

Revision #1 6/25/98

CHILDREN'S ADMINISTRATION  
OPERATIONS  
MANUAL







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# CHAPTER 1000 -- INTRODUCTION







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**1100 CONTEXT AND PURPOSE**

The Children's Administration (CA) *Operations Manual* supports and implements the provisions contained in the CA *Case Services Policy Manual* and *Practices and Procedures Guide* and provides administrative guidance to the divisions and offices of the Administration. The *Operations Manual* identifies technical policy and procedure which supports the agency's social service delivery system and provides administrative direction consistent with state and agency directives.

This manual sets forth procedures and practices regarding implementation of policy within the context of the business environment of the Children's Administration.

**1200 MISSION AND STRATEGIC PLAN**

**1210 MISSION**

The Children's Administration (CA) is committed to the safe and healthy growth and development of children in their own homes, in out-of-home placement, and in child day care. CA provides a comprehensive range of services designed to protect children from abuse and neglect, to support families, and to assure quality of care. Services are intended to promote the safety of children and the preservation, rehabilitation, and reunification of families to the maximum extent possible.



**CHAPTER 1000—INTRODUCTION**

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## 1220 STRATEGIC PLAN

- A. The Children's Administration strategic plan seeks to expand and improve its capacity to provide effective, quality services to protect children and strengthen families in crisis. Specific strategies for agency planning and making effective changes have been developed using the following basic, guiding principles to address the Administration's commitment to excellence in service delivery and programs:
- Family centered.
  - Culturally relevant.
  - Coordinated and collaborative.
  - Locally planned.
  - Community-based and preventive.
  - Outcome-based.
  - Creative.
  - Customer service based.
- B. The Administration's strategic plan establishes a clear, consistent direction and provides a structure for policy formulation, decision-making, and accountability.



1221 Goals and Objectives

The strategic plan includes the following goals and objectives:

- A. Improved Administrative Structure: Delivery of services through an effective management structure that is based on a creatively decentralized administration with appropriate centralized oversight.
- B. Family Centered Practice: The statewide delivery of culturally relevant services for children and families that are based on family centered practice.
- C. Community Based Services: Locally planned and coordinated support services that address the unique needs of communities.
- D. Quality Assurance: Accountable programs that are reflective of sound management practices and that strive for excellence.
- E. Communication: Open communication and regular discussion of challenges and successes with staff, clients, communities, and the legislature.

1300 **APPLICATION OF DEPARTMENT POLICY**

Children's Administration staff are accountable for following applicable department policy. The primary source documents include, but are not limited to:

- *DSHS Administrative Policies*
- *Case and Management Information System (CAMIS) Policies*
- *Social Service Payment System (SSPS) Manual*
- *DSHS Personnel Policies*



- *DSHS Travel Manual*
- *Paperwork Management Manual*
- *Washington Management Service (WMS) Policies*
- *Merit System Rules*
- *Union Contract*
- *Manual A (Washington Administrative Code)*
- *Agency Inventory System Manual*

Each regional office and each local office shall retain and maintain a complete, current copy of each of the above manuals or policies. CA staff also must adhere to other directives that may be issued from time to time by the Secretary or the Assistant Secretary.

#### **1400 MANUAL MAINTENANCE AND POLICY ISSUANCE**

- A. Each Director, Division of Children and Family Services (DCFS) Regional Administrator, and Division of Licensed Resources (DLR) Regional Manager is responsible for establishing and maintaining a system to assign a copy of the CA manuals to each specific employee within their span of control. This system will include a methodology for locating and updating each manual as revisions are issued.
- B. As the manuals are available electronically through assigned computers to all CA staff, it is no longer necessary to maintain a set of hard-copy manuals for each CA staff. At that point, each Director, Regional Administrator, and Regional Manager shall maintain a set of hard-copy manuals available to each supervisory unit and other program management staff as they deem appropriate.
- C. For guidelines regarding manual maintenance and policy issuance, see the *CA Practices and Procedures Guide*, Chapter 1000, section 1200.



CHAPTER 2000 --  
ORGANIZATIONAL  
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**2100 CHILDREN'S ADMINISTRATION ORGANIZATIONAL STRUCTURE**

The Children's Administration (CA) management team is responsible for developing and implementing Administration policy and programs and for statewide resource management. Members of the management team include the Assistant Secretary, Division Directors, Office Chiefs, and the six DCFS Regional Administrators.

**2200 ORGANIZATIONAL UNITS**

**2210 OFFICE OF THE ASSISTANT SECRETARY**

**2211 Information Services**

- A. The Office of Information Services supports the Administration's personal computers (PC), networks, and the Case and Management Information System (CAMIS) applications.
- B. PCs and networks are supported by Computer Information Consultants (CIC) who are located at various offices across the state. CICs install and maintain computers and desktop software. They also manage each office's local area network (LAN), including file servers and printers. These PCs and networks provide word processing, electronic mail, and access to CAMIS.
- C. The CAMIS application is supported by a team of programmers and technical specialists based in Olympia. The programmers make modifications to CAMIS and work with the Department of Information Services (DIS) to operate CAMIS 24 hours a day.



**2212 Constituent Relations**

The Office of Constituent Relations was created by the legislature in 1991 to provide timely, thorough, and objective resolution of complaints from clients, foster parents, legislators, and others regarding services or programs of the Administration. See Chapter 3000, section 3200, for a description of the formal complaint process used when informal resolution of concerns is not possible.

**2220 DIVISION OF MANAGEMENT SERVICES**

The Division of Management Services provides statewide leadership and program support to the other divisions of the Children's Administration in administrative support functions, resource management, diversity, human resources, quality initiative, and department public relations and communications support.

**2221 Office of Children's Administration Research**

- A. The Office of Children's Administration Research (OCAR) conducts research and evaluation projects of selected policy and program issues for CA, the Juvenile Rehabilitation Administration (JRA), and other Administrations, as requested. Data from OCAR research are used to inform policy development, improve practice, and identify program effectiveness and client and provider satisfaction.
- B. OCAR provides technical support and analysis to CA for management information and policy development.



**2222 Office of Quality Assurance and Training**

The Office of Quality Assurance and Training:

- A. Develops internal evaluation systems and quality control mechanisms to improve existing CA programs and to promote and disseminate best social work practice within the Administration.
- B. Develops tools, guidelines, and program standards for evaluating practice and program implementation.
- C. Provides technical assistance and consultation to regions in developing and establishing regular program reviews, measures of program performance, workload tracking, and development of workload management strategies.
- D. Conducts program reviews and provides ongoing assistance in implementing recommendations.
- E. Identifies skills and characteristics that promote quality child welfare practice for line staff, supervisors, and management; utilizes information gathered to develop training plans for staff; shares information with regional managers for the purpose of improving hiring decisions. Identifies training needs on issues important to line staff, supervisors, management, and stakeholders and develops training resources to meet needs.
- F. Provides Academy training for new social work staff, advanced social work skills, supervisory training, and training on special topics.
- G. Edits and publishes a statewide *Practice Digest* that includes articles on practice strategies written by both CA staff and community sources.



**CHAPTER 2000—ORGANIZATIONAL RESPONSIBILITIES**

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**2223 Operations Support**

Operations Support staff:

- A. Plans and manages projects related to statewide CA issues and management initiatives; evaluates issues; and conducts evaluations on specific topics, as requested.
- B. Develops accountability mechanisms for statewide use, including regional performance expectations and benchmarks for office and regional performance; works closely with staff of the Office of Quality Assurance and Training.
- C. Plans and develops strategic planning outcome based measures to meet state budgeting and performance requirements; develops reports and data mechanisms to collect and measure outcomes and performance.
- D. Responds to data-based information needs and produces regular, special and *ad hoc* reports, including the monthly DSHS fiscal/program review, for Administration and agency requirements; develops improvements in management information tools.
- E. Assists the Division of Program and Policy Development and the Division of Licensed Resources (DLR) in developing and implementing management tracking systems.
- F. Provides background check services, described in chapter 5000, section 5500.



**2224 Fiscal and Budget Management**

- A. Fiscal Management staff are responsible for the following activities:
- Statewide fiscal, business, and contracts operation of CA to assure the effective and efficient use of federal and state general funds.
  - Development and direction of fiscal operations and standards for the Administration.
  - Development of strategies for allocating and monitoring resources.
  - Development of Administration budget proposals and forecast assumptions to identify and justify resource needs.
  - Coordination of statewide procurement, business management, facility management, and asset management activities.
- B. Regional Business Managers work under the supervision of the Regional Administrators and have a matrix reporting relationship to the Director of Management Services.
- C. Coordinate reporting of corrective actions resulting from audit findings with Regional Business Managers and contract coordinators.

**2225 Contracts**

For responsibilities of staff involved in contracts and obtaining services through contracts, see chapter 10000, CONTRACT MANAGEMENT.



- A. Headquarters staff in the Division of Management Services, DLR, or the Division of Program and Policy Development, as applicable, are responsible for the following:
  - 1. Facilitate the resolution of problems, affecting contract performance, between the contractor and local CA staff when issues cannot be successfully resolved at the local or regional level.
  - 2. Provide technical assistance and support to contractors and Administration field staff regarding issues arising from the provision of the contracted service(s).
  - 3. Provide technical assistance and consultation to regional staff and contractors on contract issues as needed.
- B. Staff in the contracts section of the Division of Management Services coordinate statewide contracting activities for the Division of Program and Policy Development, the Division of Children and Family Services (DCFS), and DLR.
- C. The Division of Management Services contract staff are the primary liaison with the department's contracts personnel in Central Contract Services (CCS).

#### **2226 Correspondence**

The correspondence desk provides administrative assistance by reviewing, prioritizing, delegating, and coordinating assigned correspondence from the Governor's Office, the DSHS Secretary's Office, and the CA Assistant Secretary's Office. Correspondence desk staff coordinates manual distribution, manual updates, and records retention for headquarters. Staff also assigns and tracks Sunset Review Notices received from the Office of Forms and Records Management.



**2227 Diversity**

The diversity coordinator provides statewide coordination and oversight for diversity issues in CA. Specific requirements are identified in chapter 4000.

**2228 Quality Initiative**

- A. Executive Order 97-03 requires each agency to implement a quality improvement program. The continuous quality improvement approach has demonstrated improved performance in a wide range of public and private organizations. Successful quality efforts require effective leadership, strategic planning, customer focus, employee involvement, continuous improvement, and self-assessment of results.
- B. Each agency is required to implement a program to improve the quality, efficiency, and effectiveness of the public service it provides. Improvement in quality is to be accomplished through:
- Business process redesign, employee involvement (including involvement of recognized collective bargaining representatives), and other quality improvement techniques.
  - Provision of training to employees to enable them to successfully implement and complete their efforts in quality improvement.
  - Designation of a person in each agency to be responsible for improvement of the quality of the systems and work processes within the agency.



- Establishment of a Quality Steering Committee composed of appropriate senior management, mid-management, front line staff, and support staff organizations.
- C. The CA Quality Improvement Manager provides statewide coordination and technical assistance to support the Quality Initiative. The position is responsible for:
1. Planning, coordinating, and implementing activities to further the Quality Initiative.
  2. Preparing the CA's annual quality improvement plan and revising as needed.
  3. Providing training regarding continuous quality improvement (CQI) theory and practice for all organizational levels of CA.
  4. Assisting quality improvement teams to use the continuous improvement strategy, including statistical process control.
  5. Developing mechanisms to report on the status of implementation of the Quality Initiative and progress made by quality improvement teams.
  6. Facilitating identification of priority areas for process improvement.
  7. Designing, administering, and analyzing customer, client, and employee surveys.



**2230 DIVISION OF PROGRAM AND POLICY DEVELOPMENT**

The Division of Program and Policy Development provides statewide leadership, program support, and policy development to the major program areas directly administered by CA divisions. Program and Policy Development staff, under the leadership of the division director:

- A. Facilitate staff support and respond to assigned tasks and projects at the direction of the Assistant Secretary or designee. Participate and coordinate with field staff in special project tasks.
- B. Provide input to and staff support for policy development activity. Participate with and provide staff support to the process of writing policy and procedure for the CA Manuals, including the *Case Services Policy Manual*, the *Practices and Procedures Guide*, the *Indian Child Welfare Manual*, and this *Operations Manual*.
- C. Review and interpret federal and state statutes for decision-makers and field staff. Inform decision-makers of needed changes and facilitate implementation of revised statutes.
- D. Write Washington Administrative Code (WAC) rules in consultation with stakeholders.
- E. Provide uniform interpretation and clarification of program policies and procedures for headquarters and field staff.
- F. Assist field staff in the coordination and monitoring of service programs for compliance with statutes, regulations, and department policies to maintain program integrity and to evaluate system effectiveness. Monitor headquarters-managed contracts for compliance with contract terms.



**CHAPTER 2000—ORGANIZATIONAL RESPONSIBILITIES**

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- G. Develop and design with regional staff and other department resources: pamphlets, brochures, and other materials necessary to improve the quality of programs and services.
- H. Work with OCAR on the selection of research projects.
- I. Provide information and program consultation to other department programs, regional staff, local offices, and community groups.
- J. Perform public and community relations activities, in conjunction with other CA divisions.
- K. Prepare, route for departmental, intergovernmental, and public review, as required, and submit to the funding source federal project grant applications and state plans and amendments.
- L. In conjunction with the Regional Administrators and the headquarters management team, develop legislative proposals for Executive Management consideration.
- M. Assign legislative bills for analysis, including those affecting other divisions and offices.
- N. Coordinate requests from legislators and legislative staff to ensure that CA responses are timely and consistent.
- O. Perform legislative bill analysis, analyze and comment on proposed regulations, and monitor legislation and legislative activity.
- P. Respond to requests for the public disclosure of information and documentation within required time-frames.



**CHAPTER 2000—ORGANIZATIONAL RESPONSIBILITIES**

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**2240 DIVISION OF LICENSED RESOURCES**

The Division of Licensed Resources (DLR) was established by Executive Order to improve the health and safety of children in out-of-home care, to strengthen monitoring and licensing of all licensed care resources, and to separate regulatory oversight from placement activities. The division is composed of the Office of Foster Care Licensing (OFCL), OCCP, and a unit of investigators charged with investigation of allegations of child abuse and/or neglect in licensed child care homes and facilities.

**2241 Office of Child Care Policy**

The duties of OCCP include:

- A. Implementation of WAC minimum licensing requirements for family child day care homes and child day care centers to address health and safety of children in care.
- B. Perform the activities necessary to license or certify family child day care homes and child day care centers as authorized under chapter 74.15 RCW.
- C. Staff and assist the Child Care Coordinating Committee.
- D. Work in conjunction with the state-wide Child Care Resource and Referral Network as well as local governments, nonprofit organizations, businesses, and community child care advocates to create local child care resource and referral organizations.
- E. Actively seek public and private money for distribution to the statewide Child Care Resource and Referral Network and to existing or potential local child care resource and referral organizations.



- F. Adopt rules, in coordination with the Division of Program and Policy Development, regarding the application for and distribution of funds to local child care resource and referral organizations.
- G. Arrange for the provision of training and technical assistance to child care providers.
- H. Develop and implement standards and procedures for OCCP child care subsidy programs.

**2242 Office of Foster Care Licensing**

- A. The duties of the Office of Foster Care Licensing (OFCL) include:
  - 1. Implementation of WAC minimum licensing requirements for foster family child homes, staffed foster homes, group homes, child placing agencies, crisis residential centers, and overnight youth shelters to address health and safety of children in care.
  - 2. Perform the activities necessary to license or certify family foster homes, residential facilities for youth, and child placing agencies as authorized under chapter 74.15 RCW.
  - 3. Oversee and conduct Group Care Health and Safety Reviews, in conformity with chapter 5000, section 5400, of this manual.
  - 4. Conduct and lead Health and Safety Reviews of foster family homes.
  - 5. Conduct investigations of allegations of failures on the part of licensees to meet minimum licensing requirements.



- 6. Provide or arrange for the provision of Foster Parent Scope training for foster parents
- B. See chapter 12000 of this manual and chapter 5000 of the *CA Practices and Procedures Guide* for the standards to be implemented by OFCL.

#### **2243 Facility Investigations Unit**

The Facility Investigations Unit is responsible for conducting investigations of alleged child abuse and neglect (CA/N) in department-licensed, certified, and regulated facilities for children. The investigative staff conduct their investigations in accordance with the standards outlined in chapter 5000, section 5300, of this manual.

### **2300 REGIONS**

#### **2310 REGIONAL RESPONSIBILITIES**

The Regional Administrator for DCFS and the Regional Manager for DLR are responsible for regional performance expectations, service delivery, and administration of all activities related to DCFS or DLR services through the region's local offices and private contractors. The Regional Administrator is responsible for supervision and oversight of all DCFS activities in the region, while the Regional Manager is responsible for all OCCP or OFCL functions, as applicable. Specific responsibilities include the following:

- A. Implement regional performance expectations and communicate Administration expectations to all staff.
- B. For the Regional Administrator, participate as a member of the CA Management Team.



- C. Develop regional allocation plans and manage expenditures of dollars and Full Time Equivalent (FTE) positions against the approved budget and allotments.
- D. Establish adequate management oversight systems to ensure appropriate resource management, policy compliance, and monitoring and tracking of audit findings.
- E. Develop and implement region-wide procedures to execute the policy provisions of federal and state law and the *Case Services Policy Manual*, the *Practices and Procedures Guide*, and this *Operations Manual* to maintain basic state-wide program consistency.
- F. Disseminate state and regional office program and policy information to field staff.
- G. Communicate the Administration's mission, goals, and objectives to all staff.
- H. Communicate agency and Administration information to all staff to ensure adequate understanding of policy and resource issues.
- I. Coordinate training opportunities for field staff with the Office of Quality Assurance and Training to ensure uniform implementation of state and regional programs and practices. Deliver regional training per CA policy, including monitoring compliance with mandatory training requirements.
- J. Work to achieve satisfactory compliance with state and regional policy and procedure by monitoring service delivery in the region.
- K. Respond to inquiries and provide policy interpretation and clarification for staff.



- L. Identify, research, and implement solutions to problems affecting service delivery.
- M. Develop community resources to assist and complement service delivery in the region.
- N. Manage regional contracts for service provision and fiscal integrity, as applicable.
- O. Appoint and provide support for regional committees as authorized by law or the Secretary.
- P. Provide staff to participate in CA committees requiring regional representation to maintain a field-oriented approach to procedure development.
- Q. Respond to media inquiries and to central office requests for information for other inquiries from the media and the legislature about children and family services issues or licensing issues, as applicable.
- R. Develop and implement procedures for a system of adequate service delivery, within assigned responsibilities, within the region. Within available resources, this system shall be consistent with state workload standards and any applicable state policies and includes:
  - 1. Local office organization and structure.
  - 2. Reception and clerical support.
  - 3. Intake and assessment
  - 4. Case assignment.



5. Social service planning, delivery, and resolution.
6. Case consultation.
7. Case transfer.
8. Case resolution.
9. Privacy, security, and accuracy of social service and other records, including CAMIS.
10. Client and customer relations.
11. Quality improvement activities.

**2320 EXCEPTIONS TO POLICY/WAIVERS**

- A. The department does not have the authority to waive provisions of the Revised Code of Washington (RCW) and federal laws and rules.
- B. For DCFS programs and services, the Regional Administrator is delegated responsibility for granting all Exceptions to Policy (ETP) or waivers to rules, policies, or manual provisions, where such ETPs or waivers do not conflict with federal or state statute. The Regional Administrator may delegate all or selected subject areas to subordinate managers, if such delegation is done in writing.
- C. For manual provisions and WAC relating to child care licensing issues and other matters under his or her responsibility, the Director, DLR, is delegated responsibility for granting ETP or waivers. The Director, DLR, may delegate all or selected subject areas to subordinate managers, if such delegation is executed in writing.



- D. The Director, DLR, is required to report monthly to the Assistant Secretary on all waivers regarding licensed or certified child care facilities.

