care: Effective July 1, 1989

   The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less then 6 years	156.77	24.50	33.42	214.69
Child, 6 through 11 years	203.65	24.50	36.37	264.52
Child, 12 years or older	244.66	29.11	39.03	312.80

4. Private Child-Placing Agency Service Fee: Effective 9/1/88:

   Monthly rate ---------- $110.85
   Daily rate ---------- $ 3.64

5. Special Rate Foster Family Care: Effective July 1, 1989

   a. Behavioral/emot. problems: Monthly $0 to 120.00
      Daily -- Prorated

   b. Intel./phys. handicapped: Monthly $0 to 120.00
      Daily -- $Prorated

6. DSHS policy allows for payment on the day the child is placed, but not for the day the child was removed.

32.62 Receiving Home Care

A. Regular Receiving Home Care

1. The receiving home care retainer fee for is paid for each receiving care bed approved by the DCFS office. The daily rate is paid for each day of temporary care actually provided for each child.

2. Receiving home care is not to exceed 30 days.

3. After 30 continuous days, the rate for regular foster family care will be paid unless a waiver for continued payment of the higher receiving care rate is authorized by the Regional Office (RO).

4. SSPS Code 3241 authorizes DCFS receiving home retainer and SSPS Code 3201 authorizes DCFS receiving care.

5. SSPS Code 3243 authorizes the child-placing agency receiving home retainer fee and SSPS Code 3203 authorizes child-placing agency receiving home care payment.

B. Special Rate Receiving Home Care

1. Certain receiving homes may be designated by the DCFS Regional Administrator to be special rate receiving homes for children who are in conflict with their parents or are runaways.

   a. Foster homes providing this care will be authorized to receive a retainer for no more than two beds.

   b. Foster parents must be qualified to provide specialized care by virtue of having received specific training and/or experience in working with troubled teenagers.

2. Special rate receiving care shall be limited to 15 consecutive days unless an exception is granted by the RO.

4. The number of specialized receiving homes is determined by the Division of Children and Family Services. New homes cannot be added without the approval of DCFS.

5. SSPS Code 3202 authorizes receiving home care and SSPS Code 3242 authorizes the special rate receiving home retainer. (Also see Chapter 04, Appendix A.)

6. For receiving or special rate receiving care, personal incidentals will be purchased as needed for the individual child.

32.63 Regular Foster Family Care

A. Basic Payments

1. For the purpose of computing maintenance payments, the child's birthdate is considered as the first of the month in which his/her birthday occurs.

2. Use SSPS Code 3210 to authorize DCFS regular foster family care.

4. Use SSPS Code 3211 to authorize child placing agency regular foster family care.

5. The service worker shall use SSPS Code 3213 to authorize the child placing agency service fee. This fee may be extended to reimburse agencies for post-foster care services in the child's permanent placement.

6. The monthly allowance added to the board and room rate for clothing and personal includes personal incidentals, i.e., school supplies and shampoo.

B. Temporary Absence of Child from Foster Care

1. When a plan is approved by voluntary agency and/or DCFS service worker for a child to be temporarily absent from foster care the actual days of absence up to (but not more than) 15 days will be paid by the department.

2. Voluntary agencies receiving payment for children in foster care are required to notify the DCFS authorizing payment of a child's absence from foster care prior to the absence in order to receive payment for the period of temporary absence.

3. Examples of such absences are visit of child to own home, hospitalization, camp experience and runaways. Regular weekly visits by a child to his/her home as part of an approved treatment plan do not require notification. These planned visits will be reported as part of the quarterly progress report.

4. Payment for more than 15 days absence for a child who was hospitalized may be made with written RO approval documented in the case record.

32.64 Special Rate Foster Family Care

A. A special rate, in addition to the basic rate for board and room, may be paid for a child in need of special and specific care. In order to authorize the additional rate, the child's service worker, DCFS or voluntary agency, must write a justification for approval by the DCFS supervisor. If the special rate is approved, the supervisor must review the need for continued payment every six months. The approval of the special rate shall be documented on the DSHS 2-305(X), Service Episode Record.

B. Special rate shall not be paid to foster parents who have not previously received the special rate unless that foster parent has attended, or is attending foster parent scope. Waivers to this requirement may be granted by the DCFS Regional Administrator.

C. Behavioral/emotional problems.

Children who most often could be considered as having behavioral/emotional problems are children who exhibit at least three of the following behaviors:

1. Regular use of an illicit drug;

2. Regular overindulgence of alcohol;

3. Poor school adjustment and/or truancy;

4. Sexual acting out;

5. Frequent shoplifting and/or other theft;

6. Habitual running away;

7. Demonstrated property destruction in own home and/or foster home;

8. Regular peer conflict which may require action by foster parent;

9. Significant sleep problems which may cause disruption in the normal sleeping patterns of foster parent;

10. Destructive attention-seeking behavior which may demand extra attention by foster parents;

11. Frequent noncompliance with requests of parents, teacher, or other authority figures;

12. Failure to use normal cautions in using potentially flammable substances;

13. Soiling and enuresis over age six; and

14. Extremely bizarre behavior, such as frequently displaying odd facial grimaces, bizarre eating habits, seems to or reports hearing voices/ noises, responds to internal stimuli, and is withdrawn and fearful of adults.

D. Intellectual/Physically Handicapped Children.

Children who most often could be considered as having intellectual and/or physical dysfunction are those children who, by definition, meet the service eligibility criteria for the Division of Developmental Disabilities services assuming they exhibit two of the following dysfunctions:

1. Requires the physical assistance of foster parent in feeding, dressing, bathing, or toileting;

2. Needs the physical help of foster parent in order to be mobile;

3. Needs regular and organized physical therapy by foster parent under the orders/direction of a professional;

4. Needs medication administered by foster parent on a regular basis per physician's orders;

5. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy;

6. Requires suctioning, mist tent, etc., care which is provided by a foster parent;

7. Nonambulatory;

8. Epileptic child who has uncontrollable seizures;

9. Awaiting institutionalization placement;

10. Habitually wanders unless closely supervised; and

11. Failure to thrive below third percentile.

12. Children born addicted to drugs requiring additional care and support during the withdrawal period.

F. Use SSPS Code 3212 to authorize special rate family foster care. This code should also be used to authorize CPA special rate family foster care for children who meet the criteria.

32.65 Additional Payment Requests

A. Policy

Additional payments are for the purchase of an item or items needed by a child residing in family foster/receiving home care. Additional payment requests differ from Exceptional Cost Foster Care in that the requests tend to be for short-term, single service needs and the child need not be at risk of a more restrictive setting.

These payments provide for such items as transportation, clothing, special infant formula, diapers, etc., which exceed existing program standards. However, reimbursing a foster parent for their own increased activity is always part of an exceptional cost plan. Purchases can be directed toward maintaining/enhancing a placement or toward achieving a permanent plan in the shortest possible time.

B. Payment Procedures

1. Use a DSHS 5-201(X), Exception Request to request approval to make additional payments.

2. Using the definitions of maintenance and nonmaintenance in 32.66 F, authorize additional payments using the SSPS codes for Exceptional Cost Maintenance or Non-Maintenance.

32.66 Exceptional Cost Plans

A. Definition

These funds are intended to enable children with highly individual needs to be cared for in the least restrictive setting. Children with severe physical and/or intellectual impairments and those with acute emotional/behavioral problems may need funds beyond the special rate in order to

succeed in family foster/receiving home care. These funds can reimburse foster parents for unusual, highly demanding activities/supervision that they provide and also can reimburse for the purchase of special services or supplies. Purchase of a foster parent's time/activities is always considered an Exceptional Cost Foster Care Plan.

B. Appropriate Use of Exceptional Cost Foster Care Plans

Foster parents are one of our most vital resources, yet the foster care program currently depends on the concept of volunteerism.

Occasionally, children are placed in care who have unique needs which require unusual, very special care on the part of the foster parent and/or support services, equipment, and supplies. When this situation arises, it may be necessary to consider an exceptional cost plan.

The decision to recommend such a plan is up to the DCFS social worker. You must ask yourself: Can this child's needs be met without such a plan? You are also responsible for screening requests for such plan from private agencies.

Do not pursue a plan just because a child has many special needs, or because another child with similar needs is on such a plan. Similarly, if a child's needs cannot be met even with an exceptional cost plan, there may be no good reason to prepare one.

C. Title XIX Personal Care Services

Effective January 1, 1990, foster parents can be providers of personal care services. See Chapter 49 for details.

D. Suggested Alternative or Supplementary Resources

Due to limited funding, it is very important to consider other resources that may be available. These resources might be sufficient to provide for the unique needs without an exceptional-cost plan. Alternatively, they may supplement an exceptional-cost plan which can then be less costly.

Below is a check list of common resources you should consider prior to developing an exceptional cost plan. If a particular resource is unfamiliar to you, or confusing, see your supervisor.

RESOURCE CHECK LIST

- CHAP program (Children's Hospital Alternative Program).
- Medical coupons to purchase special equipment and medical/dental/optical necessities or transportation. Medical provider may need approval from the Central Authorization Unit in Olympia. If request is denied, further justification may be needed. Medical providers

include doctors, pharmacists, optometrists, dentists, hospitals, and others with provider numbers issued by D.M.A. Foster parents can be Title XIX transportation providers.

- Child Care: If part of the case plan, and adheres to WAC and DCFS manual policy (e.g., on rates, licensing).

- Requesting fee waivers or sliding fee scales from community agencies.

- Home based services: Consider this resource if a child could be maintained in his/her own home with support services.

- Mental Health evaluation/treatment. Request this service via your Service Center procedures. Be sure to check community resources first. Many have sliding fee scales.

- Substance abuse evaluations/treatment: contact your regional Bureau of Alcohol and Substance Abuse representative for local resources.

- Adoption Support (for disrupted adoption support placements if reunification is planned).

- Continuum of Care Programs: Spokane, Kent and Chehalis offices. Families must be prepared to be involved.

- Attendant care and/or respite care via DDD: For developmentally disabled children requiring extensive supervision.

- Transportation, food, and lodging for medical, counseling, educational, and court-related matters: Open SSPS code 3233.

- Transportation for medical purposes reimbursed by Title XIX (medical coupons) may also be covered by medical coupons at $.22.5 a mile. Transportation can include ambulance, cabulance, bus, taxi, and private car. Prior approval must be obtained from the Central Authorization Unit.

E. Preparing an Exceptional Cost Proposal

Below are guidelines for calculating reasonable reimbursement levels for completion of the DSHS 5-210(X), Exception Request.

1. SUGGESTED GUIDELINE FOR DOLLAR AMOUNTS: There are two components to consider in calculating dollar amounts: (1) reimbursement to the foster parents for their activities; and (2) exceptional purchases to support the foster parent's care.

   a. Foster Parent Reimbursement

      Children with substantial physical impairments or emotional/behavioral problems (well beyond the number or degree justifying special rate) may require exceptional intervention

by the foster parent. When the foster parent agrees to provide intensive intervention, some may be able to do so only with additional compensation. When calculating costs to reimburse a foster parent in such cases:

b. Set the reimbursement toward activities provided by the foster parent, rather than toward "putting up with" a difficult problem. Try to identify expected improvements in the problem.

c. In those rare cases where more than $300 per month above the regular and special rate is reimbursed to the foster parent, the expectation is that the child requires a highly intensive level of service by the foster parent. Examples might be:

- child is psychotic and dangerous to himself or others.
- child has a recent history of serious fire setting and continues to be at risk.
- child has a recent history of serious sexual molestation activity and continues to be at risk.
- child is recently seriously suicidal and continues to be at risk.
- child is medically fragile and requires constant monitoring to prevent death or critical harm.
- child is currently dangerously violent toward others
- child has been rejected by all group care facilities as "too difficult" and this is clearly documented.

2. Anytime a foster parent is caring for a child requiring exceptional activities, professional direction is recommended. When a foster parent is receiving more than $300 exceptional reimbursement per month, such direction is expected and should be documented. If such direction is not available, this fact should be noted and the reason why. Professional direction might be a medical doctor, DDD behavior modification specialist, psychiatrist, psychologist, counselor, DCFS social worker, or other identified individual who can provide specific skilled guidance to the foster parent.

3. Special Purchases
These are some examples of purchased items or support services which may be needed to help meet this child's vital needs. Not all children requiring exceptional reimbursement to the foster parent will require these purchases and vice versa. In each case, remember to consider alternative resources such as DDD, Medical Assistance, Public Schools, etc. Some examples of special purchases and typical rates are:

- Respite Care (follow established DDD rate for moderate care)

° Special clothing/diapers	at cost
° Special child-related equipment not covered by Medical Assistance (receipts required)	at cost
° Classes/lessons/activities which are not the legal responsibility of the school district	not to exceed $100 per month
° Recreation to meet special needs	not to exceed $100 per month
° Transportation not covered by medical coupons or SSPS service code	at cost
° Special Diet: per Dr.'s guidance.	at cost

F. Signature Procedures

1. The Exceptional Cost Plan should be discussed carefully with all involved parties (e.g., foster parent, child-placing agency, DDD case manager) and your supervisor before submitting for administrative approval.

2. Signature of Child-Placing Agency and/or foster parent must be obtained after DCFS signatures are obtained.

G. SSPS Authorization

Use the information below to determine if Title IV-E funding is obtainable for exceptional cost foster care expenditures.

Identify whether the exceptional cost item or activity is a maintenance or a non-maintenance item as follows:

1. Maintenance items refer to exceptional cost activities or purchases that are primarily for and directly related to the physical care or supervision of the child. Maintenance items do not include activities which are of a therapeutic or behavior modification nature; nor does maintenance include a salary to foster parents for the carrying out of ordinary parental activities by the foster parents.