**2320 COMMUNITY INTERAGENCY PROTOCOLS**

- A. The Regional Administrator is responsible for maintenance of active community involvement in the planning for services. Community resources and volunteers are part of the total resources available to fulfill service objectives.
- B. The Regional Administrator or the DLR Regional Manager is authorized to enter into such interagency letters of agreement as deemed necessary to ensure the delivery of appropriate services to clients and to create and maintain improved working relationships with other agencies. The agreements may take a form determined by the Regional Administrator/Regional Manager or designee but must be in writing and signed by the parties. The agreements are not legal contracts and may not obligate the expenditure of state funds.

**2340 BUSINESS MANAGEMENT**

**2341 Purpose and Scope**

Regional Administrators, Area Managers, and DLR Regional Managers are responsible for fiscal and resource oversight. The Regional Business Manager plans and manages the business affairs of the region for DCFS and DLR, including fiscal and administrative planning, and administers management support services to field offices. In addition, the Business Manager participates as an essential member of the region's management team, on vendor/community groups, and carries out statewide fiscal and resource activities under the direction of the CA Division of Management Services.



2342 Business Manager Responsibilities

The Regional Business Manager performs the following and/or other functions as directed by the Regional Administrator or the Director, Management Services Division:

- A. Supervision or oversight of administrative support functions, including: accounting/fiscal; budget; federal funding; contracts; personnel/payroll; procurement/purchasing; CAMIS training; facilities; equipment; and computer information
- B. Facility planning and management and/or coordination if co-located with other Administrations or divisions of the department.
- C. Equipment management and procurement, including inventory oversight.
- D. Preparation and justification of operating and program budget information. Development, with the regional administrative team, of distribution of allotments.
- E. Timely preparation of regional monthly management reports, including the Monthly Management Report (MMR), new FTE report, and vacancy report, monitoring the region's total expenditures to the allotment. Analysis of the current data and project expenditures based on history, making recommendations to regional management. Review and determination of fiscal reporting needs for regional management staff's use in monitoring field office expenditures.



- F. Development of regional procedures for contract administration, facility planning and management, accounting, procurement, disbursements, fiscal internal controls and audit responses; personnel and payroll; CAMIS training, and office automation/equipment.
- G. Assistance to the SSPS regional coordinator in determining account codes as needed. Oversight of the review of SSPS payments. Review of SSPS codes and expenditure account coding to ensure accuracy.
- H. Management and reporting on the monthly establishment of accruals, including review of the logic used, and accuracy of accruals.
- I. Coordination and/or conduct of self-assessment; oversight and/or development of corrective action plans for findings of federal and state auditors pertaining to regional office operations; monitoring of local offices for timely compliance and completion of plans; coordination or conduct of internal control audits of local offices.
- J. Determination and development of reports that will meet regional management information reporting needs.
- K. Evaluation, development, and implementation of systems, policies, and procedures that will enhance client/staff services.



**2400 COMMUNICATION**

Communication among state, regional, and local offices occurs on an as-needed basis for purposes of consultation to carry out the job assignments of Children's Administration positions. However, staff shall take direction from their own supervisor, or, in the supervisor's absence, through the established lines of reporting authority.

**2410 CORRESPONDENCE**

- A. In recognition that each letter is an opportunity for improving public relations, CA staff assigned by the Headquarters Correspondence Desk to prepare responses to correspondence must meet due dates assigned by the Correspondence Desk.
- B. Letters prepared by CA staff must respond to the pertinent issues. While point-by-point response for each issue may address the correspondent's stated concerns, these may miss the main point of the issues being raised. Accordingly, correspondence needs to address the larger issues raised.
- C. CA staff preparing correspondence must ensure that editing, grammar, and content are accurate before submitting letters to the correspondence desk.

**2420 TELEPHONE CALLS**

**2421 Response Times**

To provide good customer service to clients, stakeholders, foster parents, and others, all CA staff must respond within 48 hours of their receipt to telephone calls within their assigned responsibility, whether complaints or other types of calls.

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2422 Collect Telephone Calls

A. Purpose And Scope

This section establishes guidelines for CA staff to follow when asked to accept charges for a collect telephone call. When receiving requests to accept charges for a collect telephone call, each CA employee must use his/her best judgment in determining the necessity of accepting the charges.

B. Guidelines

1. The CA Area Manager or Regional Manager, as applicable, for field staff shall establish criteria for acceptance of collect calls, including designation of staff authorized to accept the calls, so that appropriate calls are accepted and inappropriate calls are avoided. Typically, CA staff may accept the charges for a collect telephone call from the following individuals:
  - a. A child/youth in the custody of CA;
  - b. A child/youth with a case open for services to CA;
  - c. The incarcerated parent of a child who is a CA client;
  - d. An individual with whom CA must make contact for case planning or investigative purposes; or
  - e. Other individuals with whom contact is necessary to promote the health and welfare of children served by CA.
2. The assigned social worker, the worker's supervisor, or other staff designated by the Area Manager will make efforts to reduce the number of collect telephone calls accepted by:
  - a. Providing clients with the toll-free number, where one is available, for his/her office;

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- b. Offering to call the client back immediately after initial contact has been made, if this would not jeopardize contact with the client;
  - c. Not accepting collect calls from individuals whose business would be expected to assume long distance telephone calls; and
  - d. Not accepting collect calls which are not necessary for case planning for a CA client.
3. After agreeing to accept the charges for a collect telephone call, the assigned social worker or the worker's supervisor will document in the client Service Episode Record (SER) that he/she agreed to accept the collect call and the reason for accepting the charges. The SER documenting the client contact may be used for this purpose. In addition, the person accepting the call will inform the business office or telephone billing coordinator of the call and anticipated bill by e-mail.
4. Staff of the Office of Children's Administration Research (OCAR) may accept collect telephone calls as part of research projects when such activities are part of the methodology designated for collection of data.

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CHAPTER 3000 --  
CUSTOMER RELATIONS  
AND  
COMMUNICATION







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**3100 COMMUNICATIONS**

**3110 CITIZEN PARTICIPATION**

- A. The department's expectations for citizen participation in advisory groups, including committees, task forces, study groups, and other activities are contained in DSHS Administrative Policy 2.03.
- B. The department's requirements for creating, terminating, ensuring coordination of, and limiting duplication of advisory groups are contained in DSHS Administrative Policy 2.05.
- C. Departmental policy for recruiting disabled and minority persons for advisory bodies is contained in DSHS Administrative Policy 2.10.

**3120 LEGISLATIVE RELATIONS**

- A. The department's expectations for staff relationships with legislative bodies and public officials are contained in DSHS Administrative Policy 1.01.
- B. Departmental requirements regarding staff interaction with members of Congress and their staff is contained in DSHS Administrative Policy 1.04.

**3130 MEDIA RELATIONS**

The department's public information policy is contained in DSHS Administrative Policy 2.08. It requires maintenance of an open press policy and standardized procedures for media contact.



**CHAPTER 3000—CUSTOMER RELATIONS AND COMMUNICATIONS**

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**3140 PUBLICATIONS MANAGEMENT**

The department's requirements for publications developed for distribution to audiences other than DSHS employees are contained in DSHS Administrative Policy 2.07. In addition, before publication, draft materials are to be reviewed and approved by the appropriate Director and the Assistant Secretary.

**3200 CITIZEN COMPLAINTS****3210 EXPECTATION**

Client and community complaints regarding Children's Administration (CA) actions, including those of the Division of Children and Family Services (DCFS) and the Division of Licensed Resources (DLR) will be reviewed in a timely, thorough, and fair manner. The department endeavors to resolve complaints at the lowest level possible but believes all levels of the organization must be accountable and responsible to individuals who are experiencing difficulties with CA's services.

RCW 74.13.045

**3220 REVIEW PROCESS**

- A. To facilitate informal review and resolution of issues, CA will follow the steps outlined in WAC 388-74-030, Complaint Procedure, and will comply with the requirements of RCW 74.13.045, Complaint Resolution Process.
- B. The citizen complaint procedures do not apply to:
  - 1. Disputes regarding written personal service contracts or financial agreements;



2. Contested standard rate payments, contested rate payments, or exceptional payments above standard rates;
  3. Decisions of the court;
  4. Decisions regarding grant programs for which an appeal is available;
  5. Decisions regarding civil rights actions covered under the department's civil rights complaint procedures;
  6. A denial, suspension, or revocation of a license for which an appeal is available;
  7. Child placement or removal actions of the division under RCW 26.44.050.
- C. The citizen complaint procedures do not:
1. Create substantive rights in any person;
  2. Create any rights to judicial or administrative hearings;
  3. Constitute an "adjudicative proceeding" or an "agency action," defined in RCW 34.05.101;
  4. Become subject to the provisions of the Administrative Procedure Act, Chapter 34.04 RCW.



3230 CONFIDENTIALITY

The provisions of federal law, the Revised Code of Washington (RCW), the Washington Administrative Code (WAC), and CA policies regarding confidentiality of client records and information apply to this complaint procedure. Participation does not affect a complainant's ability to access confidential client records and information. Confidential records or information shall not be disclosed to complainants or other participants in the complaint review process unless authorized by law. Review panel members who are not DSHS employees shall sign a confidentiality agreement prior to participating in the review process.

3240 NON-RETALIATION

CA and its staff shall not intimidate, threaten, coerce, or discriminate against any person who has complained, provided information, assisted, or participated in any manner in the complaint review process.

3250 DEFINITIONS

See Appendix A for definitions related to citizen complaints.

3300 **ADVISORY COMMITTEES**

3310 CA ADVISORY COMMITTEES

RCW 43.20A.360 and RCW 74.13.031 govern the creation and utilization of a statewide Children's Services Advisory Committee as well as Regional Oversight Committees.



3311 State Children's Services Advisory Committee

- A. The task of the statewide committee is to assist the Secretary in the development of a partnership plan for utilizing resources of the public and private sectors and to advise on all matters pertaining to child welfare, adoption, and related services.
- B. The statewide committee membership is a broad-based group of child and family advocates, at least one of whom is from the adoption community, who represent diverse geographic, cultural, political, service/treatment, and other professional constituencies.
- C. The statewide committee consists of 18 members -- two from each region and six at-large. At least five members must be from Regions 1 and 2. One member of each regional committee shall represent the region as a member of the statewide committee.
- D. Membership is by application to the Assistant Secretary, and members may serve a maximum of two three-year terms.
- E. The statewide committee holds 10 regularly scheduled one-day meetings each year. Travel arrangements and reimbursement are handled through the state office for the committee.

3312 Regional Committees

Regional committees meet on a regular or semi-regular basis, on a schedule determined by the Regional Administrator, based on local needs and activities.



3320 CHILD CARE COORDINATING COMMITTEE

- A. The Child Care Coordinating Committee provides coordination and communication between state agencies responsible for child care and early childhood education. Its membership includes representation from state agencies, family home child care providers, child care center providers, citizen groups concerned with child care, resource and referral programs, educational institutions, and early child development programs, along with other interested sectors.
- B. Among the committee's duties are to advise and assist OCCP in implementing child care programs, to review rules regarding child care facilities and services to identify those which unnecessarily obstruct the availability and affordability of child care in the state, and to perform other functions to improve the quantity and quality of child care in the state.



CHAPTER 4000 --  
NON-DISCRIMINATION -  
MINORITY AFFAIRS







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**4100 DSHS NON-DISCRIMINATION POLICY**

Children's Administration (CA) shall comply with the Department of Social and Health Services (DSHS) non-discrimination policy and plan. See chapter 5000, section 5623, for non-discrimination provisions related to Blood Borne Infections.

- A. No person shall be subjected to discrimination because of race, color, national origin, sex, age, religion, creed, marital status, disabled veteran or Vietnam era veteran status, disability, or sexual orientation. This policy applies to every aspect of CA programs, practices, policies, and activities, as well as to those of its contractors and licensees.
- B. DSHS policy does not apply to religious corporations, associations, educational institutions, or societies with respect to employment of individuals of a particular religion. Marital status, disabled veteran status, and Vietnam Era Veteran status only apply to employment practices.
- C. Sexual orientation is a criterion mandated by Governor's Executive Order #93-07. This criterion only applies to state government employment and does not apply to employment by contractors unless provided for under local law.
- D. DSHS and CA policy are consistent with the Civil Rights Act of 1964, as amended; the Americans with Disabilities Act of 1990; Washington State Law Against Discrimination, chapter 49.60 RCW; and Governor's Executive Order 93-07.



**4200 WORK FORCE DIVERSITY**

- A. CA is an equal opportunity employer and bases its employment practices on Affirmative Action requirements. The Administration's Affirmative Action Plan establishes hiring targets by job groups and protected group categories for all permanent classified positions.
- B. The Administration's goal is to achieve a statewide workforce that reflects the ethnic and cultural composition of the client population in each service delivery area. In order to meet this goal, each region and headquarters maintains a staff recruitment plan which identifies hiring targets that are based on the ethnic and cultural composition of the client population and includes persons of disabilities.

**4300 CULTURALLY RELEVANT SERVICES**

CA respects and supports the ethnic identity and cultural diversity of the children and families it serves and seeks to provide culturally relevant services and to prevent discrimination on the basis of race, color, national origin, or disability in every aspect of service delivery.

**4310 PLACEMENT**

- A. For adoption and out-of-home case planning, see *CA Case Services Policy Manual*, Chapter 4000, section 4500.
- B. For expectations regarding assessment of the suitability of prospective foster and adoptive parents to care for a particular child, see the *CA Case Services Policy Manual*, Chapter 4000, section 4400, and Chapter 8000, section 8300, and the *CA Practices and Procedures Guide*, Chapter 4000, section 4200.



- C. CA shall not deny to any individual the opportunity to become an adoptive or a foster parent on the basis of the race, color, or national origin of the individual or of the child involved; and shall not delay or deny the placement of a child for adoption or into foster care on the basis of race, color, or national origin of the adoptive or foster parent or the child involved.
  
- D. When family members cannot be located, foster or adoptive parents with the greatest ability to meet the child's psychological needs will be selected. In assessing the suitability of prospective foster and adoptive parents to care for a particular child, the CA social worker will consider the following factors:
  - 1. The family's ability to form relationships and to bond with the child.
  - 2. The family's ability to help the child integrate into the family.
  - 3. The family's ability to accept the child's background and help the child cope with her or his past.
  - 4. The family's ability to accept the behavior and personality of the child.
  - 5. The family's ability to validate the child's cultural and ethnic background.
  - 6. The family's ability to meet the child's educational, developmental, or psychological needs.
  - 7. The family's ability to cope with any forms of discrimination the child may encounter.



8. The family's ability to care for or nurture self esteem in a child of a different race or ethnicity.
  9. The family's ability to maintain the child's ties to another racial, ethnic, or cultural community.
- E. In order to assess culturally competent practice when reviewing cases for general practice considerations, the supervisor for the assigned social worker routinely will look for documentation of:
1. Consistent use of interpreters and translations when appropriate.
  2. Use of culturally relevant resources.
  3. Clear permanency planning that involves the child's family, their preferences, and ethnic community resources.
  4. Family member placement resources and decisions made regarding the use of those resources.
  5. Support services directed at increasing the capacity of family members to provide placement.
  6. The ability of the foster or adoptive parents to nurture, support, and reinforce the child's identity.
  7. The use of cultural consultation and resources by the social worker and the foster family.
  8. All placement decisions and any placement changes.



**CHAPTER 4000—NON-DISCRIMINATION - MINORITY AFFAIRS**

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## 4320 LIMITED ENGLISH PROFICIENCY (LEP)

- A. CA provides equal access to its services and programs to persons who do not speak English or have a limited ability to speak or read English well enough to understand and communicate effectively. Each limited English proficient (LEP) person must be provided oral and written information in their own language through certified or qualified interpreters and translators at every aspect of service delivery. LEP clients must be informed that they have the right to an interpreter or translator at no cost and without significant delay.
- B. In order to ensure equitable service delivery to LEP clients, each DCFS and DLR region shall:
  - 1. Post in each reception area multilingual signs which explain the availability of interpreter/translator services at no cost to the client.
  - 2. Establish with the client the primary language in which the client prefers to communicate.
  - 3. Record each client's primary language in the case file and in CAMIS.
  - 4. Mark LEP on the outside of each limited English proficient client's file.
  - 5. Indicate the name and date for each interpreter or translator used for each client in the service episode record (SER) or in the case file on the Client Language/Accommodation Assessment form.



6. File copies of translated documents in the case record with their corresponding English versions.
  7. Obtain the services of an interpreter for limited English speaking clients, even though they have not requested the assistance of an interpreter, whenever there is difficulty in communication.
- C. The following resources are available to CA staff to provide certified and qualified interpreters and translators for clients:
1. Identified staff members whose bilingual skills have been certified by passing a DSHS language fluency examination or by a DSHS recognized professional organization such as the American Translators Association or the State of Washington Administrator for the Courts.
  2. AT&T Language Line Services which can access highly trained interpreters and linguists who speak more than 140 languages from any telephone, 24 hours a day. Toll free: 1-800-572-6096.
  3. Certified or qualified interpreters or interpreter/translation agencies under contract to the Children's Administration.
  4. DSHS Office of Language Interpreter Services and Translations (LIST) which will translate or coordinate translation of forms, publications, and information for clients.



- D. Clients have the right to secure, at their expense, their own interpreter or to have a family member or friend serve as their interpreter. This does not waive CA's responsibility to arrange for a certified or qualified interpreter. CA staff shall not allow children to serve as interpreters for their parents.

4330 SERVING PERSONS WITH DISABILITIES

- A. CA staff will provide equal access to its services and programs to persons who are deaf, deaf-blind, and hard of hearing in accordance with DSHS Administrative Policy 7.20.
- B. CA provides equal access to its services and programs to persons with disabilities. The Administration will provide reasonable accommodations to all clients with disabilities and take steps to furnish appropriate auxiliary aids and services whenever necessary to make services accessible to persons with disabilities.
- C. Primary consideration will be given to the preferences of the individual with the disability in determining what type of auxiliary aid or service is necessary. These auxiliary aids or services include, but are not limited to:
  - 1. Telecommunications devices for the deaf (TDD). These devices are connected to telephone lines and enable persons who are deaf or hard of hearing to communicate through printed messages. Each local office must be equipped with a TDD or teletypewriter (TTY).
  - 2. Washington State Telecommunications Relay Service, a statewide 800 service, which relays messages from TDD users to telephones. Telebraille is also available through the relay service.



3. American Sign Language (ASL), the native language of the deaf community in the United States. ASL is a visual-gestured language with vocabulary and grammar which is different from English.
4. Sign language interpreters. Whenever available, the services of an interpreter who is certified by the Registry of Interpreters for the Deaf (RID) and/or the National Association of the Deaf (NAD) is to be secured. If a certified interpreter is not available, a non-certified interpreter deemed qualified by the client may be used. A certified interpreter must be used for all medical and legal appointments.
5. Lip reading or note writing.
6. Qualified readers who read standard print materials to visually impaired or blind persons.
7. Extra large print versions of materials.
8. ASCII (American Standard Code for Information Interchange) text files for voice synthesizers and computer screen magnification.
9. Braille transcriptions.

#### **4400 NON-DISCRIMINATION RESPONSIBILITIES OF CONTRACTORS**

For responsibilities of contractors relative to non-discrimination, see chapter 10000, section 10600, and the DSHS Basic Contract, General Terms and Conditions.



**4500 FOSTER AND ADOPTIVE HOME RECRUITMENT**

**4510 INTER-ETHNIC PLACEMENT ACT OF 1996 (42 USC 671A)**

- A. The Multi-Ethnic Placement Act (MEPA), as amended in 1996 by the Inter-Ethnic Placement Act (IEPA), mandates that race, culture, or ethnicity may not be used as the basis for any denial of placement, nor may such factors be used to as a reason to delay any foster or adoptive placement.

1. MEPA and IEPA, as amended, maintains a prohibition against delaying or denying the placement of a child for adoption or foster care on the basis of race, color, or national origin of the adoptive or foster parent, or the child involved.

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2. The act also imposes a Title IV-E State Plan requirement which prohibits delaying or denying foster and adoptive placements on the basis of race, color, or national origin.
3. Failure to comply with these provisions of the Title IV-E State Plan requirements will subject the department to fiscal sanctions in cases where corrective action plans failure to correct the problem within six months.

- B. MEPA and IEPA, as amended, mandate agencies to provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Child welfare agencies must develop a recruitment plan that ensures that foster care and adoptive placements are available to dependent children and that dependent children are not subject to discrimination in their placement.

**42 USC 671a**

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- C. Children falling under the protections of the Indian Child Welfare Act of 1979 are exempt from the provisions of MEPA and IEPA.

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- D. CA shall provide for community based recruitment of foster and adoptive families who reflect the racial and ethnic diversity of the children served by the Administration through the Division of Children and Family Services (DCFS), with the assistance of the Division of Licensed Resources (DLR).
1. Each region will maintain a pool of potential foster and adoptive parents who are capable of promoting each child's development and case goals.
  2. Regional recruitment efforts must reach all members of the community and provide potential foster and adoptive parents with information about the needs of available children, the nature of the foster care and adoption processes, and the supports available to foster and adoptive families.
  3. Standards may not be used for foster and adoptive parents which are related to age, education, family structure, and size or ownership of housing or which exclude groups of prospective parents on the basis of race, color, or national origin.

#### 4520 RECRUITMENT PLANS

Each DCFS Regional Administrator must develop a comprehensive recruitment plan which ensures that foster care placements and adoptive homes are available to dependent children, and that dependent children are not subject to discrimination in their placements. This plan will include:

- A. A description of the characteristics of waiting children.
- B. Specific strategies to reach all parts of the community.
- C. Diverse methods of disseminating both general and child specific information.
- D. Strategies for assuring that all prospective parents have access to the home study process, including location and hours of services that facilitate access by all members of the community.

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- E. Strategies for training staff to work with diverse cultural, racial, and economic communities.
- F. Strategies for dealing with diverse linguistic barriers.
- G. Non-discriminatory fee structures.
- H. Procedures for a timely search for prospective parents for a waiting child, including the use of exchanges and other interagency efforts, provided that such procedures must ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

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# CHAPTER 5000 -- HEALTH AND SAFETY







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**5100 CRITICAL INCIDENT MANAGEMENT**

The Children's Administration (CA) complies with DSHS Administrative Policies 8.02 and 9.01 for reporting and managing critical incidents as defined in Administrative Policy 9.01. See also the CA *Practices and Procedures Guide*, Chapter 2000, section 2553. This procedure outlines requirements for management and reporting of critical incidents in licensed facilities, or homes subject to licensing, homes certified for adoption, and incidents involving CA staff and facilities.

**5110 PROCEDURES**

**5111 Reporting Methodology**

All reports of critical events alleged to have occurred in licensed facilities, or facilities subject to licensing, and homes certified for adoption shall be generated through the Case and Management Information System (CAMIS) Facility Complaint Module. Incidents involving staff, volunteers, and other types of events are reported using the *Administrative Report of Incidents*, DSHS 20-192.

**5112 Licensing Complaints**

- A. Incidents which clearly reflect concerns about licensing (e.g., staffing ratios, cleanliness, menus) will be assigned to the licenser. If, during the course of the investigation, the licenser suspects child abuse/neglect, a new referral will be initiated and a joint Division of Licensed Resources (DLR) facility investigation/ licensing investigation will be conducted.
- B. The results of investigations, including documentation of follow-up visits, compliance agreements, etc., will be recorded in the licensing file; i.e., CAMIS Facility Complaint Module.



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**5113 Allegations of Child Abuse/Neglect in Facilities**

- A. All complaints alleging child abuse/neglect in facilities shall be screened by CA intake. Complaints that do not meet sufficiency for CPS investigation shall be reviewed by the CA intake supervisor and referred to the licensing supervisor for assignment to the licenser for follow-up investigation and resolution. DLR facility investigation staff shall investigate all referrals meeting sufficiency for CPS investigation using the high standard of investigation without regard to the risk tag assigned to the referral. Investigative staff will route a copy of the referral to the licenser.
- B. DLR CPS investigative and licensing staff will coordinate investigative activity with investigative staff assuming the lead responsibility.
- C. As DLR investigative staff initiates the investigation, the investigative supervisor will report serious allegations to the Regional Manager and the Facility Investigations Section Manager, who may decide to forward them further.
- D. Progress reports will be verbal and in the CAMIS Facility Complaint Module from the investigative staff through the immediate supervisor to the Regional Manager and the Facility Investigations Section Manager, who reports to the DLR Director and Assistant Secretary/designee when appropriate.
- E. If the investigator determines that CA/N occurred and risk of imminent harm exists relative to other children in the facility, an Area Manager is to be contacted immediately relative to removal of the children.



- F. Investigative supervisors will consult with Regional Managers, the Facility Investigations Section Manager, Area Managers, and regional staff when appropriate, relative to suspension/revocation of licenses and stop placement orders. Assigned Assistant Attorneys General (AAG) will be consulted prior to final determinations.

**5114 Serious Child Injury or Fatality**

- A. CA Intake will distribute information on serious child injury or fatality to the social worker or supervisor, the assigned licenser, and the appropriate Area Manager or, in that person's absence, the Regional Administrator, as well as the DLR Regional Manager when applicable.
- B. In the case of an after-hours incident, the on-call supervisor is to be notified.
- C. A report is to be generated through the Facility Complaint Module to be submitted to the Regional Administrator and the DLR Regional Manager, as applicable, the first working day following the incident.
- D. DLR CPS investigative staff will coordinate all aspects of the investigation with the complete cooperation of licensing staff. Licensers will assist in the investigation and compilation of chronology as appropriate.
- E. An incident chronology in the form of a final report with recommendations is due within two weeks of completion of the investigation, with copies to the DLR Regional Manager, the DLR Facility Investigations Section Manager, the Area Manager, and the Regional Administrator.



- F. The Regional Administrator/designee and the DLR Regional Manager will report all serious and emergent incidents as defined in Administrative Policies 8.02 and 9.01 in accordance with those policies, with a copy of the report provided to the Director, Division of Program and Policy Development.

5120 PROVIDER REPORTS

5121 Purpose

Licensed or certified out-of-home care providers are required by WAC 388-73-056 to report serious incidents to the department. To standardize reporting expectations, each DLR Regional Manager, in consultation with the DCFS Regional Administrator and DLR facility investigation staff, develops a protocol with the region's out-of-home care providers and licensed child placing agencies (CPA) to identify what constitutes a critical incident and when they need to report an event or incident which occurs in their program.

5122 Elements of Protocol

- A. The following occurrences are critical incidents which must be reported to CA Intake, with documentation kept on file by the provider. Contact by the provider with the child's assigned social worker occurs following notification to Intake.
1. Death of a child, in accordance with DSHS Administrative Policy 9-01.
  2. Allegations of child abuse or neglect. (Failure to provide the level of supervision necessary to ensure a child's health or safety is considered an allegation of neglect by the caretaker which must be reported to CA Intake.)



3. Suicide attempts which result in injury requiring professional medical attention. Facilities which have on-site medical care staff are to report those injuries which require the attention of a physician.
4. Any use of physical restraint in which it is alleged that the restraint was improperly applied or excessive. Any physical restraint of a child by staff which results in child injury requiring professional medical attention. Facilities which have on-site medical care staff are to report those injuries which require the attention of a physician.
5. Sexual contact between two or more children. Developmentally typical play of pre-school age children with age-mates is exempt from this requirement and does not have to be reported to CA Intake.
6. Physical assaults between two or more children which result in injury requiring professional medical attention.
7. Unanticipated health problems caused by medications, resulting in the need for professional medical attention. Facilities which have on-site medical care staff are to report those injuries which require the attention of a physician.
8. Any medication incorrectly administered, resulting in the need for professional medical attention. Facilities which have on-site medical care staff are to report those injuries which require the attention of a physician.
9. Serious property damage which is not immediately corrected that may compromise the continuing health and safety of residents.



10. All violations of DLR licensing requirements must be reported to CA Intake except for non-abuse violations discovered by a licenser in the course of a licensing visit for which a deficiency statement is immediately developed. Other licensing complaints are screened first by CA Intake to rule out the presence of allegations of abuse and neglect and then screened again by licensing staff for allegations of licensing violations.
- B. The care provider shall report occurrences, not constituting child abuse/neglect or licensing deficiencies, to the child's DCFS social worker. Examples of such occurrences are:
1. Suicidal ideation, gestures, or attempts which do not require professional medical attention;
  2. Unanticipated health problems outside the anticipated range of reactions, caused by medication, in which professional medical attention is not required;
  3. Any medications incorrectly administered not resulting in the need for professional medical attention; and
  - d. Runaways.
- C. The provider shall make all required reports to DCFS, and to DLR, as soon as the immediate crisis is resolved and in no case more than 48 hours after identification of the incident.



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- D. The following table summarizes the reporting and record retention requirements for the provider.

TYPE OF CRITICAL INCIDENT	REPORT NOW	HOLD ON FILE	CONTACT SOCIAL WORKER
Allegations of child abuse or neglect	X		X
Death of a child	X		X
Inflicted injury requiring outside medical attention or consultation		X	X
Inflicted injury	X		X
Physical altercations between residents that are not reported in another category of critical incidents		X	X
Restraint/take-down of a child by staff		X	X
Restraint/take-down resulting in injury	X		X
Police involvement of any kind		X	X
Property damage that compromises the health and safety of residents	X		X
Runaways		X	X
Illness: serious and communicable	X		X
Suicide: threats or attempts	X		X
Sexual contact involving residents	X		X



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**5200 CHILD DEATH REVIEW****5210 POLICY**

Substitute House Bill 1035 (Chapter 204, Laws of 1995) required the department, in conjunction with the Department of Health, local jurisdictions, coroners, medical examiners, and other appropriate entities, to develop a consistent process for review of unexpected deaths of minors who are in the care of or receiving services described in chapter 74.13 RCW from Children's Administration (CA).

**5220 DEATHS TO BE REVIEWED****5221 Anticipated**

- A. The Regional Administrator, in coordination with the appropriate DLR Regional Manager, as applicable, will review all deaths that occur in CA licensed or certified homes or facilities.
- B. Community child death review will occur after the Regional Administrator obtains verification from a physician and/or medical examiner/coroner that the death was the result of a disease or medical condition. The Regional Administrator or designee shall obtain a copy of the autopsy and death certificate for review and documentation.

**5222 Unanticipated**

- A. All unexpected deaths involving minors in the care of or receiving child welfare services from DCFS or child care services from DLR shall receive a community child death review. This includes not only deaths that may be a result of abuse or neglect, homicide or suicide, but also accidental trauma.



- B. Sudden Infant Death Syndrome (SIDS) is a medical diagnosis, determined by autopsy and death scene investigation. SIDS deaths shall receive a community child death review. Some local health jurisdictions perform fetal/infant mortality review.

5223 Other DSHS Divisions

For child deaths in facilities owned, licensed, or certified by other divisions of DSHS, CA, by arrangement with that division, may participate with and assist the other division in the review of the death.

5224 Summary Table

The following table summarizes death review activity:

CA CHILD DEATH REVIEW	
Mandatory Fact-Finding by the Regional Administrator	
!	All unexpected deaths of minors receiving services from DCFS within the past year and unexpected deaths of children occurring in DLR-licensed facilities
!	All anticipated deaths occurring in Children's Administration licensed or certified homes and facilities
Mandatory Community Child Death Review	
!	All unexpected deaths of minors receiving services from DCFS within the past year and unexpected deaths of children occurring in DLR-licensed facilities
!	All anticipated deaths occurring in Children's Administration licensed or certified homes and facilities
Optional Community Child Death Review	
!	Requests for review of child deaths in facilities owned, licensed, or certified by other divisions of DSHS



5230 PROCEDURES

Child death review requires at least two steps. The first step is a **fact-finding** by the Regional Administrator. During this phase, the Regional Administrator gathers information about the death, including an examination of the case file and the status of the case. This activity may include community consultation and participation. The second step is **community child death review**. If the death involves a felony, law enforcement will conduct an investigation as a third step.

5231 Fact-Finding

- A. Within 14 calendar days of notification of a child death, the Regional Administrator will designate staff to examine the circumstances of the child's death. Community consultation and participation may occur as part of this activity. Within 30 calendar days, assigned staff will provide the Regional Administrator with a summary of the case, a chronology, and facts, consistent with criteria in section 5100, CRITICAL INCIDENT MANAGEMENT.
- B. In advance of the community child death review, the Regional Administrator initiates a fact-finding. When that activity is completed, a case summary and chronology will be provided to the community child death review team.
- C. For fact-finding, the Regional Administrator may arrange for interview with any persons involved with the family or the deceased child, including:
  - 1. Service providers;
  - 2. Foster parents;
  - 3. Therapists or staff from community agencies;



4. Parents or relatives of the child;
5. The assigned social worker, supervisor, Area Manager;
6. Any other person or persons considered to be relevant.

5232 Community Child Death Review

- A. Community Child Death Review is a joint effort of CA and a multi-agency, multi-disciplinary team of professionals with two purposes:
  1. To focus on CA practice-related issues and whether agency policies and procedures were followed.
  2. To consider broader data, such as demographic information and systemic, community responses to the death.
- B. When community child death review occurs, the information is referred to the region or community responsible for review of CA child deaths. If such a team does not exist in the DCFS region or community, the Regional Administrator takes steps to establish such a team in conjunction with the local public health office and/or the technical assistance subcommittee of the State Child Death Prevention and Review Team.
- C. The Regional Administrator is responsible for tracking the progress and completion of child death reviews. Within 180 calendar days of the report of the death, the community child death review is to be completed. The Regional Administrator will inform the Assistant Secretary of any exceptions granted to this time frame.



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## 5233 Community Child Death Review Team Membership

- A. The team represents the community. CA is represented on the team as a full member, a resource, or as staff. The Regional Administrator will assure that members have no conflict of interest with respect to the matters being reviewed. The representatives will not be in the lines of authority relative to the case being reviewed.
- B. Members in sufficient numbers and diversity to ensure a full, competent assessment of the circumstances of the child's death will be included. Membership may include, but is not necessarily limited to, the following professional representatives.
  - 1. Mental health;
  - 2. Medical provider (pediatrics, obstetrics, or family practice);
  - 3. Law Enforcement;
  - 4. Child Protective Services;
  - 5. Prosecuting Attorney;
  - 6. Forensic pathology;
  - 7. Public Health;
  - 8. Social services;
  - 9. The Military;
  - 10. Chemical dependency specialists;



11. Medical Examiner/Coroner;
12. Tribes;
13. Schools;
14. Case or issue-specific professionals on an *ad hoc* basis.

5234 Staff Support

Each Regional Administrator will reach agreement with the team chair on the provision of staff support, information, documents, and records as the team deems necessary to complete its review of each child death.

5235 Confidentiality

- A. All review team members must sign confidentiality statements before reviewing CA records or documents.
- B. It is the responsibility of CA, not the community child death review teams, to release or make public findings or recommendations. Release of information is subject to laws regarding public disclosure and confidentiality.

5240 INFORMATION TO BE REVIEWED - SUGGESTED GUIDELINES

5241 Children's Administration-Specific Issues

The purpose of reviewing these issues is to focus on practice-related issues. It identifies needed areas of agency and child protection system improvement and reviews case plans. The team may consider:

- A. Were policies and procedures properly followed in any previous and current CPS investigation?



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- B. History of CA involvement with client and family.
- C. A review of risk factors as identified on referrals and documented on summary assessments.
- D. The social worker's assessment of the family and events immediately leading up to the incident.
- E. Were case plans appropriate? Were services offered and provided? What was the family's level of participation in the case plan?
- F. What was the juvenile court's role in this case?
- G. What was the degree of follow-through and cooperation by the care provider in addressing corrective actions required as a result of earlier issues? Was CA staff follow-through on required corrective action adequate?
- H. What commendable or outstanding work was done by workers and/or supervisors?

**5242 Systemic and Community Issues**

Since children and families are often served by several agencies or systems in a community, it is essential to consider how the family was served by the service network. The team may consider:

- A. Did agencies involved with the family possess adequate information regarding the child or family in order to plan for protection of the child? If not, why not? Was important information available which was not gathered or used?
- B. How did agencies interpret the available information? To what extent were the case plans based on accurate assessments?



- C. What factors were most significant in increasing risk to the child and the child's siblings?
- D. Did agency policies and procedures create obstacles to protecting the child? Are there policies that would improve the agency's or community's ability to protect the child? Are there policies that would improve the agency's or community's protective service system?
- E. Are there gaps in community resources which inhibited efforts to protect the child?
- F. Were training needs identified and appropriate training provided?
- G. Were the intervention strategies used consistent with accepted practice standards?
- H. Are there changes in statute, policy, procedure, interagency collaboration, resource deployment or availability that would assist agencies in preventing deaths in similar situations?
- I. Was the response following notification of the death appropriate for providing support to staff, foster parents, parents, and/or others?
- J. The Regional Administrator, with participation from other CA divisions, may also formulate case-specific questions to be submitted to the team for review.

#### 5250 FINDINGS AND RECOMMENDATIONS

Community Review findings and recommendations focus on identifying what can be learned to prevent future child deaths. The child death review team provides a written report to the Regional Administrator upon completion of the review.



- A. Reviews are to identify system shortcomings and include review team recommended strategies and implementation steps.
- B. Review findings are used to build community alliances, expertise, and commitments for program improvements, policy and procedural changes, and improved multi-disciplinary collaboration.
- C. Findings can also identify program and system strengths, communication issues, and specific information regarding child mortality.
- D. Findings and recommendations address the total community child protection system and are not limited to CA or DSHS programs.
- E. Findings may address individual employee actions and decisions in the specific case under review.

**5260 REGIONAL ADMINISTRATOR SUBMITTALS**

The Regional Administrator will submit the following to the Assistant Secretary, with a copy to the Director, Division of Program and Policy Development:

- A. A report from the child death review team that includes the findings and recommendations for issues with statewide impact.
- B. Within 30 calendar days of receipt of the child death review team's findings, a response to the findings.
- C. An action plan, if applicable, as well as quarterly progress reports as part of the regular regional quarterly reporting to the Assistant Secretary.



5270 CHILDREN'S ADMINISTRATION RESPONSIBILITIES

The Director, Division of Program and Policy Development, to fulfill CA responsibilities, completes the following steps:

- A. Present community review recommendations that potentially affect statewide policy or procedure to the CA management team and appropriate DSHS program managers for review and action.
- B. Provide written response to each community child death review team, subsequent to the team's submission of findings and recommendations. Provide updates to the team on implementation of recommendations.
- C. Track and monitor actions to implement review team recommendations.
- D. Provide regular reports of child death reviews to DCFS and DLR staff to increase their understanding of risks to children.
- E. Prepare and distribute a report summarizing team findings.
- F. Provide an annual report to the Secretary.



## **5300 INVESTIGATING ABUSE AND NEGLECT IN STATE REGULATED CARE**

### **5310 INTRODUCTION**

- A. The protocol *Investigating Abuse and Neglect in State Regulated Care* is a “how-to” guide to be used by the Division of Licensed Resources (DLR) facility investigators in the course of investigations of alleged abuse and neglect in state-regulated care.
- B. The protocol expands the Washington State Risk Assessment Model, developed for investigation of abuse in biological families, to include risk factors specific to state-regulated care. Within the “state-regulated” care sub-group, there are many differences between types of care. The guide helps investigators assess the importance of those differences between types of care, while emphasizing the major similarities that need assessment in the course of an investigation.