2. Non-Maintenance items refer to exceptional costs activities that are not directly related to the physical care and supervision of the child. (See examples in 1. and 2. below.)

3. Most items purchased under an exceptional cost plan are clearly identifiable as a maintenance item or non-maintenance item. However, additional payments to foster parents for their activities under an exceptional cost plan are sometimes more difficult to

identify as maintenance or non-maintenance. Additionally, in some cases a portion of the exceptional cost reimbursement for foster parent activity may be for maintenance items, and part of it for non-maintenance items. When this happens, the costs must be split between the two categories using both SSPS codes.

a. Use Service Code 3216 for authorizing maintenance activities such as the following:

- Special diets or clothing
- Special furniture
- Respite or child care used as substitute for or to assist foster parent in caring for the child
- Special laundry requirements
- Additional reimbursement to foster parent for performing special/enhanced physical care or supervision such as:
  - Special feeding activities
  - Laundry cleaning for a child with unusual medical/behavior problems
  - Special supervision (beyond what is normal for child's age and development)

b. Use Service Code 3217 for authorizing non-maintenance activities such as the following:

- Special lessons or recreational items
- Items to support socialization activities such as membership in the "Y" or going to camp
- Child care that has as its primary purpose social enrichment or therapy
- Therapy outside the statement of work of the Psych/Psych contract
- Additional reimbursements to foster parents for activities like the following:
  - Overseeing behavior modification program
  - Implementing physical therapy program

32.67 Respite Care

A. Definition and Purpose

Respite care provides for time-limited relief to the receiving home and ongoing foster care parents with the respite provider fulfilling some or all of the functions of the foster parent. It can be arranged in advance or on an emergency basis when a placement is in crisis. Respite care can either augment/support the care a foster parent is providing or provide substitute care in the absence of the foster parent.

B. Respite Services

The typical activities of respite care include, but are not limited to, the following:

a. Assist with the maintenance of children in placement or provide individual attention to children in placement.

b. Provide assistance to foster parents in structuring activities and routines for children inside or outside the home, including recreational activities.

c. Assist with household maintenance activities such as shopping, laundry, and cooking.

d. Provide or allow foster parents to take children to community appointments, such as medical and school, or family visits.

e. Allow foster parents to attend training outside of the home and participate in other activities relative to their role as interim care parents, such as case conferences and training.

f. Allow foster parents personal time away from their home.

C. Respite Selection, Qualifications and Training

1. Each respite care provider must meet the qualifications listed below.

   Note: When respite care services are contracted through an agency, the contractor is responsible for assuring that individual respite providers meet these requirements. When respite care providers are reimbursed through direct payment to the interim care parent, the DCFS is responsible.

QUALIFICATIONS

a. Previous experience successfully working with or raising children.

b. Three satisfactory references directly addressing child care capabilities.

c. Absence of criminal record or substantiated CPS incident.

d. Be eighteen years of age or older.

e. Be unrelated to children in placement in the home they are providing respite care.

f. Live separately from the foster home (but can be related).

g. Complete mandatory orientation/training program prior to providing services unless waived by the DCFS.

D. Mandatory Minimum Respite Care Provider Training

The training of direct payment respite providers is the responsibility of the DCFS. The training of respite care providers who are supervised by private agencies is the responsibility of the private agency in consultation with the DCFS. Training topics must include:

1. Orientation to Department of Social and Health Services.

2. Overview of the role of respite care provider and the variability of functions.

3. Knowledge of CPS, licensing, reporting requirements for CPS and FRS.

4. Coordinating with the DSHS and adhering to the case plan.

E. Respite Authorization

Authorization for contracted respite care differs from individually reimbursed (noncontracted) respite care.

1. Noncontracted respite care

Noncontracted respite care involves a payment by the interim care parent (the "employer") to the respite care provider (the "employee"). The interim care parent receives a payment from DSHS which covers the wage paid to the provider and also the employer's contribution to social security. The process is similar to state-funded in-home child care.

DCFS staff shall:

a. Assure and document provider meets qualifications and completes training. Documentation should be written in the SER of interim care parent record.

b. Define specific duties and hours for a calendar month (or service episode if shorter). Document this plan in writing with copies to all involved parties and foster parent's case record.

c. Open DSHS 14-154(X)/14/159(X) for hours agreed upon.

d. Revise respite care plan as needed for next service episode or calendar month and mail to involved parties; copy in interim care parent record.

F. Contracted respite care

DSHS Coordinator will:

1. Be familiar with contract agreements.

2. Define specific duties and hours needed and inform contracted agency. Record in interim care parent's record.

3. Open DSHS 14-154(X)/14-159(X) for hours agreed upon.

4. Coordinate with State Office regarding payment process.

G. Respite Care Levels

1. The rate is based on an assessment of the functional care needs of the foster child. To determine the appropriate rate, assess the child's care requirements as either "light" or "heavy" in two categories per the following:

CARE LEVEL	LIGHT	HEAVY
Physical/Medical Behavioral/ Psychological	Care that does not substantially differ from, but may require attention or assistance greater than, that of the typical individual of similar age in the general population.	Care that requires constant, intensive attention, excessive or total assistance; and regular intervention in meeting the needs of the child.

A rating of light in both areas = light.

A rating of light in one area and heavy in the other area = moderate

A rating of heavy in both areas = heavy

H. Respite Care Rates

1. Payment rates are as follows:

DAILY		HOURLY	
light care	$41.20	light care	$5.15
moderate care	42.00	moderate care	5.25
heavy care	44.00	heavy care	5.50

Each additional client in the foster family requiring respite care at the same time by the same provider shall be authorized $13.73 per day or $1.72 per hour.

2. Hourly payment is limited to a maximum of eight hours in a 24-hour period.

The hourly cost of respite care is calculated on the basis of actual service provided and may not include travel time of the respite provider.

A maximum of three consecutive days of respite care may be authorized. Care in excess of three consecutive days must be approved by the DCFS supervisor. Regional guidelines will determine the maximum number of days of respite care that can be authorized in a given month.

3. SSPS Codes

The following SSPS Codes shall be used for respite care:

FC Respite-hourly	3205
FC respite-daily	3204

Family CRCs

Contracted Respite	3106
Noncontracted Respite	3107

32.68 Foster Home Support Services

A. Foster Home Consultation

1. Definition and Purpose

Consultation is a contracted service to individual homes or to a group of homes directed toward skill building and networking. Generally, consultation should not be directed toward resolving issues related to a specific child in care unless approved by the child's social worker.

2. Services

Typical activities of a consultant include, but are not limited to:

a. Home visits to foster homes and phone consultations.

b. Advice in a crisis or skill building information.

c. Individual as well as group consultation, including networking among foster parents.

d. Assistance in obtaining resources.

e. Participation in case staffings at the request of the department.

B. Counseling

1. Definition and Purpose

Counseling is a contracted service with the focus on support to foster parents during a crisis or problem situation involving a specific child or group of children. This short-term service will assist foster parents in stabilizing placement situations and increase their skills. This service is not intended to provide long-term therapeutic intervention.

2. Services

Typical counseling activities include, but are not limited to:

a. Direct intervention to diffuse a crisis.

b. Modeling crisis management for the foster parents.

c. Group or individual intervention.

d. Attending case staffings at the request of the department.

All of the above should be provided in coordination with social workers and in compliance with existing case plans.

C. Training

1. Definition and Purpose

Training is a contracted service to individual homes or groups of homes focusing on issues common to emergency placement such as behavior management, limit setting, and structuring activities.

The purpose of training activities is to build skill levels, broaden the range of intervention strategies, and offer problem specific solutions.

2. Services

Training activities can include, but are not limited to:

a. Orientation for foster care parents that goes beyond the routine orientation for foster parents and addresses the specifics of receiving or specialty care.

b. Ongoing or one-time training on common problem areas such as:

(1) Understanding the impact of sexual and physical abuse and neglect on children.

(2) Developing strategies for managing acting-out behaviors.

(3) Recognizing problems associated with substance abuse.

(4) Dealing with issues associated with separation.

(5) Responding to sexual acting-out.

c. Situational training with interim care parents in order to:

(1) Use a crisis situation to learn new skills.

(2) Increase interim care parents' confidence in crisis resolution.

(3) Assist interim care parents in recognizing their feelings and the stresses of caring for children.

(4) Teach methods of structuring routines and activities.

D. Ancillary Supports

1. Definition and Purpose

Ancillary supports allow for the purchase of specific goods or services that contribute to effective quality care in foster homes. The purpose is to promote a safe, nurturing environment.

2. Services

Ancillary supports can include, but are not limited to:

a. Covering selected costs of purchased recreation activities for children in care.

b. Purchasing such items as recreational and crafts supplies.

c. Purchasing other equipment which would enhance safe, quality care.

3. Authorizing Services

Payment for ancillary supports are a direct payment to foster parents to reimburse the cost of expenditures that have prior DCFS approval.

4. Rates

Ancillary supports have unique rates specific to purchased items and recreation materials.

32.69 Foster Parent Reimbursement Plan

A. General Information

1. Purpose

The Foster Parent Reimbursement Plan was developed to provide some financial relief to foster parents who incur damages, losses and related expenses caused by children in foster/respite care. This reimbursement constitutes a portion of the reasonable nd proper cost of maintenance paid on behalf of foster/respite care children and is provided pursuant to a published Foster Parent Reimbursement Plan (the PLAN).

2. Eligibility

Eligible foster parents for reimbursement under the PLAN are those who are:

a. Licensed by DSHS or a certified child placing agency pursuant to RCW 74.15, and

b. Providing approved DSHS-funded foster/respite care to children in the care, custody, and supervision of DSHS or a certified child placing agency.

3. Program Management

The PLAN is provided (funded) by DCFS. DDD has elected to participate in the PLAN on behalf of licensed foster parents providing respite care services to developmentally disabled children.

Claims management services for the PLAN is provided through an intra-agency agreement with the Division of Employee Services-Office of Risk Management (ORM). Pursuant to this agreement, DCFS and DDD each bear responsibility for developing and updating necessary written instructions, guidelines, procedures and forms to implement the terms of the PLAN and to provide for timely and efficient distribution of claims to ORM.

4. Questions

Foster parents who have questions concerning completion of claims have been referred to their service worker for assistance. Service workers who have questions regarding general policy and interpretation of the PLAN or submission of claims may address them to the ORM. (SCAN 321-2393, Non-SCAN 586-2393.)

B. Plan Summary

1. The PLAN is comprised of three (3) parts:

a. Part A - THIRD PARTY (LIABILITY) REIMBURSEMENT

Reimbursement is paid to third parties who have incurred expenses as a result of the action(s) of foster/respite care child(ren) for property damages, losses or initial emergency medical treatment costs.

b. Part B - FOSTER PARENT PERSONAL REIMBURSEMENT

Reimbursement is paid to foster parents who have incurred expenses, of their own or household members, as a result of the action(s) of their foster/respite care child(ren) for property damages, losses or initial emergency medical treatment costs.

c. Part C - FOSTER PARENT LEGAL DEFENSE EXPENSE REIMBURSEMENT

Reimbursement is paid to foster parents who have incurred legal defense expenses pertaining to legal proceedings brought against them by a third party seeking compensation for property damages, losses or initial emergency medical treatment costs, which were sustained as the result of the action(s) of their foster/respite care child(ren).

2. Definitions

As used in the PLAN, the following definitions apply:

a. CLAIM - A written demand by a foster parent for reimbursement available pursuant to the terms of the PLAN. The foster parent must file a claim under the PLAN within thirty (30) days from the date the damage or loss occurred or from the date initial emergency medical treatment costs were incurred, or legal proceedings have been terminated. The ORM will disallow any claim received later than ninety (90) days. Correspondence, letters, notes, and phone conversations between the claimant and the state of Washington do not constitute valid claims.

b. DEPRECIATED VALUE - That value established from the lost or damaged asset cost using an accepted function of depreciation method such as straight-line, units of production, double declining balance or summary of the year digits.

c. FOSTER CARE MAINTENANCE - The routine money expended for lodging, clothing, medical, dental, hospital care, or other similar or specialized commodity or service furnished on behalf of or for a foster child to include, but not limited to, money expended for shelter, utilities, food, repairs, essential household equipment, and other expenditures, and to remedy situations of an emergent nature to permit as far as practicable foster children to continue to live with their foster parent. Reimbursement paid pursuant to this PLAN is a foster care maintenance expense.

d. FOSTER CHILD - A child who is within the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS.

e. FOSTER PARENT - A person licensed by DSHS to provide care on a twenty-four hour basis to one or more assigned foster children in their family abode.

f. FOSTER PARENT HOUSEHOLD MEMBERS. Any spouse, minor children or dependent member of the foster parent who are permanent residents of the foster parent home. For purposes of the PLAN, members does not include other foster children.

g. INITIAL (ONE-TIME) EMERGENCY MEDICAL TREATMENT EXPENSES - Costs which the foster parent is or may be held legally obligated to pay for treatment of personal injuries sustained by any person as the result of the action(s) of their foster/respite care child(ren). Reimbursement is paid only for the cost of initial (one-time) treatment/first aid/emergency care (necessary to sustain life or prevent further injury) provided immediately following an injury occurrence. Does not include follow-up treatment expenses. (Example: Suspected broken arm - coverage would include x-ray and initial emergency medical treatment cost incurred immediately following the injury occurrence, i.e., setting of bone and first medications.)

h. OCCURRENCE - A tangible identifiable incident that results in personal bodily injury or property damage or loss to either a third party or foster parent, intentionally, negligently, or otherwise caused by the foster/respite care child(ren) of the foster parent.

i. OWNED AIRCRAFT - Serviceable/operable aircraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by the foster parent or third party for their own private or business use.

j. OWNED MOTOR VEHICLE - Serviceable/operable automobiles, trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by the foster parent or third party for their own private or business use.

k. OWNED WATERCRAFT - Serviceable/operable powered or nonpowered watercraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by the foster parent or third party for their own private or business use.

l. PERSONAL BODILY INJURY - Tangible physical injury to the body of any persons for which the foster parent is or may be held legally liable, sustained as the result of an action(s) of their foster child(ren). Does not include sickness, disease, death, shock, mental anguish, mental injury, humiliation, etc.

m. PREMISES - The owned/rented/leased residential dwelling of the foster parent, including the structures attached to the residence, the surrounding land on which the residence is located, and structures located on the surrounding land, such as garages, sheds, or appurtenant structures.

n. PROPERTY DAMAGE (FOSTER PARENT) - Physical damage or loss of tangible property belonging to the foster parent or their household members caused by their foster child(ren).

o. PROPERTY DAMAGE (THIRD PARTY) - Physical damage or loss to tangible property of a third party caused by the action(s) of a foster/respite care child(ren) for which the foster parent is or may be held legally liable.

p. REIMBURSEMENT LIMITATION - Regardless of the number of (1) foster parents, (2) foster children, (3) third parties, (4) claims made or suits brought on account of personal injury or property damage or loss, the total reimbursement limitations under this PLAN due to any one (1) occurrence shall not exceed the limits stated in the reimbursement section.

q. RESPITE CARE - The temporary provision of care by foster parents for the maintenance, health, and safety of a developmentally disabled person. This temporary care in the foster parents' home is provided for the relief of the parents of a developmentally disabled person who requires extraordinary care.

r. THIRD PARTY - Any person other than the foster parent or foster parent household members. Does not include other foster children.

3. Reimbursement Limitations

a. Amounts

The total reimbursement for all claims shall not exceed the limits as stated below on a "Per Occurrence" basis, regardless of the number of persons who sustain the losses. Reimbursement for property damages and losses shall be for the repair, fair market value, or depreciated value of items.

Part A - THIRD PARTY (LIABILITY) CLAIMS	MAXIMUM $ LIMITS
Property Damage or Loss	$5,000.00 Per Occurrence
Initial Emergency Treatment Cost	$1,000.00 Per Occurrence

Part B - FOSTER PARENT PERSONAL CLAIMS	MAXIMUM $ LIMITS
Property Damage or Loss	$5,000.00 Per Occurrence
Initial Emergency Treatment Cost	$1,000.00 Per Occurrence

Part C - FOSTER PARENT LEGAL DEFENSE EXPENSE CLAIMS	MAXIMUM $ LIMITS
Legal Defense Expense Costs	$2,000.00 Per Occurrence

b. No Deductible

There is no deductible. This means there is first dollar coverage. It is not necessary for foster parents to access their homeowner's liability insurance policy or other policy/agreement coverages prior to filing a claim for reimbursement except for medical related claims.

c. No Legal Obligation

DSHS voluntarily makes these payments without assuming any legal obligation for the action(s) of the foster child(ren). Such payments are not an admission of liability by DSHS or foster parent(s), nor does DSHS assume any obligation for incurring any other reimbursement expenses other than those specifically set forth within the PLAN.

4. Exclusions

The following are specifically excluded from reimbursement under the PLAN.

a. Expenses of any kind related to claims, suits, actions, or other legal proceedings brought against the foster parent(s) which arise out of, or are related to:

(1) The rendering of, or the failure to render, foster parenting (including specialized care/service or treatment) or any actual or alleged error, omission, mistake, or breach of duty committed during the rendering of any professional service to the foster child. The term "foster parenting" includes any and all duties normally expected of a foster parent in providing care to a foster child. The also includes any special duties or care that the foster parent undertakes to perform in the course of providing care to a particular foster child, whether or not such undertaking is by agreement with DSHS.

(2) Alleged or actual sexual abuse or licentious, immoral, or sexual behavior by a foster parent or foster child for which the foster parent is or may be held legally liable.

(3) Alleged or actual giving of any alcoholic beverages which causes or contributes to the intoxication of a foster child for whatever reasons or causes.

(4) Alleged or actual violation of any statute, ordinance, or regulation.

(5) Alleged or actual alienation of affection.

(6) Alleged or actual intentional or negligent acts of the foster parent(s) resulting in damages, losses or injury of any kind to another person.

b. Furthermore, reimbursement will not be made for claims:

(1) For <u>third party or foster parent</u> initial emergency medical treatment costs if any benefits for such are payable or required to be provided under any workmen's compensation, unemployment compensation, or disability benefits law, or under any similar law, or provided under their personal/business medical plan.

(2) For <u>third party or foster parent</u> property damages, losses and initial emergency medical treatment costs if the primary or contributing cause of the damage, loss or injury was the failure of the foster parent to give directions, instructions, proper/adequate supervision to the foster child(ren). The foster parent must exercise all reasonable means to save and preserve property from damages or losses and individuals from injury.

(3) For <u>third party or foster parent</u> damages or losses resulting from mysterious, unsubstantiated disappearances or thefts. (For claims relating to theft, a copy of the police report must be attached to the claim.)

(4) For third party or foster parent damages or losses for unusually expensive items that can be easily fenced. Foster parents should take special precautions to secure/guard against the loss of unusual or high value cost items.

(5) For foster parent or third party property damages, losses and initial emergency medical treatment costs arising out of the action(s) of a foster child, with or without the permission of the foster parent or third party, related to the ownership, operation, maintenance, loading, or unloading of any owned motor vehicle, owned watercraft, or owned aircraft. This exclusion does not apply to inoperable watercraft or aircraft while ashore or parked on premises or inoperable motor vehicles stored.

(6) For third party property damages, losses and initial emergency medical treatment costs or foster parent property damages, losses, initial emergency medical treatment costs, and legal defense expenses which occurred prior to the PLAN.

(7) For acts of foster children that occur as a result of their visits to/with their natural parents and/or while temporarily assigned outside the jurisdiction of their foster parents.

(8) For third party or foster parent bodily injury, except initial emergency medical treatment costs.

(9) For third party or foster parent property damages, losses, and initial emergency medical treatment costs or foster parent legal defense expenses for which a written claim was not received in ORM within ninety (90) days of the date the property damage, loss, or injury occurred or for legal defense expenses, within ninety (90) days of the termination of the legal proceedings. Failure to report claims in a timely manner will invalidate reimbursement under the PLAN.

C. Claim Filing Procedures

1. Foster Parent Procedure

When foster parents experience a loss or are notified by a third party of a property damage, loss or personal bodily injury (initial emergency medical treatment cost) incurred as a result of an action(s) by their foster/respite care child(ren) for which the foster parent(s) is or may be held liable, the foster parent shall:

a. Request from their service worker a Foster Parent Reimbursement Plan Claim form (DSHS 18-400(X), Revised 10/88). Use of prior (outdated) forms is not acceptable and will be rejected.

b. Complete the claim form and attach the requested documents (see instruction in Chapter 99) and submit the claim to their service worker within thirty (30) days of the occurrence. Failure to submit claims in a timely manner shall invalidate reimbursement under the PLAN. Claims are not considered submitted until all necessary documentation is received.

2. Service Worker Procedures

Upon receipt of a claim from a foster parent, the service worker shall:

a. Review the claim for accuracy, completeness nd timeliness. Claims are to be returned to the foster parent if they did not:

(1) Use the correct (current 10/88) form;

(2) Information is incomplete;

(3) Appropriate documents are not attached; or

(4) Claim is not signed/dated.

b. Complete the requested information located on the top front of the form:

(1) DCFS Office of DDD Case Management Services Office;

(2) Name of the contact person within the Office who can be contacted should clarification/additional information become necessary during adjudication of the claim;

(3) Total dollar amount requested by the foster parent;

(4) SCAN telephone number of the Office contact person; and

(5) Indicate (check) whether the claim is a foster parent or a third party claim.

c. Complete the service worker section (lower half of the back of the form).

(1) Check the source of funds to be used if the claim is approved for payment (as determined on DSHS 14-140(X)). Use any balance in a child's trust fund account to provide restitution to foster parents and third parties before filing a claim. If a claim is larger than the balance, apply the balance to the claim and note this information on the claim form.

(2) Check whether or not you concur with payment of the claim. State the reason(s) if you do not concur.

(3) Print your name, office, county and mailstop in the space provided and sign and date the claim form.

(4) For claims not meeting the submission deadline, refer to Section H-2 for additional instructions.

(5) Forward the claim form (original) (with documents attached) to:

DSHS Office of Risk Management
Office Building 2, Mail Stop OB-14E
Olympia, Washington 98504-0095

D. Reimbursement

1. Third Party Claims

Reimbursement for liability claims will be made directly to the third party. If payment/restitution has previously been made by the foster parent to the third party, and the foster parent substantiates such payment, reimbursement will be made to the foster parent.

2. For foster parent loss claims, reimbursement is directly to the foster parent.

E. Foster Parent Legal Defense Claims Procedures

1. Foster Parent Procedures

For foster parents who have incurred legal defense expenses pertaining to legal proceedings brought against them by a third party seeking compensation for property damages, losses, or initial emergency medical treatment costs which the third party sustained as a result of the action(s) of their foster/respite care child(ren), the foster parent shall:

a. Immediately forward upon receipt to their service worker, a copy of all legal summons, complaints, suits, demands, notices, and other legal actions/proceedings received which could result in a potential liability to the state or the named foster parent.

b. Within thirty (30) days of the termination of the legal proceedings and issuance of a final decision by the court, submit a letter to their service worker describing the nature of the legal proceedings and attach a copy of the court decision and documentation/written receipts substantiating incurred legal defense expenses. Failure to submit claims in a timely manner shall invalidate reimbursement under the PLAN.

2. Reimbursement

DSHS will reimburse foster parents for any incurred legal defense expenses (including legal representation/attorney fees, court costs, etc.) only after all proceedings have been terminated and documentation has been submitted to ORM. Reimbursement will be made directly to the foster parent.

3. State Obligation

The state does not assume any other obligation for reimbursement of legal defense expenses incurred other than those voluntarily made under the PLAN. Additionally, DSHS shall not incur any obligation to assist the foster parent: in the conduct/defense of suits, making settlements, attendance at hearings or trials; in the securing and giving of evidence, or obtaining of witnesses; in the enforcement of any rights on behalf of the foster parent; or through the indemnification of the foster parent who may be or is held legally liable because of such proceedings brought against them.

F. Fraud

In the event any material fact or circumstance is misrepresented or willfully concealed by either the foster parent or third party, DSHS shall be entitled to recover any payments made under the PLAN. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.

G. Access to Documentation of Claims

Upon request, DSHS shall be permitted to inspect the damaged property and retains the right to have an inspector of its choice make a damage estimate when and as often as DSHS may require.

Upon request by DSHS, the injured person shall execute authorization to enable DSHS to obtain medical reports and copies of treatment records and shall be permitted to require the injured party to submit to a physical examination by a physician of its choice when and as often as DSHS may require.

For independent consultations requested as specified above, payment made by DSHS to any party who rendered the service (damage estimate or medical service) shall reduce the amount payable to the claimant.

H. Reconsideration of Claim Determinations

1. Limitations

Reimbursement provided under the PLAN is strictly subject to the terms, limitations, and exclusions specified therein. The PLAN is provided voluntarily by DSHS and nothing in the PLAN shall be construed to create in any third party claimant or foster parent a

legal, enforceable right to reimbursement nor shall it be construed to impose upon DSHS an obligation to pay reimbursement. Disallowance shall not constitute a basis for requesting or obtaining an administrative fair hearing.

2. Reconsideration Procedures

Reconsideration requests of a claim determination may be addressed in writing to the Office Chief of the OFfice of Risk Management (ORM), Department of Social and Health Services, Office Building 2, Mail Stop OB-14E, Olympia, Washington 98504-0095. Documentation must include substantiating new factors or additional information not previously provided for claims to be reconsidered. All determinations made by ORM are final.

32.70 Transportation

A. Policy

1. Foster care related transportation expenses can be reimbursed when the transportation is:

   a. consistent with the FSP, or

   b. supports a permanent plan, or

   c. directly prevents a foster/group care placement, and

   d. is not payable by another resource.

2. If the total cost of the transportation is greater then $400.00, first line supervisory approval is necessary.

3. There are four types of transportation affected by this policy:

   a. Transportation related to making a foster care placement. This would normally include:

      (1) Transporting the child to the placement.

      (2) Transporting the child to any medical, psychological or school related appointments.

      (3) Transportation of parents, relatives and permanent planning resources related to the placement.

   b. Transportation necessary during the placement. This would normally include transportation for:

      (1) Visitations

      (2) Mental health treatment

(3) School related activities

(4) Court hearings

c. Transportation to directly prevent foster care placement. The intent is to use payments for the following circumstances:

(1) Return of a runaway child from another state.

(2) Return of a family to another state when children are in or at risk of foster care placement

d. Return of a dependent runaway from this state

For situations other than above, i.e., when a child is at risk of placement but needs transportation to a social/medical service, consider use of Home-Based Services funds.

4. Consider the following resources in the order listed before committing the department to pay transportation costs or authorizing payments.

a. Parents/guardian/family

b. Volunteers (individual or organization)

c. Other states

d. Schools

e. Reimbursement by Title XIX Medicaid for transportation provided by foster parents, guardian, other family members, or volunteers to/from covered medical services. If the transportation is for a service covered by a medical coupon, the transportation is to be paid for by Title XIX.

f. Title XIX medical coupon for services from ambulances, cabulances and taxi providers. (Require prior approval by the Area Medical Unit excepting emergency situations.)

g. Foster care transportation funds.