### **5321 PURPOSE AND SCOPE**

- A. CA has a responsibility to ensure that high quality care is provided when a child is under state supervision or when a facility providing care is state-regulated. Minimum licensing requirements (MLR) define a higher standard of care than expected and legally allowed in a biological family unit. As a result, standards for accepting referrals for investigation of alleged abuse and neglect in state-regulated care encompass a wider range of allegations than those involving biological family units.
- B. Child Protective Service (CPS) investigations of reports of alleged abuse or neglect in licensed, certified, and state-operated care facilities (child day care, foster care, group care, hospitals, and institutional care) have five main goals:



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1. To ensure the immediate safety of alleged child victims;
  2. To investigate allegations and make determinations regarding the existence of child abuse and neglect (CA/N);
  3. To assess whether the child in question has been abused or neglected in a state-regulated setting in ways that have not been alleged;
  4. To identify risk factors within the facility which create a substantial risk of future harm to children; and
  5. To ensure consistency and equity toward providers in the investigation of abuse and neglect.
- C. Investigations of alleged abuse or neglect must include assessments of the presence or absence of patterns of CA/N and/or inadequate care as well as documenting specific incidents of child maltreatment.
- D. Investigations of alleged abuse or neglect in licensed care are distinct from investigations of compliance with MLR or certification standards. Nevertheless, when there is an investigation of alleged abuse or neglect in licensed care, the investigator must consider a history of compliance or non-compliance with MLRs or certification standards in his or her overall assessment.
- E. Investigations of alleged abuse or neglect are expected to result in findings related to specific allegations of CA/N. The findings also include the presence or absence of other abuse or neglect in the licensed setting and record the important risk and protective factors present. Findings must have a strong factual basis, be supported by appropriate documentation, and include recommendations regarding disposition of the case.



- C. See the CA protocol *Investigating Abuse and Neglect in State Regulated Care* for steps to follow for Intake, Investigation, Assessment, and Disposition of allegations of CA/N in state-regulated care.

#### **5400 HEALTH AND SAFETY REVIEWS**

CA staff shall use the CA protocol *Health and Safety Review Standards - Procedures for Group Care and Therapeutic Foster Health and Safety Reviews* as the guideline for conducting health and safety reviews of this types of facilities. In addition, staff shall comply with the provisions of the CA *Practices and Procedures Guide*, chapter 4000, section 4421, Health and Safety of Children.

#### **5500 BACKGROUND INQUIRIES**

##### **5510 AUTHORITY**

The department is required to safeguard the well-being of children, expectant mothers, and developmentally disabled persons receiving care away from their own homes, in licensed child caring agencies, and by contractors of the department by conducting background inquiries on those persons who would have contact with these vulnerable populations. The essential requirements for conducting such checks are found in chapter 43.43 RCW, RCW 74.15.030, WAC 388-330, and DSHS Administrative Policy 9.04. This section elaborates on those requirements.

**RCW 43.43.832; RCW 74.15.010(1) and (5); RCW 74.15.030(3)**



5511 Definition

A required background check shall include:

- A. An investigation of Children's Administration (CA) records to determine if the person has a history of abuse or neglect of children; and
- B. Criminal history convictions, pending charges, or other releasable information maintained by law enforcement.

5512 Required Record Checks

CA staff shall authorize no unsupervised access to children until a CA record check to identify child abuse or neglect and a criminal history background check have been completed and documented in the following circumstances:

- A. When placing a child or recommending about the suitability of a proposed or existing placement resource, including prospective placements approved by a licensed child placing agency (CPA);
- B. When authorizing staff, volunteers, or other persons to have unsupervised access to children as part of the licensing or re-licensing of a facility or home;
- C. When authorizing employees or volunteers of licensed facilities, who were not authorized during the license or re-license investigation, to have unsupervised access to children; and
- D. When approving CA contractors, their employees, subcontractors, or volunteers to have unsupervised access to children.



5513 CA Records Check

To complete a background inquiry, CA staff shall include a check of CAMIS records to determine if the individual has a history with the department that may make issuance of a license, employment, contract, or placement inappropriate. CA staff shall complete the CAMIS check according to local office procedure.

5514 Local Law Enforcement Check

A. Local law enforcement agencies may have information in their records which has not been reported to the Washington State Patrol.

Designated local office staff are encouraged to do background inquiries with local law enforcement agencies where agreements have been executed to provide for the exchange of such information. Assigned staff shall document such checks in the applicable service file.

B. Law enforcement agencies generally expect CA staff to appear in person at their counter with appropriate identification, unless local agreements have been developed permitting other types of service.

5515 Criminal History Background Check

Assigned CA staff shall complete a criminal history background inquiry of records of the Washington State Patrol (WSP) and/or the Federal Bureau of Investigation (FBI) as specified in Sections 5520 through 5580, below.

5520 CIRCUMSTANCES FOR INQUIRIES

Assigned CA staff shall conduct criminal history background checks under the circumstances outlined below.



5521 CPS Investigation and Unlicensed/Unexpected Placements

Child Protective Services (CPS) has been designated as a limited purpose law enforcement agency by the WSP and as such is given access to both conviction and non-conviction information about the perpetrator or alleged perpetrator of child abuse and unlicensed placement resources for placements contemplated under the authority of chapters 26.44 and 74.13 RCW.

- A. A CPS criminal history background check may be completed for use:
  - 1. In the investigation of an alleged perpetrator of abuse or neglect; or
  - 2. To verify the safety of an unlicensed/unexpected placement resource as part of a CPS investigation or to approve an unexpected placement with an unlicensed caretaker.
- B. Unlicensed/Unexpected Placements are those placements in which:
  - 1. The placement was not anticipated or planned as part of the case plan for the child;
  - 2. The caretaker is unlicensed and has been identified specifically for the child;
  - 3. It is in the best interest of the child to be placed immediately; and



4. The safety of the caretaker will be initially assessed based on the results of a criminal history background check and the social worker's assessment of the persons suitability and competence. See the *CA Practices and Procedures Guide*, chapter 5000, section 5231.
- C. When making an unexpected placement of a child with an unlicensed caretaker, the social worker shall complete a criminal history background check prior to the placement of the child, except for relatives exempted in Section 5522.
- D. Only authorized CPS and CWS workers may obtain a CPS level background check for the purposes specified in paragraph A of this section, by marking "CPS" or "CWS" on the DSHS 14-239(X) and by following the procedures outlined in Section 5530, below.
- E. CPS investigation and CWS unlicensed/unexpected placement requests for criminal history background checks are authorized to receive conviction and non-conviction information under the authority of chapter 26.44 and 74.13 RCW.

**5522 Relative Placements**

- A. If a child is placed with a relative under RCW 13.34.060 or 13.34.130 and if such relative appears otherwise suitable, competent, and willing to provide care and treatment, the placing social worker need not complete the criminal history background check before placement, but shall complete it as soon as possible after placement.

**RCW 74.15.030(3)**



- B. When a child(ren) has been "placed" with a relative by their parent(s) prior to CA involvement, the social worker shall not immediately remove the child(ren), but assesses the risk to the child(ren) and the ability of the relative caretaker(s) to protect the child(ren) from further abuse and neglect. The social worker shall immediately initiate a CA case record check and a criminal history background check.
- C. A relative placement check may be obtained by marking "CWS" on the DSHS 14-239(X) and by following the procedures outlined in Section 5530.

**5523 Parental Placements**

- A. CA is not required to conduct either a criminal history background check or a CA case record check when a child resides outside the parental home pursuant to an agreement between the parent(s) and the child, and the "placement" decision was made by the parent(s).
- B. If CA becomes involved, is responsible for case planning, and the CA plan is for the child to continue residing in the home previously agreed to by the parent(s) and the child, the social worker shall initiate a criminal history background check and a CA case record check immediately.
- C. A CWS placement check may be obtained by marking "CWS" on the DSHS 14-239(X) and by following the procedures outlined in Section 5530.



5524 Adoption

- A. All pre-placement adoption reports and CA authorized adoptive placements shall include a criminal history background check and a CA case record check which identifies convictions, pending charges, and disciplinary board final decisions of prospective adoptive parents.
- B. Adoptive placements made by voluntary agencies do not require either a criminal history background check or a CA case record check through CA, unless CA authorizes the placement. The voluntary agency applies directly to WSP for checks on such placements.
- C. Only authorized CA and CPA workers may obtain a background check for the purpose of adoption of a child by marking "Adoption" on the DSHS 14-239(X) and by following the procedures outlined in Section 5530. It is critical to indicate "Adoption" on adoption checks to assure proper handling.
- D. Adoptive placement requests for criminal history background checks are authorized to receive convictions and charges pending less than one year, under the authority of chapter 74.13 RCW.

5525 Licensure or Re-licensure

CA staff shall complete a criminal history background check prior to authorizing unsupervised access to children in licensed facilities and in accordance with the following:

- A. When facilities are licensed or re-licensed under the authority of chapter 74.15 RCW, assigned CA staff shall complete a criminal history background clearance on the following persons prior to the licensing or re-licensing action:



1. Licensee, employees, volunteers, and other persons who may have unsupervised contact with children in care; and
  2. All persons 16 years of age or older, excluding foster children placed by CA/DCFS or a licensed/certified CPA, and living with a licensed foster family or child day care provider.
- B. All changes in persons not placed by CA and who may have unsupervised access to children in facilities licensed under chapter 74.15 RCW must be reported to the licenser immediately by the licensee. The licensed agency shall forward the completed criminal history background check form to the CA licenser within seven calendar days for the following persons:
1. New employee hires and volunteers accepted by a facility; and
  2. All persons 16 years of age or older, excluding foster children placed by CA/DCFS or a licensed/certified CPA, and living with a foster family or child day care provider.
- WAC 388-330-040**
3. Such persons shall not have unsupervised access to children in care until a satisfactory background check is completed and documented.
- C. Upon receipt of the background check inquiry, authorized CA licensers shall initiate a licensing background clearance by marking "Licensing" on the DSHS 14-239(X) and by following the procedures outlined in Section 5530, except for license applicants and employees of licensed agencies who have resided in Washington state less than three years, in which case licensers shall follow the procedures outlined in Section 5540, below.



- D. Licensing requests for criminal history background checks are authorized to receive convictions and charges pending less than one year under the authority of chapter 74.15 RCW.

5526 Non-licensed Contractors, Employees, Volunteers, and Other Persons

- A. All contractors, their employees, and other persons who may have unsupervised access to children shall have a criminal history background check completed prior to authorizing unsupervised access to children. Without such checks, unsupervised access to children is prohibited under RCW 43.43.832.
- B. All volunteers with unsupervised access to children shall have a criminal history background check completed. Without such checks, unsupervised access to children is prohibited under RCW 43.43.832.
- C. Unless a background check was completed as part of a CA licensing requirement, Regional Contract Coordinators or their designees shall initiate a criminal history background check by marking "Contract" on the DSHS 14-239(X) and by following the procedures outlined in Section 5530.
- D. Contractor requests for criminal history background checks are authorized to receive convictions and charges pending less than one year under the authority of RCW 43.43.830.



5527 CA Employees, Volunteers, Students, Interns, and Other Persons

A. Employees

1. CA supervisors, as part of the hiring process for prospective employees ~~into~~ covered positions ~~directly~~having responsibility for the care, supervision, or treatment of children, shall initiate criminal history background checks in accordance with DSHS Personnel Policy 532.
2. Submissions shall **not** be made to the CA Background Clearance Unit, as it is not authorized to provide clearances in personnel matters.

B. CA Volunteers, Students, Interns, Other Persons

1. CA volunteers, students, interns, and other persons who may have unsupervised access to children and/or are authorized by CA or DSHS to provide care or supervision, including transportation, for children shall have a background check completed prior to having such access.
2. Authorized CA staff shall obtain a background check for the purpose of approving CA volunteers, students, and interns by submitting the Washington State Patrol form WSP-CRD-430 in accordance with the *Managers Manual*, Community Resource Development and Management, Volunteer Administration, Section 3.01.



3. Requests for criminal history background checks on CA volunteers are authorized to receive convictions of offenses against children or other persons, convictions for crimes relating to financial exploitation , but only if the victim was a vulnerable adult, adjudication of child abuse in a civil action, the issuance of a protection order against the respondent under chapter 74.24 RCW, and disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision.
4. Submissions shall **not** be made to the CA Background Clearance Unit, as it is not authorized to provide clearances in CA volunteer matters.

5530 NAME AND DATE OF BIRTH INQUIRY - SERVICE PROVIDERS

5531 Service Providers To Be Checked

- A. All criminal history background checks shall include a check of the exact name and date of birth match of WSP records, conducted through the CA Background Clearance Unit, except license applicants and employees of licensed agencies who have resided in Washington state less than three years.
- B. While there are alternative methods of obtaining a state level background check, CA staff are expressly prohibited from using such alternatives, because they do not provide the same level of conviction and non-conviction information as is available through the WSP records.



5532 Regular Name and Date of Birth

- A. Assigned CA staff initiate criminal history background checks by submitting a signed DSHS 14-239(X), Criminal History & Background Inquiry to the Background Clearance Unit.
  - 1. The individual being checked must sign to authorize the check for licensing, contracts, and adoption.
  - 2. The CPS or CWS worker may authorize the CPS or CWS check if the request to sign the form would in any way compromise the CPS investigation or placement.
- B. CA staff shall verify the **exact** name and date of birth written on the form by the applicant by comparison to photo identification, preferably the applicant's Washington state driver's license.
  - 1. Failure to submit an exact name and date of birth may result in the inability to link a record with an individual, resulting in a "no record" response on an individual with a record.
  - 2. The social worker or other locally designated staff shall make all persons from whom CA is requesting a Social Security number aware that CA will be doing a criminal history record check. Should the individual choose not to disclose the Social Security number, the designated staff shall submit the check using whatever other indicators are available (i.e., birth date, maiden name, alias, etc.).
- C. Within five working days of receipt of the completed DSHS 14-239(X) *Criminal History and Background Inquiry* form, the licenser, contracts coordinator, or other responsible CA staff, in accordance with regional procedures, shall submit the form with the original signature of the applicant to:



Children's Administration Background Clearance Unit  
P. O. Box 5712 - MS 45712  
Olympia, WA 98504-5712

All requests for background inquiry information shall be made in writing and submitted by regular mail, except when meeting the criteria specified for an expedited background check in Section 5533.

- D. The licenser, contracts coordinator, or other responsible CA staff shall finalize actions, including written notification, to the licensee/applicant of the results of the check, within 10 working days of receipt of the completed form returned by the Background Clearance Unit.

5533 Expedited Inquiry Process

Criminal history background checks may be expedited when the results are needed in the field in three days or less, and failure to do so would jeopardize child safety. There are two levels of expedited inquiries and they will be processed according to the following procedures:

A. Priority Background Check

1. Priority Background Checks are those inquiries for which:
  - a. The request could not be anticipated; and
  - b. The results are needed to complete a CPS investigation, an unlicensed/unexpected placement, or immediate service delivery; and
  - c. Failure to respond within three days would jeopardize child safety.



2. CA staff complete the follow steps to request Priority Background Checks:
  - a. Completion of the form, *Expedited Criminal History Background Check*, indicating “priority request”;
  - b. Signature by the social worker or designee that the request meets all three standards of paragraph 1, above; and
  - c. Submission of the request to the CA Background Clearance Unit by fax at (360) 902-7931, or by mail under separate cover to M. S. 45712, Olympia, WA 98504.
3. The Background Clearance Unit will process priority requests within two working days of receipt whenever possible and will mail results back to the requester in the following day’s mail.

B. Emergency Background Check

1. Emergency Background Checks are those inquiries for which:
  - a. The request could not be anticipated; and
  - b. The results are needed immediately to complete a CPS investigation or an unlicensed/unexpected emergency placement; and
  - c. The imminent placement of a child depends on the results.



2. Social workers or designated staff request Emergency Background Checks by completing the following steps:
  - a. Completion of the form, *Expedited Criminal History Background Check*, indicating “emergency request”;
  - b. Signature by a social worker, supervisor, or Area Manager that the request meets all three standards of paragraph 1, above; and
  - c. Faxed submission of the request to the Background Clearance Unit at (360) 902-7931.
3. Emergency requests which do not adhere to the procedures exactly will be processed as “priority requests.”
4. The Background Clearance Unit will process emergency requests the day of receipt whenever possible and will mail results back to the requester in the next available outgoing mail or will fax the results back to the requester upon verification that the return fax maintains appropriate confidentiality standards.

C

. ~~A.~~—When a background check is needed on an expedited basis and Background Clearance Unit staff are unavailable (e.g., after-hours or on weekends), the responsible social worker or other locally designated staff shall obtain criminal history information through a local law enforcement agency, in accordance with the local protocol between CA and law enforcement. This check will not include a fingerprint check.



5534 Cost

All costs for processing and providing criminal history information matched by name and date of birth is charged to the CA Background Clearance Unit when the procedures outlined in this section are followed.

5540 FINGERPRINT-BASED BACKGROUND INQUIRY PROCESS

5541 Providers To Be Checked

All criminal history background checks conducted on license applicants, employees, volunteers, and other persons with unsupervised access of licensed agencies who have resided in Washington state less than three years shall include a fingerprint-based check of WSP and FBI records, conducted through the CA Background Clearance Unit.

- A. Fingerprint checks must be completed on individuals who have resided in the state of Washington for less than three years from the date of their application for license or employment in a licensed facility and who may have unsupervised access to children, expectant mothers, or developmentally disabled persons who are in the care of CA or in facilities licensed by CA, including, but not limited to, foster family homes, child day care homes and centers, and group homes.
  - 1. These fingerprint checks must be completed prior to the issuance of a license or approval for employment in a licensed facility, except that an individual may be hired on a conditional basis if the individual will not have unsupervised access to children, expectant mothers, or developmentally disabled persons in care prior to completion of the check.



2. CA staff complete fingerprint checks on the following groups of individuals who have resided in the state less than three years:
  - a. Applicants for agency license, licensees, their employees, and other persons who are present in the licensed facility, including volunteers.
  - b. All persons 16 years of age or older, excluding foster children placed by DCFS or a licensed/certified CPA, and living with a foster family or child day care provider.
  - c. Individuals employed by licensed facilities, but who reside in other states, completed at initial employment and at each subsequent re-licensing of the facility.
- B. The following individuals do not need to have a duplicate FBI check done under the circumstances outlined:
  1. Individuals who have had an FBI check completed, as authorized under RCW 74.15.030, showing no criminal record since moving to the state of Washington, and such check is documented in the CA licensing file, need not have another check completed at application for license or employment in a licensed facility.
  2. Staff who move from one facility to another need not have the check redone if the completed check is documented in the licensing files. The individual shall complete the *Criminal History and Background Inquiry*, DSHS 14-239(X), as with all other applicants.



3. If CA or the Division of Developmental Disabilities (DDD) has completed and documented an FBI check and the individual changes facilities and documentation is needed by the other division, transfer of documentation will be completed by the centralized Background Clearance Units and forwarded to the regions. An applicant-signed request for transfer and licenser name must be submitted to the CA Background Clearance Unit prior to the transfer.

#### 5542 FBI Fingerprint Cards

- A. CA staff shall use **Children's Administration-unique** fingerprint cards for obtaining fingerprints and information from the FBI. The use of unauthorized cards will prevent the results from being returned by the FBI to the CA Background Clearance Unit and a second FBI submission will be required.
- B. Local office DLR staff will provide CPAs and group care agencies with CA-authorized FBI cards. The Background Clearance Unit has a supply of fingerprint cards and instructions. These supplies will be replenished on a request basis from the local offices and can be obtained by calling (360) 902-7927.

#### 5543 Applicant Responsibility

Persons for whom fingerprint checks are required shall take the steps outlined below to complete FBI fingerprint checks. If the instructions below are not followed **correctly**, the packet will be returned to the licenser, resulting in significant delay in the background clearance process. The applicant for license or employment shall:

- A. Obtain from the local licenser for **each person** requiring fingerprinting:



1. Two FBI fingerprint cards, as the FBI requires WSP and FBI fingerprint card submission, to process the fingerprint check in Washington state prior to processing the FBI national check;
  2. CA FBI Fingerprint Instruction Sheet; and
  3. If applicable, a signed DSHS 05-220(X), *Children's Administration Fee Waiver*.
- B. Complete the top section of the card in **black ink**, according to the CA FBI Fingerprint Instructions. Cards must be completed exactly as indicated in the instructions or they cannot be processed.
- C. Go to any **local** police or sheriff's department, **not** the WSP, for fingerprinting. The local law enforcement agency will charge a processing fee of approximately \$10 for the fingerprinting.
- D. Submit proper payment to the WSP, as specified in Section 5545, and the completed cards according to the CA Fingerprint Instructions.

5544 CA Licenser Responsibility

- A. No Contact With WSP or FBI
1. The FBI background check investigation will take up to four months to complete. **There is no accelerated, expedited check capability** for this process due to WSP and FBI procedures outside the control of CA.