B. <u>Procedures</u>

1. Foster Care Transportation Payments

a. Payment can be made to any transportation provider including foster parents.

b. For payments in excess of $400.00, supervisor initials on the DSHS 14-154/159. Obtain first-line supervisor initials on the DSHS 14-154/159 for total trip payments in excess of $400.00.

c. Use Clothing payment procedures in 32.71, B to make transportation payments with the following modifications:

(1) If the travel has already occurred, caseworker opens and closes the DSHS 14-154 in same action showing actual amount of the payment.

(2) If the travel has not occurred, see clothing procedures.

(3) Attach verification of travel expense to record copy of DSHS 14-154. If foster parent provides the transportation, they need to submit a signed A-20 Travel Expense Voucher.

2. Medicaid Travel Reimbursements to Private Individuals

a. Obtain prior approval from the Division of Medical Assistance Central Authorization Unit (CAU). The CAU toll-free number is 1-800-228-6641.

b. If approval is given, obtain billing instructions from the CAU.

32.71 Clothing

A. Policy

1. DCFS may authorize the purchase(s) of an initial supply of clothing, within three months of placement, for those children needing clothing at the time they are placed in receiving, regular foster family care or group care. An initial supply is not purchased routinely for each child coming into care; purchases are authorized only to the extent necessary to supplement a child's wardrobe. These purchases will total no more than $100, except with Supervisor's approval.

2. Prior to approving such purchases, document, in the child's record, efforts to recover from the child's parent(s) or previous placement whatever clothing the child may have had.

3. Requests for clothing other than an initial supply are made on the DSHS 5-210(X), Exception Request.

B. Payment Procedures

1. Service worker authorization procedures

a. Receive approval to purchase clothing for child in placement either using the DSHs 5-21(X), Exception Request or obtaining supervisor's approval for $100 purchases at time of initial placement.

b. Completes a DSHS 14-154 for each vendor that is anticipated, but leaves exact cost of services blank. If a foster parent chooses to purchase the clothes and be reimbursed by the department, the foster parent may be the vendor.

c. At bottom of the DSHS 14-154, note:

(1) The maximum amount, i.e., "NOT TO EXCEED $100."

(2) The name of the purchaser. If purchaser is the service worker, supervisor.must initial the DSHS 14-154.

(3) Clothing items to be purchased. If exact items are not known, use a general description, such as "Misc clothing for a two-year-old girl."

d. Client and Vendor copy are routed to foster parent.

2. Purchaser/vendor procedures for payment to clothing vendor

a. Purchaser goes to vendor, selects clothing and in exchange for the clothing, gives the vendor the Vendor copy of the DSHS 14-154.

b. Vendor gives purchaser an itemized receipt for purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154 so that they can be matched to the remittance advice accompanying the warrant (see 5. b. below).

c. Purchaser signs receipt and routes it to the DCFS office.

3. Foster parent procedures: Reimbursement to foster parent

a. Foster parent purchases clothing with own funds within constraints of the DSHS 14-154.

b. Foster parent requests a separate receipt for the clothing, signs it, and routes it to the DCFS office.

4. Post-purchase procedures

a. Worker compares DSHS 14-154 to the receipt and resolves any discrepancies with purchaser.

b. Worker enters exact amount of purchase on the DSHS 14-154 and terminates service. The termination code must verify the service was provided by use of one of the following termination codes of 1a, 2a, 1b, or 2b.

c. The DSHS 14-154 is transmitted.

d. A warrant is then issued to the vendor in the amount authorized.

5. Vendor payment procedures

   a. Vendor receives warrant with form A-2 Vendor Remittance Advise showing clients and warrant amounts.

   b. Vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154. Discrepancies are to be resolved with the service worker.

32.72 Elective Medical

Within the limited amount of funds available, elective medical services not covered by medical coupons may be funded by foster care funds. Payment may be approved for such things as orthodontics and corrective surgery which may correct a disfiguring condition. Verification of denial of payment from the Division of Medical Assistance must accompany each request for such medical services. The Regional Office will approve or deny all requests. The service will be authorized on DSHS 14-154/159 using SSPS Code 3230.

32.80 ADMINISTRATIVE

32.81 Setting Up a Case Record

For procedures on how to set up a case record, see the DCFS Manual, Chapter 02.

32.82 Inter/Intra County Referral/Transfer

A. Referral/transfer of a child to an out-of-home placement in another DCFS's area may be necessary when:

   1. There are no suitable homes available for a child in the initiating DCFS's area.

   2. There is a specific need for specialized medical, emotional, and/or educational services/facilities not available near child's family.

   3. Child needs placement outside his/her home community due to the child's behavior and/or the family's situation.

   4. Child's family or alternate family has moved.

   5. A permanent placement has been located in another DCFS catchment area.

B. The initiating DCFS office will:

   1. Consult with Attorney General's/Prosecuting Attorney's office regarding legal issues and decision to transfer dependency case.

2. Notify the court when:

   a. A change of custody is anticipated; and

   b. Responsibility for case supervision has been transferred to another DCFS office.

3. Request a foster placement/home study from the receiving DCFS office.

   a. Initial request may be made by telephone.

   b. Written request and social summary on the child will be sent within five working days of the initial request.

4. Confirm acceptance into special education and related services in the new school district if the child is an eligible handicapped child.

5. Provide additional planning and placement, if:

   a. Home study on a particular family indicates the home is unlicensable or unsuitable for the child; and

   b. Placement is made and fails.

6. Assure supervisory review of case prior to transfer to verify completion/accuracy of file contents.

C. The receiving DCFS office will:

1. Contact the prospective family to evaluate placement and/or licensing and immediately notify the referring DCFS office of findings.

2. Refer suitable licensed homes to the referring DCFS office, or notify the referring DCFS office there are no suitable homes available.

3. Help coordinate actual placement with the initiating DCFS office and prospective home;

4. Assume full responsibility for the child as soon as placement is made;

5. Immediately initiate a new DSHS 14-154(X) or update DSHS 14-159, authorizing placement and any other services to be provided;

6. Immediately notify the initiating DCFS office for additional planning if the placement fails.

D. Where there is disagreement in transferring a case, the approved chain of command shall be followed with every effort to resolve the dispute at the DCFS office level.

E. When an American Indian child is being referred/transferred, the procedures in Section 32.33 F.3. will be followed.

F. When a child in a foster home placement moves with the foster family to another area, the original DCFS office will coordinate with the court having jurisdiction of the child and the receiving DCFS office for licensing, continuation of payment and supervision of the child.

G. When a child in a DCFS foster family placement runs away and is located in the catchment area of another DCFS office:

1. DCFS where the child is located shall:

a. Provide shelter care for the child, if necessary, and shall make payment to their foster home for that care.

b. Shall arrange for, and pay for, transportation to return that child to the catchment area of the originating DCFS office. (SSPS Code 3233, FC Transportation, authorizes this service.)

c. Notify the child's parent(s) of the child's whereabouts.

2. The originating office shall retain responsibility for planning for the child.

32.83 Supervisory Responsibilities

A. See Chapter 02.08, Social Service Delivery System, for general supervisory expectations.

B. Foster care/relative placement supervisors will review a random sample of no less than three (3) cases per month for each service worker. Verification of the review is to be placed in the child's file. In addition, the supervisor should maintain a listing of cases reviewed and the date the review took place. Items to be monitored include:

1. A service worker is assigned to each service case.

2. Program services are provided:

a. Reasonable efforts have been provided to prevent placement, or to return the child home if placement was necessary.

b. There shall be a valid court order giving the department supervision or a DSHS 9-04B(X) signed by the parent(s)/guardian(s) having custody.

c. Supervisory (or consultation team) concurrence with the plan for out-of-home care.

d. Each case plan has a specific permanency planning goal, is time limited, was developed with input from all participants where possible, defines specific actions to be taken by participants, and reflects a commitment to short-term foster care and permanency planning.

e. Required medical and dental services are being provided, utilizing Healthy Kids whenever possible.

f. Monthly visits are being made to each child in foster care to assure that the child is being provided adequate care in the foster home.

3. Activities specified in the case plan are being carried out by the service worker and are authorized on DSHS 14-154(X) and DSHS 14-159.

4. Verification or adequate documentation that AFDC-FC, SSI, medical eligibility, and other potential sources of income have been explored.

5. Voluntary placements comply with guidelines (see Section 32.41).

6. Adoption is being utilized for all legally-free children and all legally-free children have been promptly registered with SO upon termination of parental rights, using DSHS 9-235, Registry of Legally-Free Children. (See Chapter 36, Adoption Services.)

7. Case recording and required forms, including all SSPS service codes are complete and current.

C. Supervisors are encouraged to review all case records prior to closure, but must review all cases prior to transfer, to verify completion/ accuracy of record contents, and to monitor quality of care.

32.97 Interface With Other DSHS Services

A. Homemaker Services

Homemaker services are designed to prevent or reduce the length of out-of-home placement of children. Within regional allocations, homemakers are available to teach parenting and household management skills. Homemakers also function as members of a team working to deliver specific services described in the case plan (ISP). (See Chapter 40, Homemaker Services.)

B. Financial Services

1. Service workers will inform Financial Services when a child who has been included in a financial grant is placed in foster care.

2. Natural parent(s)/relative(s) will be referred to financial services for a financial eligibility determination when:

   a. It appears they may have been eligible for AFDC at the time the child was placed in foster care (i.e., child may be eligible for Title IV-E); or

   b. AFDC is indicated for the 30-day period prior to return to the caretaker relative.

C. Day Care Services

1. Day Care Services are provided within available funds for a variety of educational, employment, or child welfare-related purposes. (See WAC 388-15-170.)

2. For the purposes of this chapter, Day Care Services are appropriate primarily to prevent or reduce the length of out-of-home placement of children. Child welfare day care should be part of an established CPS, FRS, or child placement-related case plan and should be designed to help achieve the goals of the children's services program under which it is being provided.

3. For further description of day care services and procedures, see Chapter 28, Day Care Services.

D. Division of Developmental Disabilities (DDD)

1. DDD Field Services will refer to DCFS any child who is considered to be in need of, and potentially eligible for, child welfare placement services. DCFS will determine eligibility and deliver appropriate child welfare services.

2. DCFS will refer to DDD Field Services any child who is considered to be in need of, and potentially eligible for, Developmental Disabilities Services. DDD Field Services will determine eligibility and deliver DDD services as appropriate.

3. Those clients referred to DCFS or DDD Field Services who are determined ineligible for services will be referred back to the originating office.

4. Refer to Section 32.33 F.2. for special placement considerations of developmentally disabled children.

E. Division of Juvenile Rehabilitation (DJR)

1. A child may be found by the court to be both a dependent child and a juvenile offender who may also be committed to a DJR institution.

2. If a foster care placement becomes necessary for a child who is either on parole or being paroled from a DJR institution, services must be coordinated with the assigned Juvenile Parole Counselor. It

is necessary to have either the court authorize an out-of-home placement (dependency or ARP) or to obtain a DSHS 9-04(X), Placement Authorization and Acknowledgement. The previous finding of a juvenile offense is not sufficient to authorize a foster care placement. Prerequisites for out-of-home placement are the same for all children as defined in Section 32.32 D. (Also see Section 32.33 F. regarding the placement of American Indian children.)

3. The dependency aspect of the child's care is the responsibility of DCFS. This includes the development of the ISP and the determination of the need for out-of-home placement. DCFS staff are responsible for obtaining legal authority for placement, and supervising the continuing need for foster care. If DJR staff submit quarterly reports covering the case planning and continued need for foster care, DCFS staff may not need to supervise. These reports must be reviewed and approved by DCFS in order for continued placement to be authorized.

4. DCFS staff is responsible for licensing and supervision of the foster home.

5. Placing Community Residential Placement (CRP) children in family foster care through DCFS using foster care funds is contrary to regulations governing CRP programs and the agreement between DCFS and DJR. Such placements may not be authorized by DCFS staff nor funded by DCFS foster care funds.

F. State School for the Blind/Deaf

1. A dependent child attending state schools for the blind or deaf is eligible for clothing and personal incidentals on the same basis as a child in foster care.

2. When a child has no own home to return to when ready to leave school or for summer vacation, the child may be referred to DCFS for placement in foster care using procedures in Section 32.30.

G. Office of Support Enforcement (OSE)

1. Copies of foster care application, DSHS 9-04B(X) and court orders authorizing/ordering placement and/or payment of support/cost of placement must be sent to OSE within two working days of the placement.

2. Any updating information, i.e., change in location of child, rate of payment, etc., will be submitted to OSE as it occurs using DSHS 2-236, Client Change of Status.

3. Note: DDD, Adoption Support and short-term placement OSE referral exemptions in 32.35 A.

32.98 Interface With Non-DSHS Services

A. County Juvenile Probation

1. A child may be both a dependent child and a non-committable juvenile offender. Foster care services shall be made available the same as for all children generally. Services must be coordinated with the assigned Juvenile Probation staff.

2. If a foster care placement becomes necessary for a child on probation, it is necessary to have either the court authorize an out-of-home placement (dependency or ARP) or to obtain a DSHS 9-04B(X). The previous finding of a juvenile offender is not sufficient to authorize a foster care placement.

3. The dependency aspect of the child's care is the responsibility of DCFS. This includes the development of the ISP and the determination of the need for out-of-home placement. DCFS staff are responsible for obtaining legal authority for placement and supervising the continuing need for foster care. If probation staff submit quarterly reports covering the case planning and continued need for foster care, DCFS staff may not need to supervise. These reports must be reviewed and approved by DCFS in order for continued placement to be authorized.

4. DCFS staff is responsible for licensing and supervision of the foster home.

B. Placements Requested through the School District

Washington school laws provide educational opportunities for all handicapped children. Occasionally a school district, especially in rural areas, may not have an education resource to fit the needs of the child involved.

1. Determine whether the child is receiving special education and related services. If the child is receiving these services:

   a. For children under the supervision and custody of DSHS, the service worker must confirm (Prior to placement) that provision of special education and related services will continue in the new school district. (Confirmation can be obtained by requesting the child's current school to send his/her record to the new school district, and requesting the new school district to verify the continuation of special education and related services.)

   b. For children not under the custody of DSHS, the service worker will request the child's guardian to obtain confirmation of continued enrollment in special education and related services in the child's new school district.

2. Payment will be made in full by the school district when the only need for foster care arises from the need for an education. When the child is in care only five days a week, returning home on weekends, holidays, and for the summer, the placement should be considered to be one made to meet the child's educational needs.

3. DSHS will pay the cost of foster care if the primary reason for placement in foster care is one cited in WAC 388-70-012(1), i.e., the social reasons for the placement predominate and the child must remain in foster care continuously.

4. The school district will pay:

   a. Transportation costs for the child's parent(s)/guardian(s) or foster parent(s) to the school district in which the educational resource is available; and/or

   b. Board and room to a licensed foster home for care in lieu of transportation costs, when payment of transportation is not practical.

      (1) DSHS has no financial responsibility for children who are placed in foster care for the purpose of enabling them to meet their educational needs.

      (2) The room and board rate paid by the school district will generally be the same as that paid by DSHS for foster family care.

      (3) When the rate required for the child's care exceeds the DSHS rate for foster family care, the school district may also meet this, obtaining approval from the Office of the Superintendent of Public Instruction.

      (4) DSHS will not supplement the rate which is paid by the school.

5. When payment for transportation is not a satisfactory arrangement for a handicapped child <u>already in foster care under the supervision of DSHS</u>, the originating school district will make arrangements for the child to be transferred to the school district which will meet the child's educational needs.

   a. DCFS will make arrangements for the child to be placed in a foster home in the school district to which he is transferred.

   b. DSHS will be responsible for making payment to the foster home selected.

6. When the school district refers the parent(s) to DCFS for private placement, the office will provide the parent(s) with the names of the homes in the area which are already licensed, or license a home the parent(s) may have found, if that home meets licensing standards.

   a. DCFS will be responsible for supervising the home in relation to the licensing requirements.

   b. The child's parent(s) shall select the home, make the placement, and work directly with the foster parents and the originating school district in respect to their child.

32.99 FORMS REQUIRED BY THIS SERVICE

A. See Chapter 99, Forms, for instructions on these forms:

DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication/Referral (Rev. 9/78)
DSHS 2-306A(X)	Communication/Referral, page 2 (Rev. 9/78)
DSHS 4-220(X)	Family Ancestry Chart (Rev. 3/78)
DSHS 5-10(X)	Policy Exceptions Request (Rev. 6/83)
DSHS 7-42D(X)	Income Report (8/81)
DSHS 9-04B(X)	Voluntary Placement Agreement
DSHS 13-18(X)	Child's Health Record (7/79)
DSHS 14-12(X)	Authorization to Release Information (Rev. 3/78)
DSHS 15-128(X)	Verification of American Indian Status, Foster Care and Adoptive Applicant (5/79)
DSHS 15-173(X)	Foster Care Placement Consent: Continuation Beyond Age 18 (12/82)
DSHS 15-190(X)	DSHS/Private Child Placing Agency Agreement Child In Foster Care (10/83)
DSHS 18-400(X)	Foster Parent Reimbursement Plan Claim (10/88)
DSHS 23-05(X)	Initial Individual Service Plan (3/84)
DSHS 23-06(X)	Quarterly Progress Report (3/84)
----------	Long-Term Foster Care Agreement (Suggested Outline)
----------	Procedures For Deciding To Place Or Not To Place

PROCEDURES FOR DECIDING TO PLACE OR NOT TO PLACE

Developing a recommendation to place or not to place a child is a complex process. Factors must be weighed individually and against other factors. Rarely is it appropriate to make this important recommendation on the basis of a single factor, e.g., the home is filthy; the child has been injured; the parent is alcoholic. Instead, the child's condition, the physical and emotional environment, the capacity of the parent, and the alternatives available are among the dimensions to be assessed.

Three Guides will help to establish whether or not the child needs out-of-home placement:

1. Guide for Evaluating a Child's Life Experience

2. Guide for Evaluating Child/Parent Contributing Factors

3. Placement Decision Summary Worksheet

Together the Guides provide a structure for the assessment and decision making process. They are written to guide the recommendation for a single child. Care should be taken to view each child in a family individually, and to give attention to each dimension of that child's life experience.

Developing a recommendation about placement of a child is not the same as determining whether or not a child has been abused or neglected. The question here is: Should services be provided to the child and family while the child remains in the home, or with the child out of the home?

Instructions for Using the Guides

1. Always use minimum standards for judging adequacy of the child's experience and the parent's performance. Be certain the standards used correspond with:

   a. Child's age/development;

   b. Cultural environment/community standard; and

   c. Professional knowledge (health, child development, etc.).

2. Be certain all judgments made are based upon sufficient reasonable evidence and/or documentable facts.

3. Use the Guide for Evaluating a Child's Life Experience to identify adequacies, as well as critical and noncritical concerns. Transfer a summary of these judgments to the Placement Decision Summary Worksheet in the sections provided.

LONG-TERM CARE AGREEMENT (SUGGESTED OUTLINE)

LONG-TERM FOSTER CARE AGREEMENT

RE: _____(child)_____

The persons involved in this agreement believe that it is in the best interests of __(child)__ that he/she be allowed to remain in the home of Mr. and Mrs. __(foster parents)__ and be raised by them as a member of their family until he/she reaches adulthood.

I/We, __(foster parents)__, foster parents of __(child)__ agree to be the primary parents for this child until he/she reaches adulthood. We will not ask for him/her to be removed from our home except under serious, unusual circumstances. We agree to share information with the Department of Social and Health Services and with the biological parents, Mr. and Mrs. __(parents)__.

We, the Department of Social and Health Services, agree to maintain and support the long-term placement of __(child)__ in the foster home of Mr. and Mrs. __(foster parents)__. We will not disrupt this placement except under serious, unusual circumstances and only then through administrative decision. The Department of Social and Health Services will provide foster care payment, medical services, and other support provisions through the foster care program.

The Department of Social and Health Services will insure, for the biological parents, Mr. and Mrs. __(parents)__, that they will have reasonable visitation with their child, that they will be kept informed of __(child)__'s adjustment and progress. The Department of Social and Health Services is not, by its participation in this agreement, seeking termination of parental rights of Mr. and Mrs. __(parents)__, biological parents of __(child)__.

We, Mr. and Mrs. __(parents)__, the biological parents of __(child)__ agree that he/she shall remain in the foster home of Mr. and Mrs. __(foster parents__ until he/she is an adult. We will keep the Department of Social and Health Services and __(child)__ advised of our whereabouts and keep a regular schedule of visitation. We will pay $_____ dollars per month toward __(child)__'s support.

I, __(child)__ understand that I will remain in the foster home of Mr. and Mrs. __(foster parents)__, because I want to be a part of this family until I am on my own and self-supporting.

Signed,

_____ Child	_____ Date
_____ Foster Parent	_____ Date
_____ Foster Parent	_____ Date
_____ Biological Parent	_____ Date
_____ Biological Parent	_____ Date
_____ CSO Service Worker	_____ Date
_____ CSO Supervisor	_____ Date
_____ CSO Administrator	_____ Date

Child's Name _____ Child's Age _____

GUIDE FOR EVALUATING A CHILD'S LIFE EXPERIENCE

INSTRUCTIONS: On the continuum suggested below indicate with an "X" the level to which each of this child's needs is being met. Connect the "X"s for a graphic profile. At the bottom of the page itemize specific concerns. Transfer a summary of your evaluations to the Placement Decision: Summary Worksheet. CAUTION: Age, functional level, and cultural identity must be considered in establishing expectations for a particular child.

THE CHILD'S NEEDS	Unmet	Minimum Sufficient Level	Optimal Level
PHYSICAL NEEDS:			
Food			
Shelter			
Clothing			
Health/Medical			
Protection/Safety			
SOCIAL-EMOTIONAL NEEDS:			
Attachment/Belonging			
Ability to Trust			
Realistic Expectations			
Limit Setting			
Positive Interactions			
DEVELOPMENTAL NEEDS:			
Physical/Motor Skills			
Cognitive Skills			
Language Skills			
Social Skills			

CRITICAL CONCERNS: AREAS:	SERIOUS CONCERNS:	ADEQUATE
1.	1.	1.
2.	2.	2.
3.	3.	3.

Date _____ Caseworker _____

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Child's Name _____ Child's Age _____

GUIDE FOR EVALUATING CHILD/PARENT CONTRIBUTING FACTORS

INSTRUCTIONS: On the continuum suggested below indicate with an "X" a level of adequacy for each parent and child factor. Connect the "X"s for a graphic profile. At the bottom of the page itemize specific concerns and areas of adequacy. Transfer a summary of the evaluations for each section to the Placement Decision: Summary Worksheet.

	Critically Inadequate	Seriously Inadequate	At Least Adequate
CHILD INDICATORS			
CHILD'S SELF-DESTRUCTIVE BEHAVIOR:			
Child's Misconduct			
Coping Behavior of Child			
PARENT INDICATORS			
PARENTAL RESPONSE:			
Coping with Difficult Behavior			
Recognition of Problem			
Motivation to Solve Problems			
Cooperation with Case Plan			
PARENT ABILITY TO NURTURE/PROTECT:			
Parental Capacity			
Substance Use/Abuse			
Resource Management			
Support for Parent			

CRITICAL CONCERNS:	SERIOUS CONCERNS:	ADEQUATE AREAS:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Date _____ Caseworker _____

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Child's Name _____ Child's Age _____

PLACEMENT DECISION SUMMARY WORKSHEET

	Critical	Serious	Adequate
CHILD FACTORS:			
Summary of Guide A: Child's Life Experience:			
Critical Needs	_____		
Non-Critical Needs	_____		
Child's Self-Destructive Behavior	_____		
Multiple or Unexplained Injuries to a Young Child	Yes		
Attachment Process (6-24 months)	Poor		Evident
Child Requests Placement	Yes		
PARENT/CAREGIVER FACTORS:			
Parental Response	_____		
Parental Ability	_____		
Re-Abuse Present	Yes		No
Self-Referral, Child in Danger	Yes		No
Sexual Abuser Present	Yes		No
Substitute Caregiver Requests Placement of Abandoned Child	Yes		
OTHER FACTORS:			
Consultation Recommendations:			
1._____	Place		Don't Place
2._____	Place		Don't Place
3._____	Place		Don't Place
Alternative Plan Available	No		Yes
Acceptable Placement Available	Yes		No

PLACEMENT DECISION RECOMMENDATION:

|__| Yes _____ Child in Danger

_____ Treatment Plan

|__| No _____ Not now, but Changes Essential by_____

_____ Changes Advisable but Not Critical

Date _____ Caseworker _____

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Don Pearson

DCFS MANUAL: CHAPTER 32 -- CHILD FOSTER CARE: ASSESSMENT, PREVENTION, AND PLACEMENT SERVICES

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-89
Issued: 01/02/90

FROM: Katherine Briar, Assistant Secretary
Children, Youth and Family Services

SECTIONS REVISED:
32.61, 32-67H

EFFECTIVE: 01/01/90
FOR INFORMATION CALL:
John Weeden
SCAN: 234-6761
Non-SCAN: 753-6761

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION AT MS OB-16. IF NOT DELIVERABLE, RETURN TO MANUAL DISTRIBUTION CENTER MG-13.

SUBJECT: FOSTER/RECEIVING CARE RATE INCREASES

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-89 is entered.

A. Background

The 1989 Legislature provided for a three-percent increase in all foster care rates effective January 1, 1990. This notice details this increase.

B. Rate Change Procedure

SSPS procedures to effect the rate change have been issued by memo.

C. Rates

Section 32.61 is revised as follows:

1. DCFS and Private Agency Receiving Home Care:
   Monthly retainer ---------- $36.42
   Daily rate ---------- $13.32

2. Special Rate Receiving Home Care:

Monthly retainer ---------- $73.38
Daily rate ---------- $18.21

3. DCFS and Private Agency Foster Family Care.

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less than 6 years	$161.47	$25.24	$34.42	$221.13
Child, 6 through 11 years	209.76	25.24	37.46	272.46
Child, 12 years or older	252.00	29.98	40.20	322.18

4. Private Child-Placing Agency Service Fee:

Monthly rate ---------- $114.18
Daily rate ---------- $ 3.75

5. Special Rate Foster Family Care:

a. Behavioral/emotional problems: Monthly -------- $0 to 123.60
Daily ---------- $Prorated

b. Intellectual/physical handicapped: Monthly ---- $0 to 123.60
Daily ------ $Prorated

Section 32.67 is revised as follows:

6. Respite Care

	Daily	Hourly
a. Light Care	$42.44	$5.30
b. Moderate Care	43.66	5.41
C. Heavy Care	45.32	5.67

DCFS MANUAL: CHAPTER 32 -- CHILD FOSTER CARE: ASSESSMENT, PREVENTION, AND PLACEMENT SERVICES

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-92
Issued: 06/05/90

FROM: Yvonne Chase, Assistant Secretary
Children, Youth and Family Services

SECTIONS REVISED:
32.61

EFFECTIVE: 07/01/90
FOR INFORMATION CALL:
John Weeden
SCAN: 234-6761
Non-SCAN: 753-6761

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION AT MS OB-16. IF NOT DELIVERABLE, RETURN TO MANUAL DISTRIBUTION CENTER MG-13.