2. CA staff, not employed directly by the CA Background Clearance Unit, are expressly **prohibited** from contacting the WSP or FBI for any purpose related to the completion of a background check, due to WSP and FBI procedures to which CA must adhere.
3. CA licensers or other CA staff may check the status of a request pending more than four months by contacting the CA Background Clearance Unit. CA licensers or other CA staff shall **not** in any way support applicants or agencies in having direct contact with the WSP or the FBI, for any purpose related to the completion of a background check including inquiring about the status of a request or attempting to expedite the fingerprint process.

B. Use of Information

1. When the FBI/police and criminal history check is completed, the licenser will receive written documentation on the status of the WSP fingerprint check and the FBI fingerprint check from the Background Clearance Unit. This determination shall be maintained in the licensing file.
2. Disclosure of the information provided to the licenser on the WSP and FBI check shall be made in conformance with Section 5570.

5545 Payment

A. Employer Payment

Chapter 74.15 RCW specifies that the employer shall not pass on the cost of the fingerprint check to the employee, except in those cases when the results of the fingerprint-based background check results in the employee's disqualification from employment.



B. Payment Method

1. The applicant/licensee shall make payment for a fingerprint-based background check payable to the **Washington State Patrol**, submitted in the form of:
  - a. Money order;
  - b. Commercial business account check;
  - c. Cashier's check; or
  - d. Signed CA Waiver of Payment as specified in Section 5545.C.3.
2. **No personal checks or cash will be accepted for payment.** Without a fee payment in the prescribed manner, the request for an FBI check will be rejected.

C. Payment Amount

1. There is no refund process if the applicant decides not to continue the licensing process or if the applicant is denied a license due to information contained in the FBI/police and criminal history check.
2. All applicants who do not meet the definition of volunteer or qualify for a CA Waiver shall submit payment of \$55.
3. Unpaid agency volunteers who shall receive only cost reimbursement and no salary and licensed foster home applicants who do not qualify for a waiver of fees shall submit payment of \$49.



4. Fingerprint Fee Waiver for Foster Family Home Licensees
  - a. DLR will waive the \$49.00 per person fee requirement for foster family home applicants when one of the following conditions exist:
    - i. The home is being licensed to take a child(ren) in the care and custody of CA;
    - ii. CA is or will be making payment for care of a child(ren) in the home;
    - iii. The home is a relative being approved to take a child(ren) in the care or custody of CA; or
    - iv. The home is a relative being approved to care for a child(ren) for whom CA is or will be making payment.
  - b. The approximate \$10 fee for fingerprinting is paid to the local law enforcement agency performing the service and cannot be waived.
  - c. The licensor shall approve the waiver using DSHS 05-220(X), *Children's Administration Fee Waiver*, and document it in the licensing record.
    - i. The completed form must accompany any fingerprint cards for which a waiver is being provided.
    - ii. Additional forms may be ordered from the Forms Warehouse.



- iii. The waiver must be signed by the OFCL Regional Manager or the CA Regional Business Manager.
- iv. Foster family homes certified by a CPA and licensed by DLR shall have the fee waived only when the home meets the criteria specified in Section 5545.D.1. above and the fingerprint submission is accompanied by a waiver form signed by the OFCL Regional Manager or CA Regional Business Manager.

5. Other Waivers

No waiver of fees, other than for payment for foster family homes, are permitted under RCW 74.15.030(2)(b).

5550 BACKGROUND CHECK DOCUMENTATION AND RECORD RETENTION

- A. Designated CA local office staff will keep sufficient information to show that appropriate required background inquiries have been completed where required. Licensers shall maintain entries in appropriate records indicating who ultimately received the information and how it was disseminated.
- B. CA local offices retain returned inquiry forms for the duration required of all licensing file records. Following revocation of a license, the form shall be retained indefinitely in the licensing file.
- C. Licensers shall not issue full licenses nor authorize unsupervised access to children by licensees, employees, or volunteers until criminal history checks, including fingerprinting when required, have been completed and documented.



5560 EVALUATION AND DISPOSITION

Local or regional CA staff shall take action based on information resulting from the background inquiries and shall not license or authorize those persons to provide care who have been convicted of or have charges pending for offenses listed in Section 5590 or who appear in child abuse records as perpetrators of founded child abuse or neglect.

5561 No Record

If the background inquiry reveals no criminal convictions, no WSP or CAMIS child abuse record information, or pending charges, no further action is necessary to complete the background check. However, results of the background check are not the only indicators of character and suitability.

5562 Child Abuse Record

If the background inquiry reveals that the person is identified as a perpetrator of founded child abuse or neglect (CA/N) in CAMIS or in WSP files, that person shall not be licensed, employed by licensees or contractors, serve in a volunteer capacity for licensees or contractors, or otherwise be authorized by the department to provide care of or have access to children.

5563 Law Enforcement Record

A. Conviction for Disqualifying Offense

1. If the background inquiry reveals that the person has been convicted of any offenses listed in section 5590, or their equivalents in other jurisdictions, or is listed in the WSP child abuse record information, the social worker must deny the license or authorization to provide care.



2. In any case, if the inquiry reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, the convicted felon is **permanently** prohibited from being a licensed out-of-home care provider or certified as an adoptive parent. The licenser or adoption worker shall **not** license or certify the applicant. CA shall not waive this provision because it is required in federal law. **42**

**USC 671(a)**

3. In any case in which a record check reveals a felony conviction for physical assault, battery, or a drug-related offense with the past five years from date of application for foster care license or adoption certification, the licenser or adoption worker shall **not** license or certify the convicted felon. CA shall not waive this provision because it is required in federal law. **42 USC**

**671(a)**

**B. Conviction for Non-Disqualifying Offense**

1. If the background inquiry reveals that the person has been convicted of an offense **not** listed in section 5590, the social worker shall consider such information in determining the character, suitability, and competence of the prospective caretaker as required by chapter 74.15 RCW and WAC 388-73-030. The fact of such conviction shall not in itself be the basis for denial of licensure or authorization to provide care.
2. Under exceptional circumstances, an individual convicted of a crime may not automatically be prohibited from contact with children solely because of the conviction. The social worker may consider the following factors when contemplating whether to proceed with licensure:
  - a. The type of crime for which the individual was convicted;
  - b. The number of crimes for which the individual was convicted;



- c. The nature of the offense(s);
- d. The age of the individual at the time of conviction;
- e. The length of time that has elapsed since the last conviction;
- f. The relationship of the crime and the capacity to care for children;
- g. Evidence of rehabilitation;
- h. Opinions of community members concerning the individual in question.

C. Pending Charges

If the background inquiry reveals that charges are pending against the person for any of the offenses listed in section 5590 of this chapter, or their equivalents in other jurisdictions, the social worker shall withhold a care provider's license or authorization to provide care until dismissal or acquittal occurs.

- 1. Pending charges for other offenses may be grounds for withholding licensure or authorization to provide care. See DSHS Administrative Policy 9.04.
- 2. Pending charges may be reason for suspending, summarily or otherwise, the license of an already licensed agency.
- 3. If the background inquiry reveals that pending charges are more than one year old, the designated staff person shall make further inquiry with the charging law enforcement agency to determine the disposition or status of the charge.
- 4. Unless there is a disposition within the 90-day application period, the licenser or social worker shall deny or close the application if there are pending charges related to an offense which would adversely affect licensure. The individual may reapply following a disposition of the charge. Pending charges which are more than one year old may not be taken as grounds for a licensing action unless the case is still active because of a continuance.

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- D. For purposes of background checks, convictions for crimes relating to drugs may be used as a tool for investigation and may be used for any decision regarding the person's suitability for a position in which the person may have unsupervised access to children or vulnerable adults. For the definition of "Crimes Related to Drugs," see Appendix A. **RCW 43.43**

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**5564 Use of Non-Conviction Information**

Aside from a charge pending less than one year, non-conviction information cannot be used as the sole basis for a disciplinary action on a license. Non-conviction information may, however, create a basis for further investigation, especially background queries to other law enforcement agencies.

**5565 Disposition**

- A. The license of any applicant, chief executive, owner, operator, and/or administrator of any agency will be denied, suspended, or revoked if the person has been found to fall under the provisions of WAC 388-73-036.
- B. As required by WAC 388-73-030, any person (including licensees, staff, or other persons on the premises) having a history of offenses which indicates that the person is not of good character and/or may not have the emotional stability and personality to meet the needs of persons in care shall be disqualified from providing care.

**5566 Right of Appeal**

See WAC 388-330-035 for standards for a disqualified person's right of appeal and steps to be followed.



5570 INFORMATION SHARING

Information from the background inquiry may be shared only with the person whose background has been checked. It may be shared with others if the subject person has signed a specific authorization to do so. Such a release of information authorization is located on the back of the DSHS 14-239(X). All information received from the FBI or WSP is authorized for use by DSHS only for the purpose for which it was obtained, and, as such, it cannot be disclosed or disseminated to a third party.

- A. Designated CA staff shall notify the applicant of the WSP's response within 10 days after receipt of the information. The staff shall provide a copy of the response to the applicant, if requested.

**RCW 43.43.834(4)**

- B. Only background inquiry information which could require disqualification of an employee or volunteer of a licensed or authorized care provider may be shared with that provider and only after notice to the subject.
- C. CA staff may provide information within DSHS on a need-to-know basis. Dissemination of conviction records and pending charges to individuals with a need to know is unrestricted within the department.
- D. Department staff shall not give a returned background inquiry form or "rap sheet" or a copy of such to any person who is not an employee of the department.



- E. CA staff shall keep information obtained from the department's own files, including CAMIS, confidential except that staff may share information on whether the subject meets requirements to provide child care with the agency/person specified on a release of information form signed by the subject person.
- F. If a person is disqualified, the appointing authority or designee shall give written notice of disqualification to the person. The appointing authority/designee shall inform the individual before notifying the child care agency.
  - 1. The disqualified person's notice must state what the person is disqualified from doing, the reasons for the disqualification, and the applicable law under which the person is disqualified.
  - 2. The notice must inform the disqualified person of their right to a fair hearing under RCW 43.20A.205.
  - 3. A licensee or contractor may not allow a person disqualified under this policy to associate with the licensee or contractor's agency. Disqualification of a person may not be contested by a licensee or contractor.
  - 4. The department may remove a disqualification based on conviction of a crime or other reason if the disqualified person demonstrates by clear, cogent, and convincing evidence that he or she is sufficiently rehabilitated to warrant public trust and to comply with the requirements of chapter 74.15 RCW. WAC 388-330-035(8)



**5580 STATE OFFICE RESPONSIBILITIES**

- A. Designated Background Clearance Unit staff within the Division of Management Services conduct criminal history inquiries and review the WSP abuse record information system. They will check for criminal history against any name used by the subject, the subject's birth date, and the subject's Social Security Number, if provided.
- B. Background Clearance Unit staff return findings to authorized personnel from the office which forwarded the background inquiry.
- C. Background Clearance Unit staff maintain a log of persons for whom criminal history inquiries have been done.

**5590 OFFENSES**

Social workers and licensers shall consider the list of crimes below and shall not license or authorize those persons to provide care who have been convicted of or have charges pending for offenses listed below.

- X Aggravated murder
- X Arson - 1<sup>st</sup> degree
- X Arson - 2<sup>nd</sup> degree
- X Assault - 1<sup>st</sup> degree
- X Assault - Domestic Violence - 1<sup>st</sup> degree
- X Assault - 2<sup>nd</sup> degree
- X Assault - Domestic Violence - 2<sup>nd</sup> degree
- X Assault - 3<sup>rd</sup> degree
- X Assault - Domestic Violence - 3<sup>rd</sup> degree
- X Assault - 4<sup>th</sup> degree (also known as Simple Assault)
- X Assault - Domestic Violence 4<sup>th</sup> degree (also known as Simple Assault)
- X Assault of a Child - 1<sup>st</sup> degree
- X Assault of a Child - Domestic Violence - 1<sup>st</sup> degree
- X Assault of a Child - 2<sup>nd</sup> degree
- X Assault of a Child - Domestic Violence - 2<sup>nd</sup> degree
- X Assault of a Child - 3<sup>rd</sup> degree



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- X Assault of a Child - Domestic Violence - 3<sup>rd</sup> degree
- X Burglary - 1<sup>st</sup> degree
- X Burglary - 2<sup>nd</sup> degree
- X Burglary - Domestic Violence - 1<sup>st</sup> degree
- X Child abandonment
- X Child abuse or neglect as defined by RCW 26.44.020
- X Child molestation - 1<sup>st</sup> degree
- X Child molestation - 2<sup>nd</sup> degree
- X Child molestation - 3<sup>rd</sup> degree
- X Child selling - child buying
- X Coercion
- X Communication with a minor
- X Crimes Related to Drugs
- X Criminal mistreatment - 1<sup>st</sup> degree
- X Criminal mistreatment - 2<sup>nd</sup> degree
- X Criminal Trespass - 1<sup>st</sup> degree
- X Criminal Trespass - Domestic Violence - 1<sup>st</sup> degree
- X Criminal Trespass - 2<sup>nd</sup> degree
- X Criminal Trespass - Domestic Violence - 2<sup>nd</sup> degree
- X Custodial assault
- X Custodial interference - 1<sup>st</sup> degree
- X Custodial interference - 2<sup>nd</sup> degree
- X Dealing in depiction of a minor engaged in sexually explicit conduct
- X Extortion - 1<sup>st</sup> degree
- X Extortion - 2<sup>nd</sup> degree
- X Family abandonment
- X Felony indecent exposure
- X Homicide by abuse
- X Incest - 1<sup>st</sup> degree
- X Incest - 2<sup>nd</sup> degree
- X Indecent liberties
- X Kidnapping - 1<sup>st</sup> degree
- X Kidnapping - 2<sup>nd</sup> degree
- X Malicious harassment
- X Malicious Mischief - 1<sup>st</sup> degree
- X Malicious Mischief - 2<sup>nd</sup> degree
- X Malicious Mischief - 3<sup>rd</sup> degree

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- X Malicious Mischief - Domestic Violence - 1<sup>st</sup> degree
- X Malicious Mischief - Domestic Violence - 2<sup>nd</sup> degree
- X Malicious Mischief - Domestic Violence - 3<sup>rd</sup> degree
- X Manslaughter - 1<sup>st</sup> degree
- X Manslaughter - 2<sup>nd</sup> degree
- X Murder - 1<sup>st</sup> degree
- X Murder - 2<sup>nd</sup> degree
- X Murder - aggravated
- X Patronizing a juvenile prostitute
- X Possession of depiction of a minor engaged in sexually explicit conduct
- X Promoting a suicide attempt
- X Promoting pornography
- X Promoting prostitution - 1<sup>st</sup> degree
- X Promoting prostitution - 2<sup>nd</sup> degree
- X Prostitution
- X Public indecency (if toward a person under the age of 14 years)
- X Rape - 1<sup>st</sup> degree
- X Rape - 2<sup>nd</sup> degree
- X Rape - 3<sup>rd</sup> degree
- X Rape - Domestic Violence - 1<sup>st</sup> degree
- X Rape - Domestic Violence - 2<sup>nd</sup> degree
- X Rape of a child - 1<sup>st</sup> degree
- X Rape of a child - 2<sup>nd</sup> degree
- X Rape of a child - 3<sup>rd</sup> degree
- X Reckless endangerment
- X Residential Burglary
- X Robbery - 1<sup>st</sup> degree
- X Robbery - 2<sup>nd</sup> degree
- X Selling or distributing erotic material to a minor
- X Sending or bringing into the state depiction of a minor engaged in sexually explicit conduct
- X Sexual exploitation of a minor
- X Sexual misconduct with a child - 2<sup>nd</sup> degree
- X Sexual misconduct with a minor - 1<sup>st</sup> degree
- X Stalking
- X Unlawful imprisonment
- X Unlawfully manufacturing, delivering, or possessing, with intent to deliver, a controlled substance
- X Vehicular homicide
- X Violation of child abuse restraining order



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**5600 TRANSPORTATION FOR CHILDREN**

Any CA staff, volunteers, interns, or foster parents transporting children, whether in a privately owned or state vehicle, shall ensure that the children use age-appropriate child safety seats or restraints. Such driver must also possess a current, valid driver's license and liability insurance.



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**5700 BLOOD BORNE DISEASES**

**5710 BLOOD BORNE PATHOGENS PROTECTION PLAN**

**5711 Purpose and Scope**

- A. Employers must assess the risk to employees for a reasonably-anticipated potential for occupational exposure to blood and other potentially infectious materials during the course of performing their assigned duties. Although the risk of occupational exposure to blood borne pathogens (BBP) has been determined to be quite low for Children's Administration personnel, CA has stipulated this *Blood Borne Pathogens Protection Plan* to further minimize the risk of exposure, to provide guidance addressing unexpected exposure to blood and/or bodily fluids, and to meet requirements set forth by the Occupational Safety and Health Administration (OSHA), and the Washington Industrial Safety and Health Act (WISHA).
- B. The plan applies to and is accessible to all employees and will be reviewed and updated annually, or as required by statute.

**5712 Definitions**

Definition of terms applicable to the Plan is found in Appendix A.



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5713 Methods of Implementation

A. General

All employees will use *Universal Precautions* (see Appendix A) whenever there is reasonably anticipated contact with blood or other potentially infectious fluids.

B. Safe First-Aid Practices

1. The Regional Administrator or appropriate Director shall ensure that each office provides and maintains first aid kits and equipment which minimally include several sets of gloves, CPR protective shields, germicidal hand wipes, and plastic disposal bags.
2. First line supervisors in each office shall inform their employees of the location of, and ensure that they have immediate access to, first aid equipment and will encourage them to use it while rendering first aid.
3. Staff designated by the Regional Administrator or the applicable Director shall determine the location of first aid kits, to include placement in state cars and in office reception areas, bathrooms, and kitchens. Designated staff shall develop local procedures which include local office information and methods for documenting notification to staff.
4. The office procedures shall designate and identify staff responsible for stocking of the kit and include posting names of responsible staff.



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5. Whenever blood or other potentially infectious materials may be present, the employee rendering first-aid shall use appropriate personal protective equipment, such as gloves. The employee shall immediately wash his/her hands after gloves are removed.
6. The person giving CPR shall use a one-way valve micro-shield and then appropriately discard it.
7. If there is more than one victim, the person giving assistance shall use new protective equipment, such as gloves and CPR micro-shields, for each victim.

C. Disposal of Contaminated Items

1. Staff shall handle all material exposed to and contaminated with blood or other potentially infectious materials with gloves. Staff shall place and transport contaminated material in a plastic bag that prevents soak-through and/or leakage to the exterior.
2. The employee shall label the bag as to contents with label prominently displayed and dispose of contents in trash bins unless contents meet the definition of regulated waste (See Appendix A). In that case, the employee shall dispose of contents in accordance with state and local regulations; e.g., by taking the bag to a local hospital or medical clinic for disposal, by depositing with the fire department's emergency response team on the scene, or by calling the local solid waste utility for further information.



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D. Laundry

1. To prevent the spread of contamination, staff shall remove all clothing that has been contaminated with gloves and place it in a plastic bag that prevents soak-through and/or leakage. The bag shall be labeled as to contents with label prominently displayed.
2. The employee shall change out of contaminated clothing. CA shall provide temporary clothing, such as surgical scrubs, for the person to wear.
3. If the employee is in the field and not intending to return to the work site, he/she should remove contaminated clothing, place it in a plastic bag immediately on arriving home, and return it to the work site as soon as possible.
4. Employees shall not take contaminated personal clothing home for home-laundering.
5. The CA office, in accordance with local or regional procedures, shall arrange for professional cleaning, laundering, repair and/or disposal and replacement of the garment at no cost to the employee. Payment for the cleaning will be handled according to regional policy. Local procedures shall state to whom the contaminated laundry shall be given.

E. Cleaning

1. All CA property that may have been contaminated with blood or other potentially infectious materials shall be cleaned immediately or as soon as possible after the incident, in accordance with local procedures.