SUBJECT: FOSTER/RECEIVING CARE RATE AND POLICY/PROCEDURES REVISIONS

Place this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-92 is entered.

A. Background

Second Substitute Senate Bill 6537, also known as the Foster Care Reform Bill, and the Supplemental Budget of the 1990 Legislative Session combined to make a variety of policy and funding revisions to the DCFS foster care program. This Tan Notice details the policy and rate revisions affecting the direct delivery of foster care services.

These statutes fund:

1. A mandatory foster care preservice training program;

2. On-site monitoring of 10 percent of all foster homes;

3. Additional respite care for foster parents caring for specialized needs children;

4. Additional specialized foster parent training;

5. More foster care recruitment services;

6. A survey of all foster parents leaving the foster care program; and

7. A 20 percent basic rate increase for foster/group care.

B. Rate Change Procedure

SSPS procedures effecting the rate change will be issued by memo. A "transaction generation" will be used to automatically change rates of cases open on July 1, 1990.

C. Rates

Section 32.61 is revised as follows:

1. DCFS and Private Agency Receiving Home Care:
   Monthly retainer ---------- $43.44
   Daily rate ---------- $15.98

2. Special Rate Receiving Home Care:

   Monthly retainer ---------- $88.06
   Daily rate ---------- $21.85

3. DCFS and Private Agency Foster Family Care.

   The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Inci-dentals	Total Monthly Rate
Child, less than 6 years	$193.76	$30.29	$41.30	$265.35
Child, 6 through 11 years	251.71	30.29	44.95	326.95
Child, 12 years or older	302.40	35.98	48.24	386.62

4. Private Child-Placing Agency Service Fee:

   Monthly rate ---------- $137.02
   Daily rate ---------- $ 4.50

5. Special Rate Foster Family Care:

   a. Behavioral/emotional problems: Monthly -------- $0 to 123.60
      Daily ---------- $3.81

   b. Intellectual/physical handicapped: Monthly ---- $0 to 123.60
      Daily ------ $3.81

   Section 32.67 is revised as follows:

6. Respite Care; Maximum Rates (Lower rates may be paid per Regional Office policies).

		Daily	Hourly
a.	Light Care	$42.44	$5.30
b.	Moderate Care	43.66	5.41
C.	Heavy Care	45.32	5.67

D. Policy/Procedure Revisions

Effective July 1, 1990, the following policy revisions are effective:

1. Notification to Foster Parents When Moving A Child

a. Whenever a child has been placed in a foster family home by the department or a child-placing agency and the child has thereafter resided in the home for at least ninety consecutive days, the department or child-placing agency shall notify the foster family at least five days prior to moving the child to another placement, unless:

(1) A court order has been entered requiring an immediate change in placement;

(2) The child is being returned home;

(3) The child's safety is in jeopardy; or

(4) The child is residing in a receiving home or a group home.

b. If a child has resided in a foster family home for less than 90 days or if, due to one or more of the circumstances in subsection (1) of this section, it is not possible to give five days notification, the department or child-placing agency shall notify the foster family home of proposed placement changes as soon as reasonably possible.

c. This section is intended solely to assist in minimizing disruption to the child in changing foster care placements. Nothing in this section shall be construed to require that a court hearing be held prior to changing a child's foster care placement nor to create any substantive foster parent custody rights.

2. Sharing of Information With Care Providers

Except as provided in RCW 70.24.105 regarding confidentiality and HIV-AIDS, the Department and child placing agencies may share information about the child and the child's family with out-of-home care providers. These providers include foster parents, relatives and group home staff.

DSHS staff and child placing agency staff may consult with care providers regarding developing, monitoring and revising a child's case plan.

All persons receiving the above information shall keep the information confidential and not to disclose or disseminate the information except as authorized by law.

DSHS staff may continue to disclose information on a "need to know" basis. For example, a natural parent's psychological evaluation should be kept confidential from a care provider if it has no direct bearing on the assigned responsibilities of the care provider.

3. Foster-Adopt Program

DSHS is required to expand the foster-adopt program to statewide coverage to encourage stable placements for foster children for whom permanent out of home placement is likely.

If you have homes that are both licensed as foster homes and approved for adoption <u>and</u> placement workers are screening children per section 36.34, "Foster-Adoptive Placement" you have already met this requirement.

However, if the above resources and screening are not currently available in your service area, take action to ensure availability of a foster-adopt-program.

4. Parental Preference of Placement

DSHS staff shall, absent good cause, follow the parental placement wishes regarding selection of a foster home or relative placement. Preferences such as family constellation, ethnicity and religion shall be given consideration when matching children to foster homes. Parental authority is appropriate in areas that are not connected with the abuse or neglect that resulted in the dependency and should be integrated through the foster care team.

"Good cause" shall include, but is not limited to, DCFS staff assessment of the needs of the child, the ability of foster care or relative care providers to meet the child's needs, and the location and availability of foster homes.

DCFS MANUAL: CHAPTER 32 -- RELATIVE PLACEMENTS AND FOSTER CARE

TO: Holders of DCFS Manual

NOTICE NO.: T-98
ISSUED: 12/31/91

FROM: Diana Roberts, Director
Division of Children & Family Services
Mail Stop 5710/OB-41

SECTIONS REVISED:

EFFECTIVE: Immediately
FOR INFORMATION CALL:
753-6761 or SCAN 234-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, 5807 (MG-13).
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 5806 (OB-16).

SUBJECT: POLICY REGARDING THE CONSIDERATION OF RACIAL AND ETHNIC OR CULTURAL HERITAGE IN MAKING PLACEMENT DECISIONS

Insert this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice control Sheet the date Notice No. T-98 was entered.

A. BACKGROUND

DCFS is committed to preventing discrimination on the basis of race, color, or national origin; to affirming the racial, ethnic, and cultural diversity of its clients and staff; and to pursuing culturally competent practice in all areas of its policies and services. The procedural instructions addressed in this manual chapter are intended to ensure that DCFS practices in making placement decisions are consistent with these commitments.

B. ACTION REQUIRED

Delete the text of Section 32.12 A and B of the DCFS Manual "Cultural Responsiveness" and replace it with the following:

It is the policy of DCFS to ensure that:

1. The best interests of children are met by requiring the social worker to explore a number of factors when making placement decisions; and

2. All such decisions are made on a case-by-case basis.

   a. When making placement decisions, the worker shall emphasize the best interests of the child, taking into account the particular child, parents, and circumstances. The worker shall take the following factors into consideration in determining the child's best interest:

      - Relationship of family to child;

      - The child and family's network of social bonds in the community;

PG-24 PENNY
CHILDREN'S RESEARCH
Manual DCFS 1 update(s)

- Physical, emotional, developmental, and social needs of the child;
- Age, sex, racial, ethnic, linguistic and cultural background and identity;
- Placement history (if any);
- Availability of least restrictive and appropriate placement resources which will facilitate continued interaction between the parent and the child; and
- Sibling placement status.

b. In support of this policy, DCFS will give preference to placement of the child with a relative or significant person of the child. If a relative placement is considered detrimental to the child, or a relative is not available, the worker will document this information. DCFS shall also document efforts to place the child with a family best able to meet the child's needs, considering all factors mentioned in 2. a.

c. A child's relative placement and foster care experience shall meet the needs of the child. Every child is entitled to a culturally relevant foster care placement. Special attention should be paid to the child's age, ethnic identity, cultural background, sibling, or minority group, or the presence of physical, mental, or emotional handicap. DCFS shall consider the individual needs of the parent and the child in developing and providing the following services:

(1) Recruiting and selecting homes with population specific ethnicity and language abilities;

(2) Selection of DCFS social workers by supervisors;

(3) Culturally competent training foster parents and support of relatives;

(4) Planning for visits;

(5) Selecting schools or day care;

(6) Providing interpreters and communication services such as Sign Language translators and LEP (Limited English Proficiency) interpreters;

(7) Selecting of contractors and community services; and

(8) Periodically reviewing the adequacy and amount of foster care maintenance payments (IV-E State Plan 471(a)(11)).

d. The worker shall not use language or the national origin of a child or family as barriers to accessing services or to family reunification or in any other way that would discriminate against a client or client family. For example, the worker shall not utilize such factors in court presentations in a discriminatory manner.

e. DCFS shall not utilize the services of experts, specialists, or other consultants who do not use culturally appropriate testing instruments or other valuative tools. Such processes should be linguistically appropriate.

f. Workers shall respond to the linguistic and cultural needs of their clients. To enhance linguistic and cultural responsiveness, the worker shall engage in the following activities, keeping in mind the need for client confidentiality:

(1) Consult and/or collaborate with culturally appropriate community agencies, identified community experts, or identified natural helpers, bi-cultural staff at DCFS, or the regional cultural relevancy specialist. Resources may include:

(a) The DCFS office itself, including other casework staff or their office's named LEP (Limited English Proficiency) Minority Coordinator. Each Region has a designated coordinator for the Cultural Diversity Initiative. Any questions or concerns could/should be channelled to that resource;

(b) Community groups/organizations serving persons of that minority group;

(c) The client's local indian Tribe, the Indian Child Welfare Advisory Committee, (LICWAC) or Indian Community Organizations. (See Indian Child Welfare Manual.)

(d) Verification of the provision of the needs of children including, but not limited to: provisions for special education, services for handicapped children, and the continuity of racial, ethnic, linguistic, and cultural heritage consideration.

(2) The following cross cultural supports must be considered when developing culturally appropriate placement resources:

(a) Search for a culturally appropriate placement resource;

(b) Child should remain in a culturally appropriate interim care home until an appropriate foster care home can be located;

(c) Written documentation must be provided that an ethnically matching home could not be located;

(d) If a matching home cannot be found, an approved cross-cultural placement is acceptable;

(e) After first foster care placement, efforts must be made to obtain an ethnically home within 30 days;

(f) All initial cross-cultural placements should be staffed by the Multi-cultural review team. The worker and supervisor are responsible for follow-up and completion of any recommendations;

(g) Licensors shall have access to cultural materials or resources to share with foster homes.

(3) Seek assistance from a foster parent who may be a member of the same ethnic group as the child or the child's family.

(4) Identify and seek assistance from natural helpers who function within various ethnic communities.

Delete the text of Section 32.32, A. 3. E. of the DCFS Manual for procedures for making an accurate case assessment. Replace the section with the following:

Review/develop family social history that assesses such things as: racial, ethnic and cultural heritage, family and community resources, strengths, emotional/social support systems, family dynamics, work history, and family mobility.

Add to Section 32.32 C. defining "Reasonable Efforts" number 5 with the following:

(5) Develop a placement plan that will address the special needs of the child including, but not limited to: provisions for special education, services for handicapped children, the racial, ethnic linguistic and cultural heritage of the child and family.

Delete Section 32.34 D. 1. outlining "Selection and Preparation of Alternate Family Resources" and replace it with the following:

D. Selection and Preparation of Alternate Family Resources

1. The worker shall complete a careful evaluation assuring the child is placed in the alternative family that meets the best interest of the child. The evaluation shall consider the special needs of the child and family. A variety of relevant factors shall be considered including, but not limited to, provisions for special education, services for handicapped children, the racial, ethnic linguistic and cultural heritage of the child and family.

Add to Section 32.68 E. "Foster Parent Support Services" with the following:

E. Cross-Cultural Supports

If a home cannot be located that matches the child's cultural and individual needs, the worker shall provide the foster parents with assistance and instruction on how to meet the child's cultural, linguistic and individual needs. Such assistance/instruction might include:

1. Securing a cross-cultural consultant to advise the foster parent;

2. Identifying a foster parent from the child's race or culture who is willing to serve as an advisor to the foster parent who has a child from a different culture;

3. Securing language assistance for foster families when their primary language is different from the primary language of the child;

4. Assisting the foster parent with the completion of FOSTER PARENT SCOPE training, if such training has not already been completed; or

5. Providing the foster parent with written or other educational materials and an appropriate individual with whom they can discuss such materials.

Add to Section 32.35 F. 1. d. "Reviewing/Updating the Service Plan" the following:

F. Reviewing/Updating the Service Plan

1.d. Verification of the provision of the special needs of the child including, but not limited to: provisions for special education, services for handicapped children, and the continuity of racial, ethnic, linguistic, and cultural heritage consideration.

DCFS MANUAL: CHAPTER 32 -- RELATIVE PLACEMENTS AND FOSTER CARE

TO: Holders of DCFS Manual

NOTICE NO.: T-100
ISSUED: 01/24/92

FROM: Diana Roberts, Director
Division of Children & Family Services
Mail Stop 5710

SECTIONS REVISED:
32.12, 32.32, 32.34, 32.35 & 32.68

EFFECTIVE: Immediately
FOR INFORMATION CALL:
753-6761 or SCAN 234-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MS:5807. FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS:5806.

SUBJECT: POLICY REGARDING THE CONSIDERATION OF RACIAL AND ETHNIC OR CULTURAL HERITAGE IN MAKING PLACEMENT DECISIONS

Insert this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice Control Sheet the date Notice No. T-100 is entered. Please remove T-98 and note on the Tan Notice Control Sheet the date it is removed.

BACKGROUND

DCFS is committed to preventing discrimination on the basis of race, color, religion or national origin; to affirming the racial, ethnic, and cultural diversity of its clients and staff; and to pursuing culturally competent practice in all areas of its policies and services. The procedural instructions addressed in this manual chapter are intended to ensure that DCFS practices in making placement decisions are consistent with these commitments.

ACTION REQUIRED

Delete the text of Section 32.12 A. and B. of the DCFS Manual "Cultural Responsiveness" and replace it with the following:

It is the policy of DCFS to ensure that:

A. The best interests of children are met by requiring the social worker to explore a number of factors when making placement decisions; and

B. All such decisions are made on a case-by-case basis.

1. When making placement decisions, the worker shall emphasize the best interests of the child, taking into account the particular child, parents, and circumstances. The worker shall take the following factors into consideration in determining the child's best interest:

- Relationship of family to child;

- The child and family's network of social bonds in the community;
- Physical, emotional, developmental, and social needs of the child;
- Age, sex, racial, ethnic, linguistic, religious and cultural background and identity;
- Placement history (if any);
- Availability of least restrictive and appropriate placement resources which will facilitate continued interaction between the parent and the child; and
- Sibling placement status.

2. In support of this policy, DCFS will give preference to placement of the child with a relative or significant person of the child. If a relative placement is considered detrimental to the child, or a relative is not available, the worker will document this information. DCFS shall also document efforts to place the child with a family best able to meet the child's needs, considering all factors mentioned in A. 1.

3. A child's relative placement and foster care experience shall meet the needs of the child. Every child is entitled to a culturally relevant foster care placement. Special attention should be paid to the child's age, ethnic identity, cultural background, sibling, or minority group, or the presence of physical, mental, or emotional handicap. DCFS shall consider the individual needs of the parent and the child in developing and providing the following services:

   a. Recruiting and selecting homes with population specific ethnicity and language abilities;

   b. Culturally responsive casework services;

   c. Culturally competent training foster parents and support of relatives;

   d. Planning for visits;

   e. Selecting schools or day care;

   f. Providing interpreters and communication services such as Sign Language translators and LEP (Limited English Proficiency) interpreters;

g. Selecting of culturally responsive homebase and community services; and

h. Periodically reviewing the adequacy and amount of foster care maintenance payments (IV-E State Plan 471(a)(11)).

4. The worker shall not use language or the national origin of a child or family as barriers to accessing services or to family reunification or in any other way that would discriminate against a client or client family. For example, the worker shall not utilize such factors in court presentations in a discriminatory manner.

5. DCFS shall not utilize the services of experts, specialists, or other consultants who do not use culturally appropriate testing instruments or other valuative tools. Such processes should be linguistically appropriate.

6. Workers shall respond to the linguistic and cultural needs of their clients. To enhance linguistic and cultural responsiveness, the worker shall engage in the following activities, keeping in mind the need for client confidentiality:

a. Consult and/or collaborate with culturally appropriate community agencies, identified community experts, or identified natural helpers, bi-cultural staff at DCFS, or the regional cultural relevancy specialist. Resources may include:

(1) The DCFS office itself, including other casework staff or their office's named LEP (Limited English Proficiency) Minority Coordinator. Each Region has a designated coordinator for the Cultural Diversity Initiative. Any questions or concerns could/should be channelled to that resource;

(2) Community groups/organizations serving persons of that minority group;

(3) The client's local indian Tribe, the Indian Child Welfare Advisory Committee, (LICWAC) or Indian Community Organizations. (See Indian Child Welfare Manual.)

b. Seek assistance from a foster parent who may be a member of the same ethnic group as the child or the child's family.

c. Identify and seek assistance from natural helpers who function within various ethnic communities.

Delete the text of Section 32.32, A. 3. e. of the DCFS Manual for procedures for making an accurate case assessment. Replace the section with the following:

e. Review/develop family social history that assesses such things as: ethnic and cultural heritage, family and community resources, strengths, emotional/social support systems, family dynamics, work history, and family mobility.

Add to Section 32.32 C. 1. a. defining "Reasonable Efforts" the following:

(5) Develop a placement plan that will address the needs of the child including, but not limited to: provisions for special education, services for handicapped children, the ethnic linguistic and cultural heritage of the child and family.

Delete Section 32.34 D. 1. outlining "Selection and Preparation of Alternate Family Resources" and replace it with the following:

1. The worker shall complete a careful evaluation assuring the child is placed in the alternative family that meets the best interest of the child. The evaluation shall consider the needs of the child and family. A variety of relevant factors shall be considered including, but not limited to, provisions for special education, services for handicapped children, the ethnic linguistic and cultural heritage of the child and family.

Delete Section 32.35 F. 1. d. "Reviewing/Updating the Service Plan" and replace it with the following:

d. Verification of the provision of the needs of the child including, but not limited to: provisions for special education, services for handicapped children, and the continuity of racial, ethnic, linguistic, and cultural heritage consideration.

Add to Section 32.68 "Foster Parent Support Services" the following:

E. Cross-Cultural Supports

If a home cannot be located that matches the child's cultural and individual needs, the worker shall provide the foster parents with assistance and instruction on how to meet the child's cultural, linguistic and individual needs. Such assistance/instruction might include:

1. Documentation of completed cross cultural placement needs assessment shall be placed in child's record;

2. Written documentation shall be provided that an ethnically matching home could not be located;

3. The child should remain in a culturally appropriate interim care home until an appropriate foster care home can be located;

4. If a matching home cannot be found, an approved cross-cultural placement is acceptable.

5. After the first foster care placement, efforts shall be made to obtain an ethnically matching home within 30 days.

6. All initial cross-cultural placements shall be staffed by the Multi-Cultural review team. The worker and supervisor are responsible for follow-up and completion of any recommendations.

7. Licensors shall have access to cultural materials or resources to share with foster homes.

TO: Holders of DCFS Manuals

NOTICE NO.: T-102
ISSUED: 07/07/92

FROM: Diana Roberts, Director
Division of Children & Family Services
MS 5710

SECTIONS REVISED:
32.61

EFFECTIVE: 07/01/92
FOR INFORMATION CALL:
Sharon Braden
SCAN 234-6761 or 753-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MS 5807.
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 5806.

SUBJECT: FOSTER/RECEIVING CARE RATE REVISION

Place this notice in front of Chapter 32, and note on Tan Notice Control Sheet the date T-102 was entered.

A. Background

The 1992 Legislative Session mandated a 3% Vendor Rate Increase for Family Foster Care and a 2% increase for Receiving Care to take effect July 1, 1992. This Tan Notice details the rate revisions affecting the direct delivery of foster care services.

B. Rate Change Procedure

SSPS procedures effecting the rate change will be issued by memo. A "transaction generation" will be used to automatically change rates of cases open on July 1, 1992.

C. Rates

Section 32.61 is revised as follows:

1. DCFS and Private Agency Receiving Home Care:

Monthly retainer	$45.32
Daily rate	$16.57

2. Special Rate Receiving Home Care:

Monthly retainer	$91.31
Daily rate	$22.66

3. DCFS and Private Agency Foster Family Care

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Incidentals	Total Monthly Rate
Child less than 6 years	$202.90	$31.71	$43.26	$277.87
Child 6 through 11 years	$263.59	$31.71	$47.07	$342.37
Child 12 years or older	$316.64	$37.70	$50.51	$404.85

4. Private Child-Placing Agency Service Fee:

Monthly Rate	$143.48
Daily Rate	$ 4.70

5. Special Rate Foster Family Care

a.	Behavior/emotion problems:	Monthly	0 - 129.85
		Daily	0 - prorated
b.	Intellectual/physical	Monthly	0 - 129.85
		Daily	0 - prorated

6. Respite Care

		Daily	Hourly
a.	Light Care	$43.54	$5.56
b.	Moderate Care	$45.45	$5.69
c.	Heavy Care	$47.62	$5.95

TO: Holders of DCFS Manuals

NOTICE NO.: T-104
ISSUED: 12/30/92

FROM: Diana Roberts, Director
Division of Children & Family Services
MS 5710

SECTIONS REVISED:
32.61

EFFECTIVE: 1/1/93
FOR INFORMATION CALL:
Sharon Braden
SCAN 234-6761 or 753-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MS 5807.
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 5806.

SUBJECT: FOSTER/RECEIVING CARE RATE REVISION

Place this notice in front of Chapter 32, and note on Tan Notice Control Sheet the date T-104 was entered.

A. Background

The 1992 Legislative Session mandated a 5 percent Vendor Rate Increase for Family Foster Care and a 3.2 percent increase for Receiving Care to take effect January 1, 1993. This Tan Notice details the rate revisions affecting the direct delivery of foster care services.

B. Rate Change Procedure

SSPS procedures effecting the rate change will be issued by memo. A "transaction generation" will be used to automatically change rates of cases open on January 1, 1993.

C. Rates

Section 32.61 is revised as follows:

1. DCFS and Private Agency Receiving Home Care:

Monthly retainer	$46.77
Daily rate	$17.10

2. Special Rate Receiving Home Care:

Monthly retainer	$94.23
Daily rate	$23.39

3. DCFS and Private Agency Foster Family Care

The monthly rate is detailed as follows:

	Board & Room	Clothing	Personal Incidentals	Total Monthly Rate
Child less than 6 years	$213.04	$33.30	$45.42	$291.76
Child 6 through 11 years	$276.77	$33.30	$49.42	$359.49
Child 12 years or older	$332.47	$39.59	$53.03	$425.09

4. Private Child-Placing Agency Service Fee:

Monthly Rate	$150.65
Daily Rate	$ 4.94

5. Special Rate Foster Family Care

a.	Behavior/emotion problems:	Monthly	0 - 136.34
		Daily	0 - prorated
b.	Intellectual/physical	Monthly	0 - 136.34
		Daily	0 - prorated

6. Respite Care

		Daily	Hourly
a.	Light Care	$45.72	$5.84
b.	Moderate Care	$47.72	$5.97
c.	Heavy Care	$50.00	$6.25

RECEIVED
AUG 17 1993
CHILDREN AND FAMILY SERVICES

TO: Holders of DCFS Manuals

NOTICE NO.: T-106
ISSUED: 08/03/93

FROM: Division of Children & Family Services
MS 45710

SECTIONS REVISED:
32.14, 32.33

EFFECTIVE: Immediately
FOR INFORMATION CALL:
SCAN 234-6761/(206) 753-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MS 45807.
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 45806.

SUBJECT: LIMITING THE EXTENSION OF VOLUNTARY PLACEMENTS

Place this notice in front of Chapter 32, and note on Tan Notice Control Sheet the date T-106 was entered.

A. BACKGROUND

Voluntary placements in Washington are currently limited to 180 days with the ability to extend those placements in increments of 180 days to 18 months.

The state's Title IV-E plan allows reimbursement for IV-E eligible children through the 180th day of the voluntary placement. If a voluntary placement continues past 180 days, the child becomes ineligible for IV-E reimbursement for the life of the placement, regardless of the filing of a dependency.

The material in this notice relates to the restructuring of the voluntary placement procedure by limiting the placement to 180 days with mandatory administrative/permanency planning reviews by the 90th and 180th day of placement. Extensions to the original placement episode will be granted by the or the Regional Administrator (or Area Manager) only in exceptional situations. The intent of restructuring is to reduce the risk of foster care drift, to promote early permanency planning, and to maximize the state's ability to recoup IV-E funding for foster care and adoption support and reduce expenditures in the state-funded foster care for voluntary placements.

B. ACTION REQUIRED

Add the following information to Section 32.14 General Policies of the DCFS Manual:

1. Voluntary Placement

Voluntary placements are limited to 180 days or six months. Administrative/Permanency Planning reviews are mandatory by the 90th day of placement. Such extensions will be considered only

under extraordinary circumstances. Placements beyond six months must be authorized by the Regional Administrator (or Area Mmanager). Such extensions will be considered only under extraordinary circumstances and shall be limited to 90 days.

C. PROCEDURES

Delete the text of 32.33 E. 3. of the DCFS Manual, "Placement of Developmentally Disabled Children, Voluntary Consent" and add the following text under Section 32.33 Placement Options:

7. Voluntary Placement

a. Children may be accepted for DCFS voluntary foster care placement when the prerequisites listed in Section 32.32 D. have been met, and the service worker has obtained a signed DSHS 09-004B(X), Voluntary Placement Agreement, prior to placement from the parent(s) or legal guardian(s). The department shall have supervisory responsibility for all voluntary placements.

b. Voluntary placements are limited to a maximum period of six months or 180 days (see WAC 388-70-013).

c. When assessing the appropriateness of placement on a voluntary basis versus a court ordered one, the DCFS service worker shall evaluate the following factors:

(1) Would the child be at risk of imminent harm if the parents withdrew their support from the voluntary agreement?

(2) Are the parents entering into the agreement willingly? Do they comprehend their responsibilities under the agreement and the responsibilities they have given to DCFS?

(3) Does the plan for out-of-home care have a short-term focus limited to 180 days or less and is the permanent plan to return the child to his/her parents?

(4) Will a lack of early court involvement delay achieving a permanent placement?

(5) Are the child's placement needs such that it is appropriate to provide placement services on a trial basis, rather than having them ordered by the court?