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2. Employees shall wear gloves during all cleaning procedures.
3. Employees shall dispose of gloves used for cleaning procedures into a plastic bag. The employees shall wash their hands immediately after gloves are removed.
4. Each CA office shall provide and make available appropriate cleaning supplies, such as bleach, Lysol, AseptiCare, or MegaSol.
5. Employees shall use a household bleach solution in a mixture of one part bleach to 10 parts water made fresh for immediate use or an appropriate germicide, which may include Lysol Spray, AseptiCare, or MegaSol.
6. Staff shall handle all broken glass or other “sharp” with broom, dust pan, tongs, or forceps in order to reduce the risk of exposure. If items are contaminated, staff shall pour bleach solution or germicide over the area, prior to removal.
7. Staff shall dispose of broken glass and/or “sharp” into containers that are leak-, spill- and cut-proof.

F. Training

1. The Regional Administrator or Director, as applicable, shall arrange for all employees to be trained in order to become knowledgeable on the plan.
2. Training shall be provided during work hours and free of charge to all employees.
3. All new employees shall be trained during employee orientation.



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4. The training shall address, at a minimum, the following subjects:
  - a. Blood borne pathogens.
  - b. Universal precautions.
  - c. Safe first-aid practices.
  - d. Blood borne Pathogens Protection Plan.
5. All employees who have received training shall sign a S. F. 141, *Developmental Training Report*.

G. Post-Exposure Prophylaxis, Evaluation, and Follow-up

Each Regional Administrator, Regional Manager, or Director, as appropriate, shall arrange for provision of post-exposure follow-up and prophylaxis to all employees who have an exposure to blood and/or other potentially infectious body fluids while on the job.

1. Employee Self-Care

Every employee shall be informed during training of the following necessary self-care process:

- a. Exposure to the eyes - Flush eyes with water and/or appropriate solution.
- b. Exposure to the nose - Blow nose and wipe inside of nostril.
- c. Exposure to the mouth - Spit and rinse mouth.



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- d. Exposure to skin - If a hand washing facility is not available, wipe immediately with germicidal towelette and then, as soon as possible, wash in hand washing facility.

2. Incident Reporting

After every incident involving blood or other potentially infectious material, the employee shall report the incident to a supervisor. If exposure has occurred, the supervisor shall assist the employee in filling out a *Report of Employee Personal Injury*, DSHS 3-133.

3. Medical Follow-up

- a. The supervisor shall ask the employee to go to a licensed health care professional immediately or at least within 24 hours of the incident for a post-exposure evaluation and follow-up.
- b. The employee will take the following to the health provider:
  - i. A copy of the *Report of Employee Personal Injury*, DSHS 3-133.
  - ii. A post-exposure evaluation form for the health care professional's written opinion.
  - iii. A copy of the portion of WAC 296-62-08001(6) noting requirements for evaluation & follow-up.



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- c. The supervisor shall complete the *Report of Employee Personal Injury*, DSHS 3-133, and route copies following the instructions on the form, including forwarding a copy of the Department of Labor and Industries (L&I) report to the Office of Safety & Risk Management, once the completed copy is received from the health care provider.
- d. Post-exposure evaluation and follow-up may consist of HIV counseling and testing, Hepatitis B immunoglobulin, and the offer of the full series of the Hepatitis B vaccine.
  - i. CA shall make available all post-exposure evaluation and follow-up, including hepatitis B vaccination, at no cost to the employee.
  - ii. Employees who decline to receive recommended HBV vaccination must sign a declination form.
- e. The designee of the Regional Administrator or Director, as applicable, shall request that the source individual have his/her blood tested as soon as possible, with the test results disclosed to the exposed employee. The source individual is not required by law to have the tests or to disclose test results.



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- f. The designee shall remind the exposed employee that the test results are not to be disclosed to anyone, except for the health care provider providing the employee's medical evaluation. When the source individual is already known to be infected with hepatitis B virus or human immunodeficiency virus (HIV), blood testing for these viruses need not be requested.

4. Record-Keeping

- a. The health care provider will report back to CA that appropriate post-exposure evaluation, prophylaxis, and follow-up has been offered.
- b. All medical records of this exposure follow-up will be kept confidential by CA for the duration of the person's employment plus thirty years. Records will be maintained by the DSHS Office of Risk Management, Safety and Health Section, and will not be included in the employee's personnel file.

5. Payment

- a. The regional office, for field staff, and state office, for headquarters staff, shall make payment for supplies, laundering, shots, and other expenses related to first aid practices, BBP exposures, and exposure preparations.
- b. The Regional Administrator or Director, Division of Management Services, as appropriate, shall determine the method of payment and include funding in the appropriate budget.



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- c. The Regional Administrator, the Regional Manager, and the applicable Director shall ensure the development of local procedures, including identification of person to whom payment questions and requests shall be directed.

5720 BLOOD BORNE INFECTIONS

5721 Purpose and Scope

This section provides guidelines for the implementation of procedures pertaining to infections carried in the blood, such as Sexually Transmitted Diseases (STDs), specifically Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

5722 Definitions

For definitions relating to this section, see Appendix A.

5723 Implementation Practices/Procedures

A. Non-Discrimination

1. CA shall not discriminate against persons with or perceived to have HIV infection. This policy includes discrimination against employees, clients, licensees, contractors, or volunteers. Procedures for persons who believe they have been subjected to discrimination because of HIV status are found in DSHS *Administrative Policy 6.09*.



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2. Licensees are not required by law to share their HIV status with licensers. If this information is shared by the licensee or prospective licensee, licensers may request additional health information, as is the case with disclosure of any serious illness of a licensee. Decisions regarding continued licensing of an HIV infected person are made in the same manner as any serious illness.

B. Regional HIV/BBP Coordinator

1. Each Regional Administrator shall designate an HIV/BBP Coordinator to oversee issues related to HIV, HBV, and other BBPs.
2. The social worker refers all HIV/HBV affected cases and issues related to BBP to the regional HIV/BBP Coordinator for consultation and staffing as appropriate.
3. The Coordinator:
  - a. Provides information and consultation on CA policy.
  - b. Provides consultation for case management.
  - c. Serves as liaison with the health care community and AIDS service organizations.
  - d. Convenes the HIV/BBP Advisory Team.

C. Regional HIV/BBP Advisory Team

1. Each Regional Coordinator shall develop an HIV/BBP Advisory Team to advise on issues related to HIV, HBV, and other BBP.



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2. The Regional HBV/BBP Advisory Team:

- a. Assists, as necessary, with development of regional guidelines on issues related to HIV/BBP.
- b. Provides case consultation, as needed.

D. Universal Precautions

All staff, out-of-home care providers, volunteers, licensees, and respite care providers shall use universal precautions when dealing with children in care and treat all blood and body fluids containing blood as if known to be infectious. See section 5610, Blood Borne Pathogens Protection Plan.

E. HIV Testing

1. HIV testing of a child is a medical procedure and, therefore, shall be done only in consultation with the Regional HIV/BBP Coordinator and on the recommendation of the local health department or a licensed health care provider knowledgeable about HIV infection.
2. HIV testing of a child under the age of 14 generally requires the written consent of the parent or legal guardian after they have received pre-test counseling.



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- a. When HIV testing of a child under the age of 14 is being requested as a result of potential perinatal exposure, the social worker or HIV/BBP Coordinator shall inform the child's mother of the request and ask the mother to provide the results of her past HIV tests or to be tested in order to possibly eliminate the need for testing of the child. This testing is voluntary and will be confidential, consistent with this section.
  - b. When parental rights have been terminated, the social worker of a child under the age of 14 may authorize HIV testing.
  - c. The social worker shall obtain a court order for testing if the parent or legal guardian is unavailable or unwilling to provide consent for testing of a child under the age of 14 and if a medical reason for testing exists.
  - d. If a child under 14 years of age tests positive for any STD, including HIV, the HIV/BBP Coordinator shall ensure that the medical professional or the local health department notifies the parent or legal guardian of the test results.
2. HIV/STD testing of a youth age 14 or over requires the written consent of the youth or a court order. The youth may request testing on his/her own authority.
- a. The written consent or court order shall authorize test results for HIV or HBV to be released to the social worker and out-of-home care provider.



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- b. When obtaining a court order or a consent for HIV testing, the social worker shall, if needed, also gain authority to share the results with others who have a compelling “need to know” and are not otherwise authorized to know under chapter 70.24 RCW. All such individuals shall be identified in the consent or court order. The consent or court order shall authorize treatment, as necessary.

F. Confidentiality/Disclosure

- 1. Infection with HIV and other sexually transmitted diseases is a personal and private matter. Staff, care providers, and volunteers shall treat information related to these issues in a confidential and respectful manner and shall not disclose this information except in accordance with state law and as provided in this section and paragraphs G and H, below
- 2. Disclosure Practices and Criteria
  - a. CA staff shall not share the HIV/STD status of a parent with anyone, without that parent's written consent, other than CA staff with a need to know. See paragraph H, below, for exception criteria for prospective adoptive parents.
  - b. In order to facilitate appropriate health care for a child, the social worker may share HIV/STD status of a parent with the health care provider to help determine the appropriateness of testing the child, provided the parent's identity is not revealed.



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- c. CA staff shall not share information related to the HIV/STD status of a youth 14 years or older with anyone, including parents, without the youth's written consent or a court order. However, the social worker shall inform the child that no placement may be made without full disclosure to the prospective residential care provider.
- d. For children under 14 years of age in DCFS custody, DCFS shall share information related to HIV and other STDs with people making case planning decisions only as authorized by law.
  - i. RCW 70.24.105 authorizes disclosure to the DCFS worker, the child's private child placing agency worker, the child's *Guardian Ad Litem* in a dependency action, and the person, including the adoptive parent, providing residential care for the child.
  - ii. To document disclosure of HIV/AIDS information, the social worker will assist the residential care provider to complete and sign the *Disclosure of Confidential HIV/AIDS Information*, DSHS 09-837. The social worker will then place this form only in the child's confidential HIV/AIDS file.



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- iii. Disclosures to any individual other than those identified in subparagraph "i" requires parental or legal guardian consent or a court order. The HIV/BBP Coordinator shall make decisions on a case by case basis regarding who has a "need to know" and who should, therefore, be listed in the court order or consent.
- e. The social worker shall ensure that the child's current health care provider is aware of the child's exposure to HIV/HBV. If the health care provider knows the identity of the parent, neither DCFS nor the residential care provider has the authority to disclose the parent's HIV/HBV status without the parent's written consent or a court order.
- f. Social workers shall not disclose information related to a parent or child's HIV or other STD status to other CA employees, except their immediate supervisor, manager, and HIV/BBP Coordinator.
- g. When a written disclosure is made by a CA employee, as authorized by law, to other than another CA employee, the social worker or HIV/BBP Coordinator shall accompany it with the following statement and acknowledge it in writing on the form, *Disclosure of Confidential HIV Information*, DSHS 09-837:



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*This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.*

- h. The social worker shall follow up any oral disclosure by a CA employee to other than another CA employee by sending, within 10 days, the *Disclosure of Confidential HIV Information*, DSHS 09-837, to the person(s) receiving the information.
- i. Information on HIV or STD status shall not be recorded or stored electronically in CAMIS documentation files such as the Health Card. The social worker shall keep case recordings which disclose information related to the child's or parent's HIV or other STD status or exposure in a "privileged/confidential information" envelope used to safeguard sensitive case information. Access to this envelope is strictly limited to those authorized by law, with consent or as noted on a court order. Access to other parts of the child's record does not assume the right to access HIV/STD information.

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- j. Social workers shall not disclose HIV/STD information in written reports to the court without consultation with the assigned legal counsel.



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- k. When HIV/STD information is discussed in court, the social worker, through legal counsel, shall make special arrangements with the court to protect the confidentiality of the parties.

G. Placement

1. DCFS staff shall inform the residential care provider of the child's HIV/HBV status, if known. The social worker shall not inform the residential care provider of the HIV/HBV status of a child age 14 or older without the child's permission or a court order. However, the social worker shall inform the child that no placement will be made without disclosure of such status to the prospective residential care provider.
2. HIV exposed/infected children may be placed with other children unless otherwise advised by the health care provider. However, DCFS staff shall not place known HBV infected children or perinatally exposed infants in households with other unvaccinated persons.
3. The social worker shall strongly consider a child's and/or parent's wish not to disclose a child's positive HIV/HBV status to relatives when investigating a potential relative placement. However, if the child is actually placed, the social worker must disclose the child's HIV/HBV status. This revelation could negatively impact family relationships.
4. The social worker shall arrange for provision of medical attention for the HIV/STD infected/exposed child by a physician knowledgeable in this specialty area.



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5. When placing a child known to be HIV/HBV exposed or infected, the social worker, in addition to providing the residential care provider with information regarding the child's current health status and names of all health care providers, shall inform the residential care provider of all resources involved and provide instruction in any special care needs of the child prior to placement.

If exposure of infection is discovered after placement, the social worker shall immediately provide the above information to the residential care provider and ensure the provision of instruction in any special care needs.

6. When HBV infection is discovered in an individual living or working in a foster/receiving/group home, the social worker shall immediately notify the Regional HIV/BBP Coordinator and the local health department. Public health department recommendations for testing and immunization of household contacts shall be followed. DCFS staff shall place no additional unimmunized children in the home while the possibility of exposure exists.

H. Adoption

1. The adoption worker or HIV/BBP Coordinator shall provide prospective adoptive parents with all available information on the STD/HIV/HBV status of children under 14 years of age.
2. For children age 14 or above, the social worker shall not disclose status without the child's permission but shall not place the child without such disclosure.
3. Staff shall share the STD/HIV/HBV status, if known, of the parents, if the possibility of infection of the child by that parent exists. In such cases, the identity of the parents may not be disclosed.



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4. CA staff shall identify children with HIV infection in adoption exchange books and/or media as having "serious medical problems." HIV exposure of uninfected children does not need to be noted in exchange books. Only when a serious inquiry is received and the social worker has determined that the family is a potential candidate should the child's specific medical history be discussed. The social worker shall not disclose the child's name until the family is selected as the adoptive family.
5. The social worker shall provide prospective adoptive parent(s) with the *Child's Medical and Family Background Report*, DSHS 13-041(X). The social worker shall include on the document all available medical information related to the child and biological parent, including HIV/STD information if possibility of exposure exists. The identity of the parent is not disclosed on this form.
6. When HIV testing is recommended, the social worker shall consult with the HIV/BBP Coordinator and arrange for completion of the test prior to finalization of the adoption.
7. The social worker shall inform the prospective adoptive parent that HIV infection may qualify a child for adoption support.

I. Training

1. CA shall arrange for all employees to receive HIV/BBP training which covers prevention, transmission, infection control, treatment, testing, confidentiality CA-related policy and procedure, as it relates to adults and children.
2. All individuals and agencies licensed by CA shall receive HIV/BBP training which covers prevention, transmission, infection control, treatment, testing, confidentiality and CA-related policy and procedure, as it relates to adults and children.







CHAPTER 6000 --  
ACCOUNTABILITY  
AND  
QUALITY ASSURANCE







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**6100 STANDARDS FOR QUALITY ASSURANCE**

**6110 ACCOUNTABILITY**

The Children's Administration (CA) has a system of accountability wherein all levels of the organization have a role in assuring that services are provided to the clients of CA in compliance with policy and statute. The Office of Quality Assurance and Training has primary responsibility for statewide quality assurance reviews and oversight.

**6120 SHARED DECISION MAKING**

All Children's Administration staff are expected to perform in compliance with the CA *Case Services Policy Manual*, Appendix C, Shared Decision-Making.

**6130 CONTINUOUS QUALITY IMPROVEMENT**

CA shall demonstrate continuous quality improvement in services to children and families within legislatively determined parameters. CA Quality Improvement focuses on:

**A. Data Driven Decisions**

Service quality improvements are determined through the use of annual measurements of established regional performance benchmarks. Benchmarks are established in the areas of child safety, permanency, and child and family well-being.



**B. Customer Defined Services**

Within legislatively determined parameters, child and family needs determine what services are arranged or provided for by the Children's Administration. Clients are regularly surveyed to measure the accessibility and usefulness of services and the responsiveness and competence of agency staff.

**C. Quality Management**

The success of CA managers is regularly measured against improvements in quality results.

**D. Employee Involvement**

CA engages in an open, inclusive, information-based decision-making process where employees are afforded the opportunity to contribute to decision in areas of expertise. CA delegates decision making as deep into the organization as possible.

**6200 PROGRAM OVERSIGHT**

**6210 FIELD RESPONSIBILITIES**

Division of Children and Family Services (DCFS) Regional Administrators and Division of Licensed Resources (DLR) Regional Managers work together to provide their respective services in a manner which will best meet client outcomes and serve the best interests of the children and families served by Children's Administration.



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6220 DCFS FIELD RESPONSIBILITIES

6221 Regional Administrator

- A. DCFS Regional Administrators establish systems and procedures designed to achieve regional expectations discussed in chapter 2000, section 2310, and to improve client outcomes.
- B. Regional Administrators are responsible for service delivery, management of regional personnel, implementation of all CA policy, oversight of practice, and compliance with CA manual requirements.

6222 Area Manager Responsibilities

- A. DCFS Area Managers are expected to review one case per unit supervised per month.
- B. Area Managers report to the Regional Administrators on a monthly basis regarding the status of the monthly reviews and the quality of the records reviewed.
- C. The Area Manager meets with each supervisor on a monthly basis to review casework supervision and practice.
- D. The Area Manager monitors achievement toward CA goals and strategies through tracking benchmarks, regional expectations, or other performance measures.

6223 Supervisory Monitoring

CA social work supervisors are expected to monitor services and expenditures authorized by their staff.



A. Monthly Case Review Consultation

1. Supervisors will be available to social workers regularly during the month for case consultation.
2. Supervisors will meet with each case-carrying social worker monthly to complete a 100 percent case review consultation. The detail and thoroughness of each case review will vary from case to case as determined by the social worker and the supervisor. All cases will be reviewed to the mutual satisfaction of both the supervisor and the social worker.
3. The supervisor documents monthly case reviews. The form of documentation may include:
  - a. Case lists in *Microsoft Word* with conference notes entered; or
  - b. Notes on Service Episode Record (SER)/Narrative for the client; or
  - c. Notes in a worker's file; and
  - d. A log of cases discussed.
4. Supervisors discuss case closures with the social workers during the monthly case review consultation. The supervisors use the following case review guidelines for assessing closure:
  - a. Legal action has been terminated.
  - b. All appropriate Social Service Payment System (SSPS) authorizations have been closed.



- c. The risk to the child is sufficiently low to justify closure.
- d. Further intervention is not warranted.

B. Monthly Case Audit

- 1. Supervisors shall audit, with documentation, at least one case per worker per month for audit compliance using the *SUPERVISORY AUDIT TOOL* provided by the state office. The audit will cover the six (6) month period prior to the review date.
- 2. The supervisor will retain the Audit Review instrument in an Administrative File and will use it as a method to identify areas of training needs, clarification of policy, and practice issues for the individual social workers and for the unit. The instrument is retained for the employee's performance evaluation period, a minimum of one year.

6230 DLR RESPONSIBILITIES

DLR Regional Managers establish systems and procedures designed to improve the health and safety of children in out-of-home care and to monitor and license placement and child care resources in compliance with CA policies and applicable federal and state statutes, and quality assurance as described in this chapter, section 6100.



6231 Office of Child Care Policy

Office of Child Care Policy (OCCP) Regional Managers establish systems and procedures designed to address the health and safety of children in child care and implement WAC minimum licensing requirements in compliance with CA policies and applicable federal and state statutes, and quality assurance as described in this chapter, section 6100.

6232 Office of Foster Care Licensing

Office of Foster Care Licensing (OFCL) Regional Managers establish systems and procedures designed to achieve the implementation of WAC minimum licensing requirements, oversee and conduct group care and family foster home health and safety reviews in compliance with CA policies and applicable federal and state statutes, and quality assurance as described in this chapter, section 6100.

6233 Child Abuse and Neglect Investigations

The CPS Facility Investigation Section Manager establishes systems and procedures designed to implement facility investigations in accordance with the standards outlined in chapter 5000, section 5300, of this manual.