(6) Does the child need the protection of the court in order to ensure he/she receives services or does DCFS need the authority of the court in order to deliver services?

d. An Administrative/Permanency Planning Review staffing will be provided by the 90th day of the child's voluntary placement. This review will include the participation of the social worker and the supervisor assigned to the case, and may include the biological/adoptive or guardian family the foster placement family, and others involved in the child's case (e.g., cultural responsive specialist, teacher, etc.).

e. If it appears a voluntary placement will continue beyond the 180th day of placement, the social worker shall initiate the appropriate court action to obtain a dependency petition at the 90-day review. All dependency petitions must be filed before the 180th day of the voluntary placement for IV-E reimbursement to occur during this placement episode.

f. If, at any time, before or after the Administrative/ Permanency Planning Review staffing, the DCFS social worker determines that the parent(s) are not complying with the voluntary placement agreement, or if the child's needs are not being met through the voluntary placement, the service worker may exercise the options of either terminating the placement or taking steps to have the placement become court-ordered.

g. Regional Administrators or Area Managers have the authority to grant a 90-day exception to the 180-day limit on voluntary placements if:

(1) An administrative/permanency planning review has occurred and the recommendation indicates the placement will not continue beyond 270 days or nine months; and

(2) The return of the child to his own home or other permanent placement is imminent; or

(3) The child is 17 years of age or older.

h. DCFS shall release a child from substitute care placement within 24 hours if the parent or guardian who consented to the placement notifies the agency of their desire to terminate the voluntary placement agreement. The parent or guardian shall confirm in writing the termination of the agreement and shall confirm that they still have legal custody of the child before the child is released by the Division.

i. Private placement agencies shall continue to use the DSHS 09-004B(X), Voluntary Placement Agreement for children placed under their supervision.

j. DCFS staff and private placement agencies shall continue to accept voluntary placement consents relative to Indian children only when validated by the juvenile court.

TO: Holders of DCFS Manuals

NOTICE NO.: T-107
ISSUED: 08/18/93

FROM: Division of Children & Family Services
MS 45710

SECTIONS REVISED:
32.14, 32.33

EFFECTIVE: Immediately
FOR INFORMATION CALL:
SCAN 234-6761/(206) 753-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MS 45807.
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 45807.

SUBJECT: LIMITING THE EXTENSION OF VOLUNTARY PLACEMENTS

Place this notice in front of Chapter 32, and note on Tan Notice Control Sheet the date T-107 was entered and remove T-106.

A. BACKGROUND

Voluntary placements in Washington are currently limited to 180 days with the ability to extend those placements in increments of 180 days to 18 months.

The state's Title IV-E plan allows reimbursement for IV-E eligible children through the 180th day of the voluntary placement. If a voluntary placement continues past 180 days without a dependency court order, the child becomes ineligible for IV-E reimbursement for the life of the placement, regardless of the filing of a dependency.

The material in this notice relates to the restructuring of the voluntary placement procedure by limiting the placement to 180 days with mandatory administrative/permanency planning reviews by the 90th and 180th day of placement. Extensions to the original placement episode will be granted by the or the Regional Administrator (or Area Manager) only in exceptional situations. The intent of restructuring is to reduce the risk of foster care drift, to promote early permanency planning, and to maximize the state's ability to recoup IV-E funding for foster care and adoption support and reduce expenditures in the state-funded foster care for voluntary placements.

B. ACTION REQUIRED

Add the following information to Section 32.14 General Policies of the DCFS Manual:

1. Voluntary Placement

Voluntary placements are limited to 180 days or six months. Administrative/Permanency Planning reviews are mandatory by the 90th day of placement. Such extensions will be considered only

under extraordinary circumstances. Placements beyond six months must be authorized by the Regional Administrator (or Area Mmanager). Such extensions will be considered only under extraordinary circumstances and shall be limited to 90 days.

C. PROCEDURES

Delete the text of 32.33 E. 3. of the DCFS Manual, "Placement of Developmentally Disabled Children, Voluntary Consent" and add the following text under Section 32.33 Placement Options:

7. Voluntary Placement

a. Children may be accepted for DCFS voluntary foster care placement when the prerequisites listed in Section 32.32 D. have been met, and the service worker has obtained a signed DSHS 09-004B(X), Voluntary Placement Agreement, prior to placement from the parent(s) or legal guardian(s). The department shall have supervisory responsibility for all voluntary placements.

b. Voluntary placements are limited to a maximum period of six months or 180 days (see WAC 388-70-013).

c. When assessing the appropriateness of placement on a voluntary basis versus a court ordered one, the DCFS service worker shall evaluate the following factors:

(1) Would the child be at risk of imminent harm if the parents withdrew their support from the voluntary agreement?

(2) Are the parents entering into the agreement willingly? Do they comprehend their responsibilities under the agreement and the responsibilities they have given to DCFS?

(3) Does the plan for out-of-home care have a short-term focus limited to 180 days or less and is the permanent plan to return the child to his/her parents?

(4) Will a lack of early court involvement delay achieving a permanent placement?

(5) Are the child's placement needs such that it is appropriate to provide placement services on a trial basis, rather than having them ordered by the court?

(6) Does the child need the protection of the court in order to ensure he/she receives services or does DCFS need the authority of the court in order to deliver services?

d. An Administrative/Permanency Planning Review staffing will be provided by the 90th day of the child's voluntary placement. This review will include the participation of the social worker and the supervisor assigned to the case, and may include the biological/adoptive or guardian family the foster placement family, and others involved in the child's case (e.g., cultural responsive specialist, teacher, etc.).

e. If it appears a voluntary placement will continue beyond the 180th day of placement, the social worker shall initiate the appropriate court action to obtain a dependency petition at the 90-day review. All dependency petitions must be filed and a court order obtained before the 180th day of the voluntary placement for IV-E reimbursement to occur during this placement episode.

f. If, at any time, before or after the Administrative/ Permanency Planning Review staffing, the DCFS social worker determines that the parent(s) are not complying with the voluntary placement agreement, or if the child's needs are not being met through the voluntary placement, the service worker may exercise the options of either terminating the placement or taking steps to have the placement become court-ordered.

g. Regional Administrators or Area Managers have the authority to grant a 90-day exception to the 180-day limit on voluntary placements if:

(1) An administrative/permanency planning review has occurred and the recommendation indicates the placement will not continue beyond 270 days or nine months; and

(2) The return of the child to his own home or other permanent placement is imminent; or

(3) The child is 17 years of age or older.

h. DCFS shall release a child from substitute care placement within 24 hours if the parent or guardian who consented to the placement notifies the agency of their desire to terminate the voluntary placement agreement. The parent or guardian shall confirm in writing the termination of the agreement and shall confirm that they still have legal custody of the child before the child is released by the Division.

i. Private placement agencies shall continue to use the DSHS 09-004B(X), Voluntary Placement Agreement for children placed under their supervision.

j. DCFS staff and private placement agencies shall continue to accept voluntary placement consents relative to Indian children only when validated by the juvenile court.

DCFS MANUAL: CHAPTER 32 -- RELATIVE PLACEMENTS AND FOSTER CARE

TO: Holders of DCFS Manual

NOTICE NO.: T-98
ISSUED: 12/31/91

FROM: Diana Roberts, Director
Division of Children & Family Services
Mail Stop 5710/OB-41

SECTIONS REVISED:

EFFECTIVE: Immediately
FOR INFORMATION CALL:
753-6761 or SCAN 234-6761

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, 5807 (MG-13).
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 5806 (OB-16).

SUBJECT: POLICY REGARDING THE CONSIDERATION OF RACIAL AND ETHNIC OR CULTURAL HERITAGE IN MAKING PLACEMENT DECISIONS

Insert this notice in front of DCFS Manual, Chapter 32, and note on the Tan Notice control Sheet the date Notice No. T-98 was entered.

A. BACKGROUND

DCFS is committed to preventing discrimination on the basis of race, color, or national origin; to affirming the racial, ethnic, and cultural diversity of its clients and staff; and to pursuing culturally competent practice in all areas of its policies and services. The procedural instructions addressed in this manual chapter are intended to ensure that DCFS practices in making placement decisions are consistent with these commitments.

B. ACTION REQUIRED

Delete the text of Section 32.12 A and B of the DCFS Manual "Cultural Responsiveness" and replace it with the following:

It is the policy of DCFS to ensure that:

1. The best interests of children are met by requiring the social worker to explore a number of factors when making placement decisions; and

2. All such decisions are made on a case-by-case basis.

   a. When making placement decisions, the worker shall emphasize the best interests of the child, taking into account the particular child, parents, and circumstances. The worker shall take the following factors into consideration in determining the child's best interest:

      - Relationship of family to child;

      - The child and family's network of social bonds in the community;

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- Physical, emotional, developmental, and social needs of the child;
- Age, sex, racial, ethnic, linguistic and cultural background and identity;
- Placement history (if any);
- Availability of least restrictive and appropriate placement resources which will facilitate continued interaction between the parent and the child; and
- Sibling placement status.

b. In support of this policy, DCFS will give preference to placement of the child with a relative or significant person of the child. If a relative placement is considered detrimental to the child, or a relative is not available, the worker will document this information. DCFS shall also document efforts to place the child with a family best able to meet the child's needs, considering all factors mentioned in 2. a.

c. A child's relative placement and foster care experience shall meet the needs of the child. Every child is entitled to a culturally relevant foster care placement. Special attention should be paid to the child's age, ethnic identity, cultural background, sibling, or minority group, or the presence of physical, mental, or emotional handicap. DCFS shall consider the individual needs of the parent and the child in developing and providing the following services:

(1) Recruiting and selecting homes with population specific ethnicity and language abilities;

(2) Selection of DCFS social workers by supervisors;

(3) Culturally competent training foster parents and support of relatives;

(4) Planning for visits;

(5) Selecting schools or day care;

(6) Providing interpreters and communication services such as Sign Language translators and LEP (Limited English Proficiency) interpreters;

(7) Selecting of contractors and community services; and

(8) Periodically reviewing the adequacy and amount of foster care maintenance payments (IV-E State Plan 471(a)(11)).

d. The worker shall not use language or the national origin of a child or family as barriers to accessing services or to family reunification or in any other way that would discriminate against a client or client family. For example, the worker shall not utilize such factors in court presentations in a discriminatory manner.

e. DCFS shall not utilize the services of experts, specialists, or other consultants who do not use culturally appropriate testing instruments or other valuative tools. Such processes should be linguistically appropriate.

f. Workers shall respond to the linguistic and cultural needs of their clients. To enhance linguistic and cultural responsiveness, the worker shall engage in the following activities, keeping in mind the need for client confidentiality:

(1) Consult and/or collaborate with culturally appropriate community agencies, identified community experts, or identified natural helpers, bi-cultural staff at DCFS, or the regional cultural relevancy specialist. Resources may include:

(a) The DCFS office itself, including other casework staff or their office's named LEP (Limited English Proficiency) Minority Coordinator. Each Region has a designated coordinator for the Cultural Diversity Initiative. Any questions or concerns could/should be channelled to that resource;

(b) Community groups/organizations serving persons of that minority group;

(c) The client's local indian Tribe, the Indian Child Welfare Advisory Committee, (LICWAC) or Indian Community Organizations. (See Indian Child Welfare Manual.)

(d) Verification of the provision of the needs of children including, but not limited to: provisions for special education, services for handicapped children, and the continuity of racial, ethnic, linguistic, and cultural heritage consideration.

(2) The following cross cultural supports must be considered when developing culturally appropriate placement resources:

(a) Search for a culturally appropriate placement resource;

(b) Child should remain in a culturally appropriate interim care home until an appropriate foster care home can be located;

(c) Written documentation must be provided that an ethnically matching home could not be located;

(d) If a matching home cannot be found, an approved cross-cultural placement is acceptable;

(e) After first foster care placement, efforts must be made to obtain an ethnically home within 30 days;

(f) All initial cross-cultural placements should be staffed by the Multi-cultural review team. The worker and supervisor are responsible for follow-up and completion of any recommendations;

(g) Licensors shall have access to cultural materials or resources to share with foster homes.

(3) Seek assistance from a foster parent who may be a member of the same ethnic group as the child or the child's family.

(4) Identify and seek assistance from natural helpers who function within various ethnic communities.

Delete the text of Section 32.32, A. 3. E. of the DCFS Manual for procedures for making an accurate case assessment. Replace the section with the following:

Review/develop family social history that assesses such things as: racial, ethnic and cultural heritage, family and community resources, strengths, emotional/social support systems, family dynamics, work history, and family mobility.

Add to Section 32.32 C. defining "Reasonable Efforts" number 5 with the following:

(5) Develop a placement plan that will address the special needs of the child including, but not limited to: provisions for special education, services for handicapped children, the racial, ethnic linguistic and cultural heritage of the child and family.

Delete Section 32.34 D. 1. outlining "Selection and Preparation of Alternate Family Resources" and replace it with the following:

D. Selection and Preparation of Alternate Family Resources

1. The worker shall complete a careful evaluation assuring the child is placed in the alternative family that meets the best interest of the child. The evaluation shall consider the special needs of the child and family. A variety of relevant factors shall be considered including, but not limited to, provisions for special education, services for handicapped children, the racial, ethnic linguistic and cultural heritage of the child and family.

Add to Section 32.68 E. "Foster Parent Support Services" with the following:

E. Cross-Cultural Supports

If a home cannot be located that matches the child's cultural and individual needs, the worker shall provide the foster parents with assistance and instruction on how to meet the child's cultural, linguistic and individual needs. Such assistance/instruction might include:

1. Securing a cross-cultural consultant to advise the foster parent;

2. Identifying a foster parent from the child's race or culture who is willing to serve as an advisor to the foster parent who has a child from a different culture;

3. Securing language assistance for foster families when their primary language is different from the primary language of the child;

4. Assisting the foster parent with the completion of FOSTER PARENT SCOPE training, if such training has not already been completed; or

5. Providing the foster parent with written or other educational materials and an appropriate individual with whom they can discuss such materials.

Add to Section 32.35 F. 1. d. "Reviewing/Updating the Service Plan" the following:

F. Reviewing/Updating the Service Plan

1.d. Verification of the provision of the special needs of the child including, but not limited to: provisions for special education, services for handicapped children, and the continuity of racial, ethnic, linguistic, and cultural heritage consideration.