6240 DIVISION OF PROGRAM AND POLICY DEVELOPMENT RESPONSIBILITIES

Under the direction of the division director, program and policy development managers assist field staff in the coordination and monitoring of programs for compliance with statutes, regulations, and policies to maintain program integrity and evaluate program effectiveness. Program and policy development managers monitor headquarters-based contracts for compliance and participate in quality assurance activities in conjunction with field staff and the Division of Management Services, including the Office of Quality Assurance and Training.



6250 MANAGEMENT SERVICES DIVISION RESPONSIBILITIES

Under the direction of the division director, Management Services staff coordinate statewide contract, accountability, and quality assurance functions to support field and headquarters operations in conjunction with the Divisions of Program and Policy Development, Licensed Resources, and Children and Family Services.

6251 Office of Quality Assurance and Training

- A. Office of Quality Assurance and Training (OQAT) managers monitor service delivery to improve the quality of DCFS and DLR programs and support compliance with law and policy. OQAT provides technical assistance to field and program managers when developing systems for internal improvements in social work practice or for internal evaluation.
- B. OQAT develops tools to evaluate casework and to identify practice improvements that increase statewide consistency and reliability in the achievement of child welfare outcomes. OQAT develops and implements systematic reviews of child welfare cases and improves the use of data management in the assessment of performance. OQAT provides technical assistance on specific practice issues and cases, conducts program reviews, and identifies child welfare "best practices."



6252 Operations Support

Operations Support managers develop and implement data collection, data reporting, and accountability mechanisms including regional performance expectations, quarterly reporting systems, and client-based outcome measures. They provide feedback to regions regarding their performance. Operations Support works with the Division of Program and Policy Development, DLR, OQAT, and the Office of Children's Administration Research (OCAR) to plan and implement policies, procedures, and systems that achieve CA program implementation in compliance with policies, applicable federal and state statutes, and quality assurance, as described in this chapter, section 6100.

6253 Office of Children's Administration Research

The Office of Children's Administration Research (OCAR) conducts research, implements surveys, and provides data collection and evaluation in support of CA quality improvement activities. OCAR works with the Division of Program and Policy Development, DLR, OQAT, and Operations Support to develop policies, procedures, and systems that achieve CA program implementation in compliance with policies, applicable federal and state statutes, and quality assurance, as described in this chapter, section 6100.

6300 **PROGRAM REVIEWS**

6310 ASSISTANT SECRETARY QUARTERLY REGIONAL REVIEWS

The CA Assistant Secretary conducts reviews quarterly in each region, reviewing the performance of the regions on established performance measures and regional expectations. Regional Administrators and Regional Managers shall report required information using the designated format.



**6320 OFFICE OF QUALITY ASSURANCE PROGRAM REVIEWS**

OQAT reviews programs at the request of Area Managers, Regional Administrators, Division Directors, and the Assistant Secretary. OQAT may provide technical assistance, upon request, to regions in completing their own program reviews.

- A. An analysis of strengths and weaknesses of the program;
- B. Implications to statewide structure, services, or training needs;
- C. An evaluation of performance on client-based outcome measures concerning child safety, permanency planning, and child and family health and well-being; and
- D. Recommendations for practice and management improvements in areas identified as problematic.

**6330 REGIONAL PROGRAM REVIEWS**

Regional Administrators shall establish a system of regular performance review for major program areas such as Child Protective Services, Child Welfare Services, and Family Reconciliation Services. Each region shall have a biennial review plan which is updated annually. Program reviews shall be conducted on a schedule to be determined by the Assistant Secretary or Regional Administrator. Program reviews shall be conducted by a team of knowledgeable staff and community representatives, and shall include:

- A. An analysis of strengths and weaknesses of the program;
- B. An evaluation of performance on client-based outcome measures concerning child safety, permanency planning, and child and family health and well-being;



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- C. Recommendations for practice and management improvements in areas identified as problematic; and
- D. Quarterly reporting on implementation of recommendations until completed.

**6340 DLR PROGRAM REVIEWS**

- A. The Director, DLR, shall regularly review the performance of division operations, including an evaluation of progress on strategic planning goals, objectives, and strategies and client-based performance measures utilized in bench-marking and CA performance reports.
- B. The Director shall establish a system of regular performance review for major program areas such as Foster Care Licensing, Child Day Care Licensing, and Child Abuse and Neglect Investigations. Each office/section shall have a biennial plan which is updated annually. The reviews will be conducted consistent with the requirements for DCFS in section 6330, above.

**6400 PERFORMANCE ACCOUNTABILITY AND REPORTING**

**6410 REGIONAL EXPECTATIONS AND QUARTERLY REPORTING**

Operations Support maintains a system for the quarterly collection and reporting of data on performance measures related to program operations, client-outcomes, and policy compliance as directed by the Assistant Secretary, who reviews regional performance information with each regional management team during quarterly reviews.



6420 BENCHMARK REPORTING

Benchmarking is the process of continuously comparing one's own performance against the best. The Divisions of Program and Policy Development, Management Services, and Licensed Resources collaborated on the identification of permanency planning, child safety, and child and family health and well-being performance measures for CA benchmarking. Regional Administrators and Managers are responsible for establishing and progressing towards performance targets on bench-marked measures at the regional, area, and office level.

6430 CLIENT BASED OUTCOME MEASURE REPORTING

Operations Support is responsible for collecting and reporting progress on client-based child safety, child and family health and well-being, and permanency planning outcome measures associated with the CA budget.

6500 **PERFORMANCE AUDITS**

6510 CRIMINAL HISTORY RECORD INQUIRY AUDIT

- A. The Criminal History Record Inquiry (CHRI) Unit is subject to a Washington State Patrol (WSP) system audit every two years.
- B. While previous audits have been limited to the CHRI Unit's terminal site at headquarters, the audit may include field offices, licensers, social workers, etc.
- C. The Federal Bureau of Investigation (FBI) may, at its discretion, audit the CHRI Unit.



**6520 OPERATIONS REVIEW AND CONSULTATION SERVICES**

The DSHS Management Services Administration's Operations Review and Consultation Services section is available, upon request by the Assistant Secretary, to conduct special audits of and consultations on Administration operations as well of Administration contractors. These audits and consultations may include assessment of program performance as well as fiscal management, as requested by the Administration. Directors, Regional Administrators, and Office Chiefs present requests for these services, through the Director of Management Services, to the Operations Review and Consultation Services section.

**6600 QUALITY IMPROVEMENT INITIATIVE**

CA has identified the importance of continuously improving services, outcomes, and resource management for its clients, customers, and citizens.

**6610 EXECUTIVE ORDER**

- A. Executive Order 97-03 requires every state agency to develop and implement a program to improve the quality, efficiency, and effectiveness of the public services it provides through quality improvement, business process redesign, employee involvement, and other quality improvement techniques.
- B. Agencies are required to use the tools of strategic business planning and performance measurement to establish their priorities and measure their progress toward their stated goals.



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Each agency must develop performance measures to assess customer satisfaction, progress toward accomplishing outcomes specified in agency budgets per RCW 43.88.090 and necessary to provide feedback on the impact of quality improvement, employee involvement, and management improvement initiatives.

6620 QUALITY STEERING COMMITTEE

- A. Executive Order 97-03 requires every agency to have a steering committee comprised of appropriate senior management, mid-management, front line staff, and support staff organizations.
- B. DSHS has established one agency-wide Quality Leadership Council chaired by the DSHS Secretary and Deputy Secretary. Each DSHS administration has established a Quality Steering Committee.
- C. The CA Quality Steering Committee (QSC) complies with Executive Order 97-03, including representation represented by the employees' union. The QSC includes 24 management, front line, and support staff:
  1. Assistant Secretary, Children's Administration
  2. Division Directors
    - Program and Policy Development
    - Management Services
    - Licensed Resources
  3. Three Regional Administrators
  4. One Area Manager



5. Six Office Chiefs

- Foster Care Licensing
- Quality Assurance and Training
- Child Care Policy
- Research
- Federal Funding
- Information Services

6. Three Program Managers

- Quality Improvement
- Program Supervisor
- Cultural Diversity Specialists

7. Line Staff - Selected by the Union

- Community Resource Program Manager
- Financial Services Specialist
- Social Work Supervisors
- Licensers
- Social Workers
- Support Staff

- D. The purpose of the QSC is to work in partnership with the regions, headquarters, quality improvement teams, employees, providers, suppliers, and the community. The QSC provides support for implementation of continuous improvement consistent with CA's mission to protect and serve children. To this end, the QSC develops and implements infrastructure, projects, and processes which:



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1. Ensure awareness and communication of philosophies, strategies, information, and results related to the improvement initiatives at all levels;
2. Provide tools, expertise, resources, and training to support the pursuit of innovative improvement initiatives;
3. Provide recognition and reward for individuals, teams, and regions that achieve results;
4. Recognize and respect diversity;
5. Mentor, motivate, encourage, and empower people who pursue, support, and demonstrate continuous improvement;
6. Focus on implementation for results while fostering innovation;
7. Eliminate barriers to empowerment and staff/management partnership;
8. Promote cross-functional and statewide performance improvement; and
9. Minimize oversight and non-productive interference with delivery processes.



6630 QUALITY IMPROVEMENT TEAMS

- A. Members of the CA Quality Assurance Steering Committee may sponsor, lead, or facilitate Quality Improvement Teams. Teams are expected to have a firm commitment to quality improvement and a willingness to participate in finding new ways of doing things. Team members are required to receive training in quality improvement processes.
- B. Every Quality Assurance Team will establish a charter that documents ground rules and clarifies roles and responsibilities. The major elements of the charter are:
- Vision
  - Organization
  - Team structure and operation
  - What teams can work on
  - What teams cannot work on
  - Support structure roles
  - Expectations for specific groups (managers, supervisors, employees)



# CHAPTER 7000 -- RESOURCE MANAGEMENT







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**7100 ACQUISITION AND INVENTORY MANAGEMENT**

**7110 PURPOSE AND SCOPE**

This section establishes a system for compliance with state procurement guidelines and inventory accountability. It is intended to ensure that Children's Administration (CA) organizational units effectively manage its resources and maintain an audit trail for the ordering, receiving, returning, partial ordering, making full payment, inventory, and surplus of equipment and supplies.

**7120 STANDARDS**

**7121 Approval to Purchase**

- A. All equipment purchases must comply with the requirements and limitations of DSHS Administrative Policy 14.13, *Equipment Purchases*.
- B. All other purchases require the approval of the Regional Administrator, Regional Manager, or Director or their respective designee, as applicable.

**7122 Responsibility for Purchasing and Inventory**

- A. The Regional Administrator, Regional Manager, or Director, as applicable, shall implement procedures indicating staff responsibility for purchase of office supplies, equipment, and services in compliance with state guidelines, for maintenance of proper inventory controls, and for surplus of state-owned property.



- B. In exercising these responsibilities, the designated staff shall:
1. Adhere to the separation of duties guidelines in Generally Accepted Accounting Principles (GAAP) when ordering, receiving, inventorying, and surplusizing equipment and supplies.
  2. Maintain a level of inventory consistent with use and reorder items as necessary to avoid depletion of supplies.
  3. Maintain a desk manual detailing all the necessary procedures for purchasing, inventorying, and surplusizing equipment and supplies.
  4. Retain a copy of all purchasing documents; e.g., request notes, purchase order copies, invoices, and packing lists.
  5. Update information on the Agency Inventory System (AIS) computer program.

7123 Responsibility for Managing/Using Inventory

Children's Administration staff shall:

- A. Use property assigned to them only for official state purposes.
- B. Take precautions necessary to protect state property from theft and damage.
- C. Report lost or stolen property immediately to staff designated in regional or state office procedures.



7130 PROCEDURES

7131 Requesting a Purchase

- A. Staff shall request purchase of an item through their immediate supervisor, except that those positions reporting directly to the Assistant Secretary shall receive sign-off from the Director, Division of Management Services.
- B. The supervisor or Director, Division of Management Services, shall confirm the need for the purchase and transmit the approved request to the staff person designated in regional or state office procedure.

7132 Ordering

Staff designated by the Regional Administrator, Regional Manager, or Director shall prepare the purchase order and route it for required approvals according to regional or state office procedures.

7133 Receiving, Paying, Inventorying, and Surplusing

Staff designated by regional or state office procedures shall:

- A. Record items received, as required, in the automated inventory system, noting the item(s) location and assignee, if appropriate.
- B. Tag items according to requirements in the *AIS Manual*.
- C. Process the order for payment through regional or headquarters accounting staff, as applicable.



- D. When surplus items, complete a *Property Disposal Request*, SF 267A, in accordance with the AIS Manual and submit it through the regional business office or headquarters property control to the Office of Staff Services for processing.
- E. Conduct biennial property inventories as required by the *AIS Manual* using computer print-outs from the AIS system.

## 7200 **FACILITIES**

### 7210 PURPOSE AND SCOPE

Field facility management and planning are responsibilities of the regional business manager. This section outlines those responsibilities.

### 7220 STANDARDS

#### 7221 Management of Facilities

- A. Requests for changes affecting the physical structure or layout of a facility are to follow DSHS facility guidelines and CA regional office protocol. Changes include repairs, additions, and/or improvements to the building or equipment; moving or rearranging panels, shelves, modular equipment, computers, copy machines; and requesting telephone services, such as the addition of a new line or switching existing numbers.
- B. Each CA office will have a representative to the local office safety committee. This person is responsible to ensure that changes to existing facilities follow regional office protocol and do not place staff or equipment safety at risk.



7222 Planning for New Facilities

- A. CA shall co-locate with other DSHS and/or other state agencies whenever feasible.
- B. Regional business managers are responsible for coordinating and/or projecting office staffing levels based on staffing history and anticipated growth.
- C. All space requests are generated by the regional office with input from the local offices, the Regional Manager, and area manager, as applicable, and forwarded to the CA headquarters facility coordinator.
- D. Space requests must be approved by the Director of Management Services before submittal to the DSHS Capital Facilities Section.
- E. The CA management team will prioritize requests for new facilities.

7300 **USE OF RESOURCES**

7310 ELECTRONIC FILES

- A. Following the procedures outlined in this section and in the DSHS *Information Technology Security Manual* does not guarantee that staff's messages and files will be protected. If a user fails to maintain their password security or leaves their terminal unattended while logged into the system, their messages and files are vulnerable. Also, staff need to be aware that messages that are sent can be forwarded to others, printed where others may read them, or sent to the wrong user.



- B. Electronic message systems, including voice mail, FAX, e-mail, the CAMIS bulletin board, and the CA Intranet server, may be used only for state business purposes. Records created through these systems are legally the property of the state. In the use of computer technology, staff are to comply with the provisions of DSHS Administrative Policy 15.10; chapter 15000, section 15224, of this manual; and the DSHS *Information Technology Security Manual*, a copy of which is available in each region through its Computer Information Consultant (CIC).
- C. The following points apply to CA staff:
  - 1. A manager, in the supervisory line of the employee, with reasonable justification, has access to data within CA's systems to carry out required business functions.
  - 2. State-provided electronic message systems may not be used to transmit or store information that promotes:
    - a. Discrimination on the basis of age, race, color, gender, creed, marital status, national origin, disability, or sexual orientation;
    - b. Harassment;
    - c. Copyright infringement;
    - d. An employee's personal political beliefs or personal business interests; or
    - e. Any activity prohibited by federal, state, or local law or regulation.



3. Transmission of e-mail messages containing confidential or privacy-protected data (e. g., confidential client or employee data) shall:
  - a. Be marked private;
  - b. Not be proxied or forwarded, except in “need to know” situations.
4. Supervisors shall not disclose to third parties the contents of electronic files under an employee’s control, except under unusual circumstances; for example:
  - a. Compliance with applicable public disclosure laws, discovery rules, or pertinent law; or
  - b. When disclosed as part of an official department, state, or external investigation.
5. Staff shall not disclose confidential passwords used to gain access to local, wide area, and CAMIS networks. If the password is compromised, staff shall change it immediately.
6. In order to assure confidentiality of client information, staff will not print CAMIS client information at any location other than a CA work site.

7320 COMPUTER HARDWARE, SOFTWARE, AND RELATED EQUIPMENT

7321 Purpose and Scope

This section establishes policies and procedures for the security, use, and maintenance of computer hardware/software and printers. See also the CA *CAMIS User’s Manual*.



7322 Standards

A. Protection

Staff to whom computers and printers are permanently or temporarily assigned shall:

1. Ensure protection of data processing equipment from theft or damage.
2. Protect division software from theft or unauthorized, accidental, or malicious use, modification, or destruction.
3. Protect division confidential documents from theft or unauthorized disclosure.
4. If an employee, through personal negligence, causes damage to state equipment, CA may require the employee to pay for repair or replacement of the damaged equipment.

B. Appropriate Use

Staff shall use department computers, peripheral equipment, and software only for official state purposes.



7323 Procedures

A. General Protection

1. Regional Administrators, Regional Managers, and Directors shall ensure that portable fire extinguishers -- preferably a Halon type -- suitable for treating electrical fires are located near data processing equipment in their areas of responsibility.
2. Users of computers shall:
  - a. Protect diskettes from excess cold, heat, direct sunlight, electromagnetic sources such as telephones and static electricity, and from ball point pens and pencils.
  - b. Remove all diskettes from the computer when they are no longer in use.
3. Computer users shall utilize surge control devices to protect all computer and peripheral equipment.
4. Staff shall not plug coffee pots, hot plates, or other high current devices into a surge protector serving computer equipment.
5. Staff shall secure computer hardware and software when not in use. See chapter 15000, section 15219.
6. User staff shall secure lap-top computers in file cabinets or closets at the end of each work day.



7. When in travel status, staff shall not ship computers or printers as general luggage through the airlines.

**B. Security of Data**

1. Staff shall store confidential documents or data in accordance with chapter 15000, section 15210.
2. Staff shall not leave documents or diskettes containing confidential information unattended in areas readily accessible to persons without authorization to see such documentation.
3. Computer users shall save important documents and those for which there may future need in CAMIS or on their F Directory, as applicable, to assure automatic back-up of files.
4. When an employee ends employment in a location, supervisory personnel shall review all files on hard drive, main frame, and floppy diskettes controlled by the employee to determine which files to delete or retain.

**C. Software Use**

1. Computer users shall not use programs obtained through shareware or from a bulletin board until they have been certified as free of computer virus by the user's Computer Information Consultant (CIC) or other authorized staff.
2. Staff shall install and/or use only software purchased, distributed, or approved by the department.



D. Prohibited Activities

Staff are prohibited from the following activities:

1. Unauthorized copying or use of software.
2. Unauthorized entry into restricted data bases.
3. Use of state computer resources for private business purposes.
4. Loan of computer hardware or software to unauthorized individuals.
5. Use of recreational computer games during work periods for other than supervisor-approved training purposes.
6. Use of privately owned personal computer hardware during business hours except as part of a pre-approved telecommuting project.

7330 VEHICLES

7331 Purpose and Scope

This section requires accountability for state-owned vehicles, including correct inventory, tracking of location and sub-assignment, and replacement of vehicles.



7332 Standards/Procedures

- A. Staff shall use state vehicles in accordance with state vehicle regulations and the department travel manual. Responsible staff shall ensure that each vehicle receives sufficient use each month to justify retention of the vehicle.
- B. All operators of state-owned vehicles, or private owned vehicles used for state business, shall:
  - 1. Have a valid driver's license in their possession.
  - 2. Maintain sufficient property damage and personal liability insurance to protect the employee and the state.
  - 3. Use state vehicles for official state business only. Travel between official work station and official residence is prohibited unless approved by the Secretary or designee for one of the reasons cited in Office of Financial Management (OFM) *Policies, Regulations, and Procedures*, 4.2.5.2.2.
  - 4. Lock vehicle doors when not in use.
  - 5. Adhere to careful driving practices and observe traffic laws and regulations, including mandatory use of seat belts.
  - 6. Maintain state vehicle in a clean and presentable condition, interior and exterior, in accordance with Motor Pool regulations.
  - 7. Report all accidents in state vehicles on *State Vehicle Accident Report* (SF 137) within 24 hours and *State Motor Vehicle Collision Report* (WSP 161) if damage exceeds \$500.
  - 8. Prohibit smoking in state vehicles.
  - 9. In accordance with office procedures, obtain supervisory approval prior to checking out a vehicle from a State Motor Pool, and return the yellow copy of the *Trip Ticket* to the designated accounting staff person.



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10. Refer to *State Motor Pool Rules and Regulations* and *DSHS Travel Manual* for additional guidelines for the use of state-owned vehicles.
  11. For state vehicles assigned to a CA office, staff shall follow local procedures for check-out of the vehicles.
- C. When sub-assigning a vehicle (e.g., regional offices to local offices), the business manager shall notify the Agency Transportation Officer, MS 45813.
- D. No CA staff shall have a permanently assigned vehicle. Individual staff may be designated for priority use of state vehicles in accordance with regional procedures.

7340 TELEPHONES

7341 Standards

- A. Telephones provided to employees are state property, with usage paid by the state. Therefore, employees shall use them only for official department business.
- B. Each Regional Administrator, Regional Manager, or Director, as applicable, shall ensure that a different SCAN authorization number is assigned to each individual staff member who may place long distance telephone calls.
- C. CA staff conducting state business shall place long distance telephone calls using the SCAN or SCAN-PLUS system. They shall not place personal or private business long distance calls through the system. The sole exception would be when an employee is detained on state business beyond normal work hours and is expected elsewhere.
- D. To use the SCAN or SCAN-PLUS system, volunteers must receive authorization in advance from the DCFS Regional Administrator or designee or DLR Regional Manager and use their own individual access code.



7350 CELLULAR TELEPHONES

CA will purchase cellular telephones for staff use, and staff will utilize the telephones in conformity with DSHS Administrative Policy 14.11, *Cellular Telephone Purchasing and Management*.

7360 TELEFACSIMILE

7361 Standard

Telefacsimile (FAX) machines in CA offices are state equipment. Staff, volunteers, and others shall use them only for official state business.

7362 Procedures

- A. Each Regional Administrator and DLR Regional Manager shall ensure that each of their respective local and regional offices develops and implements written procedures for use and maintenance of its FAX machines.
- B. Staff shall not use FAX machines for the transmission of Criminal History Record Inquiry (CHRI) and other sensitive information unless both sending and receiving machine are protected from access by unauthorized personnel.



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**8100 ETHICAL STANDARDS**

**8110 GENERAL PROVISIONS**

- A. Legal provisions regarding standards of ethical conduct for employees are contained in chapter 42.18 RCW (the Executive Branch Conflict of Interest Act), RCW 42.20.100, RCW 9A.80.010, RCW 42.22.030, and RCW 42.22.040. In addition, Executive Order (EO) 93-02 addresses ethical conduct of state employees.
- B. Departmental policy regarding ethical conduct of its employees is found in DSHS Administrative Policy 6.04. This policy provides an overview of ethical conduct expected of departmental staff. Other Administrative Policies, DSHS Personnel Policies, and the department's non-discrimination policy provide further detail on specific areas.
- C. Children's Administration (CA) staff shall not access any person, case, or referral information without a need to know. "Need to know" means that information is necessary in the discharge of the employee's professional responsibilities.

**8120 DSHS EMPLOYEES -- CHILD FOSTER CARE LICENSING AND ADOPTION**

The CA *Practices and Procedures Guide*, chapter 5000, section 5131 outlines conditions under which CA employees may be licensed as foster family home parents. Section 5312 outlines conditions under which CA employees may be certified as adoptive parents. See those sections for limitations on licensing of employees as foster parents or on their certification as adoptive parents and steps to follow in the licensing and certification processes.



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**8200 TELECOMMUTING****8210 PURPOSE AND SCOPE**

Large employers are required to reduce single occupant vehicle commuting and to reduce employee commute trips. Telecommuting, which involves working at home or at an alternative work site close to home, contributes toward achievement of these goals. Some CA employees may be considered for telecommuting which must be done in accordance with DSHS Personnel Policy 590.

**8300 TRAINING****8310 SOCIAL SERVICE PAYMENT AND CASE AND MANAGEMENT INFORMATION SYSTEMS**

A. Supervisors are responsible for arranging for their staff to receive training in the use of the Social Service Payment System (SSPS) and CAMIS.

1. Social service staff training includes:

- X Selecting appropriate service codes
- X Completing SSPS forms
- X Obtaining provider numbers and updates
- X Using SSPS worker reports
- X Requesting duplicate invoices
- X Using the SSPS manual
- X Edit error corrections
- X Input of DSHS 14-154A/159s

2. Training for support staff who will be undertaking SSPS duties includes:



- X      Input of DSHS 14-154A/159s
  - X      Edit error procedures
  - X      Distribution of DSHS 14-159 documents
  - X      Obtaining provider numbers and updates
  - X      Distribution of reports
- B.    The local SSPS coordinator, in conjunction with the regional SSPS coordinator, addresses training needs as requested and utilizes outside training resources as needed.
- C.    Training coordinators report training through the Human Resource Development Information System (HRDIS) and the CA training data base.
- D.    Supervisors are responsible for assuring the accuracy and timeliness of SSPS payments.



8320 STAFF TRAINING

8321 Training Tuition Reimbursement for Staff

- A. DSHS Personnel Policy 561 allows DSHS managers to authorize tuition reimbursement if the employee can demonstrate need. CA Division Directors and Regional Administrators may, at their discretion and within available funds, approve reimbursement for cost of short term training for staff that would directly improve an individual's ability to perform his or her current job. Short term training does not include general education classes or classes taken for the sole purpose of earning credit hours toward a degree or certificate.
- B. CA may reimburse up to 100 percent of the actual cost of tuition of the approved training course, with the actual amount approved in advance by the Director or Regional Administrator. CA will reimburse only the pre-approved costs of tuition and registration fees.
- C. Each Director and Regional Administrator shall develop procedures to implement this section and to ensure equity in the utilization of such training resources by staff among all classifications.
- D. CA managers and staff will adhere to the following guidelines when requesting or considering tuition reimbursement:
  - 1. The employee must submit a request in writing, using the *Tuition Reimbursement Request*, SF 30, to the manager outlining how the course directly relates to a function of state government.
  - 2. The course needs to relate to the long-term development of an employee as indicated and agreed to on the employee's performance evaluation.
  - 3. The manager needs to consider whether the employee has attempted to receive waiver of tuition and fees through the state classified employee tuition exemption process under RCW 28B.15.558.



4. The manager needs to consider whether the employee has made an effort to receive other grants and scholarships from the prospective institution.
5. The employee must provide a statement of basic financial need for tuition reimbursement, which is the employee's own explanation of why the department should reimburse the cost of tuition, based on the employee's perceived need.

8322 Leave Approval for Non-Reimbursed Staff Training

- A. When staff are away from their normal duties at training, either in-state or out-of-state, for which the department is not providing cost reimbursement for the training or for travel costs, the employee does not need to follow the travel request procedures contained in chapter 9000, section 9120.
- B. At the discretion of CA and considering program needs, the Regional Administrator, for Division of Children and Family Services (DCFS) staff, or the applicable division Director, for other divisions, may approve educational leave for the employee under the following conditions:
  1. The employee submits, through the supervisor and appropriate lines of authority, to the Regional Administrator or Director, as appropriate, a *Leave Request*, SF-6953, with the "Other" box checked and specifying "training."
  2. The employee prepares and attaches to the *Leave Request* a brief summary of the training to be attended and its relevance to the employee's job assignment or career development.
- C. The Regional Administrator or Director, as appropriate, will approve or disapprove the request.



### 8323 Mandatory Training

In addition to New Employee Orientation, which is required of all new employees, CA staff must participate in mandatory training as outlined below.

A. Mandatory training for DCFS social workers includes:

1. For new social workers, three weeks of Academy training. All new employees must attend the first two weeks of Academy, regardless of their past work experience. The third “track” week may be waived with the approval of the Regional Administrator and Assistant Secretary for staff who have had extensive child welfare experience in other states.
2. For a social worker transferring from one program area to another (e. g., CPS to Licensing), the one week Academy “track” week in the new program area as soon as possible.
3. For new social work staff, each individual must complete the training contained on the “first year training ticket” within the first year of employment.
4. Among the training requirements on the “training ticket” are:
  - a. Two days of basic substance abuse training;
  - b. Two days of *Indian Child Welfare (ICW) Manual* training;
  - c. A one to two day training session on permanency planning; and
  - d. For CPS social workers only, two days of sex abuse/ child interview training.
5. For new staff, additional basic training provided by the Regional Administrator regarding regional policies and procedures, court rules, and local resources.



- B. Mandatory training for DLR social workers includes:
1. For new employees, three weeks of Academy as described in paragraph A.1; DLR social workers transferred into their licensing positions from DCFS must attend the DLR “track” week as soon as possible after the transfer.
  2. Within the first year of employment, two days of basic substance abuse training and two days of ICW manual training.
  3. For DLR child abuse and neglect investigators, two days of sex abuse/disclosure interview training.
- C. Each DCFS and DLR region will maintain information to track mandatory training on the statewide training tracking system.



8324 New Employee Orientation

- A. DSHS Administrative Policy 6.13, *New Employee Orientation Program*, requires that each employee receive an introduction to state service. CA supervisors and managers are responsible to see that new employees receive New Employee Orientation (NEO) in accordance with department policy. The purpose of NEO is to provide staff with the initial phase of personnel processing and job familiarization.
- B. Supervisors and local offices are required to ensure that staff receive training on the following topics:
  - X Agency Mission and Philosophy
  - X Children's Administration Policy and Procedures
  - X Risk Assessment
  - X AIDS
  - X Diversity
  - X Blood Borne Pathogens
  - X Americans with Disabilities Act (ADA)
  - X First/Aid
  - X Sexual Harassment
  - X SSPS
  - X CAMIS
  - X Community Resources/Relations
  - X Working With Local Court/Legal training
  - X Homelessness
  - X Federal Revenue Requirements



8325 Academy Training

- A. The purpose of the Academy is to provide new social workers an overview of agency mission, programs, client populations, and job specific training to enable them to meet minimum standards established by the department. This training fulfills requirements of RCW 74.14B.010. Changes have been made in requirements for Academy training to ensure that new employees consistently receive a minimum of basic training before being given case management responsibilities.
- B. New social work staff must begin the Academy no more than eight work days after beginning employment. These staff cannot be assigned cases or perform case aide functions prior to attending the first week of the Academy; they cannot be assigned cases for the first 30 days of employment with CA.
  - 1. Supervisors of new employees are expected to arrange for complete coverage of cases assigned to new staff during Academy weeks so that new staff can concentrate fully on training activities.
  - 2. This training structure requires that field offices plan as they fill vacancies. New social work staff can and should be enrolled in the Academy by appointing authorities as soon as possible after an individual has accepted employment with CA and, if possible, well before the employee's start date.
  - 3. These requirements apply to all permanent and temporary employees but not to emergency hires. Exceptions to policy on temporary hires must be approved by the DCFS Regional Administrator or DLR Director and the Assistant Secretary.



- C. Supervisors will have their staff attend job specific training, subject to availability, in the following topics after attending the Academy.
- Family Reconciliation Services
  - Child Welfare Services
  - Child Protective Services
  - Adoption Services
  - Indian Child Welfare Services
- D. Supervisors will make reasonable efforts to achieve the following:
1. Have social worker staff receive Academy training as soon as possible after employment begins.
  2. Have intermittent, temporary, part-time, and stand-by workers meet the same minimum standards of training.



**8400 FLEXIBLE WORK HOURS**

**8410 LIMITED SCOPE**

- A. A Regional Administrator, Regional Manager, Director, or Office Chief may authorize an individual or group of employees to work an alternative work week as described in WAC 356-15-020(2). An alternative work schedule is voluntary on the part of the employee. It is not a universal benefit available to all employees. It is a management prerogative available to the employee when, in the opinion of the supervisor and manager, specified conditions are met.
- B. Alternative work schedules are subject to approval of the Appointing Authority (Director, Regional Administrator, or Assistant Secretary), who must ensure that the following conditions are met:
  - 1. The practice must conform with applicable collective bargaining agreements.
  - 2. The responsible manager must issue written procedures governing use of alternative work schedules in each area of the manager's jurisdiction.
  - 3. Each employee seeking an alternative work schedule and the regional or state office's approving manager/supervisor shall sign a negotiated agreement outlining the terms of the revised work week. The agreement shall include, at a minimum, the following:
    - a. The days and hours of work each week to total 40 hours or the total number of hours required of an individual part-time employee.
    - b. Use of a personal holiday equivalent to the employee's work shift on the day used. WAC 356-18-025
    - c. A description of how the employee will be compensated for a holiday that falls on a regularly scheduled day off. WAC 356-18-025



4. The regional and state office procedures must include methods to verify that the employee is meeting the provisions of the agreement, including fulfilling the obligation to work the required minimum hours per week.

**8420 MINIMUM CRITERIA FOR ALTERNATE WORK SCHEDULES**

Alternate work schedules are a management option and may be considered for an employee when the following criteria are met:

- A. The employee's job, or tasks on that job, can be readily accomplished in an alternate schedule.
- B. The employee's absence from the office will not be detrimental to the work group's productivity or the needs of clients nor have a disruptive or negative impact on working conditions of other employees. Adequate coverage must be provided at all times during the standard work week without the presence of the alternate work week employee for the plan to be approved.
- C. The supervisor considers the employee's performance to be satisfactory.
- D. The supervisor and employee are willing to sign and abide by a mutually defined alternate work schedule agreement.



**8500 STAFF IDENTIFICATION**

**8510 IDENTIFICATION CARDS**

Each CA employee who may be in travel status at any time, who makes home visits, who makes visits to facilities, or who may have access to confidential records, either internal or external, shall obtain an official department identification card with the employee's photograph. The identification card, DSHS 03-046 DOL(X)(8/50), shall be completed by administrative support staff, shall be signed by the Appointing Authority, and the employee will make an appointment with the local licensing center of the Department of Licensing to have their photograph taken and attached to the card or follow regional procedures.

**8520 IDENTIFICATION TAGS**

When a CA manager requires that CA staff wear name tags for purposes of identification, the name tag shall identify staff persons as employees of Children's Administration, not the individual division.

**8600 EMPLOYEE SAFETY**

Each office shall establish a safety program consistent with the requirements of the department's *Safety Program Manual* and tailored to the office's unique environment and needs.



8610 SAFETY COMMITTEES

- A. The manager of each office is required to establish and operate a safety committee for that office to meet monthly. The membership is to include equal representation of employer-selected and employee-selected representatives in accordance with the Washington Industrial Safety and Health Act (WISHA). The manager shall make clear the expectations for each new member to the employee and their supervisor. Sufficient time off from regular duties shall be authorized to facilitate employee participation.

The agenda for these meetings will include, but not be limited to, the following:

1. Monitoring and discussion of regular safety inspections and investigations of job sites, materials, and equipment alleged to be unsafe.
  2. Discussion of appropriate operating procedures relative to maintaining a safe work environment.
  3. Monitoring of formal training to ensure safety awareness and skill improvement, as well as on-the-job instructions prior to the assignment of duties in areas of higher accident risk.
  4. Reviewing all reports of accidents and illnesses that occurred since the previous meeting.
- B. The manager may obtain a waiver from the Safety Section, Office of Risk Management, to authorize quarterly safety committee meetings if office size and/or safety record justify such a change. The address is 1949 South State Street, MS N27-14, Tacoma, WA 98405.



**8700 DISASTER RESPONSE**

**8710 PURPOSE AND SCOPE**

Disaster response, preparedness, and recovery plans are the responsibility of all supervisors and management staff. Each office identifies how the operations of the office will return to full service following a disaster and who in the organization is responsible for each of the steps. Each office is responsible to train their staff in emergency and disaster recovery procedures.

**8720 STANDARDS**

**8721 Planning for Disaster Recovery**

**A. Expectations:**

1. In the event of a disaster, CA will ensure that essential records are protected, stored, and retrievable in accordance with its Essential Records Plan.
2. Offices will initiate procedures to ensure worker and client safety, minimize damage to equipment and files, and restore critical functions for service delivery within seven working days. Basic levels of services are to resume at the earliest possible time.

**B. There are three levels of disaster:**

1. Water damage, contaminant damage (food, dust, etc.) to equipment or to a work station or area that renders it unusable.
2. HVAC system outages, computer, phone and power outages.
3. Bombing, terrorism, violence, toxic fumes, and the like that render the facility unusable; fire, earthquake, flooding, and other natural disasters that leave the facility unusable; or death or severe injury that would incapacitate a work group.



8722 Operations

- A. Operations essential to CA are the work site, telecommunications, and social service programs. Within 24 hours basic services are to begin. The designated staff for the operational recovery will identify media sources which can be used to keep the public notified of CA operational recovery.
- B. Director of Management Services, DCFS Regional Administrator, and DLR Regional Manager Responsibilities:
  - 1. Prepare an emergency mission statement with implementation procedures.
  - 2. Prepare regulations and announcements for immediate issuance in the event of an emergency to enable the office to carry out its operational mission.
  - 3. Designate an Operational Coordinator for each work site.
  - 4. Approve the Operational Coordinator's selection of necessary steps to resume normal operations following an emergency.
  - 5. Provide adequate resources to support the recovery of CA office operations in the most cost effective manner.
- C. Local Operational Coordinator's Responsibilities:
  - 1. Identify and select work site, telecommunication methods, and the recovery of social services programs that are necessary to carry out:
    - a. Emergency mission, and
    - b. Resume normal operations following an emergency.
  - 2. Submit a listing of selected work site, telecommunications, and social services program implementation to the Director, Regional Administrator, or Regional Manager, as applicable, for approval.



3. Yearly, review the Operational Recovery Schedule. If needed, update and get the required approval.

8723 Essential Records

- A. Records essential to CA are a combination of paper and electronic files. Client records and payments processed through CAMIS are in electronic files with criminal history background checks, court reports, and other client reports from outside sources in paper form. The journal voucher, vendor payments, personnel attendance, and payroll, Agency Inventory System (AIS), numeric registers, contract, administrator's accounts, regional financial reports, and position action requests are recorded in electronic files with paper authorization forms/back-up.
- B. Responsibilities of each Division Director, Regional Administrator, and Regional Manager include:
  1. Preparation of an emergency mission statement with implementation procedures.
  2. Preparation of regulations and announcements to issue immediately in the event of an emergency to enable the office to carry out its emergency mission.
  3. Approval of the Records Coordinator's selection of essential records necessary to carry out or resume normal operations following an emergency.
  4. Provision of adequate resources to support the protection of selected essential records in the most cost effective manner.
- C. Local Office Records Coordinator's responsibilities include:
  1. Identification and selection of essential records for the office that are necessary to carry out:
    - a. Emergency mission, and
    - b. Resume normal operations following an emergency.



2. Submission of a listing of selected essential records to the Division Director, Regional Administrator, or Regional Manager for approval. When it is approved, forward the list to the DSHS Records Officer, Forms & Records Management, MS 45805.
3. Yearly review of the Essential Records Schedule. If needed, update, obtain required approval, and forward as shown above in C.2.



8724 LAN/WAN Recovery

- A. Identify essential Local Area Network (LAN)/Wide Area Network (WAN) operations for operation of program and administration. The designated staff for the LAN/WAN recovery will identify software and alternate system access.
- B. Office of Information Services Manager responsibilities include:
  - 1. Preparation of a technology emergency mission statement with implementation procedures.
  - 2. Preparation of regulations and announcements to issue immediately in the event of an emergency to enable the Administration and each office to carry out its mission.
  - 3. Approval of the LAN/WAN Coordinator's selection of system recovery necessary to carry out or resume normal operations following an emergency.
  - 4. Provision of adequate resources to support the recovery of CA office system technology in the most cost effective manner.
- C. Local LAN/WAN Coordinator's responsibilities include:
  - 1. Identification and selection of facility based and alternative computer systems to carry out:
    - a. Emergency mission, and
    - b. Resume normal operations following an emergency.
  - 2. Submission of a listing of selected LAN/WAN software/system(s) essential to recovery operations to the Regional Administrator or the Regional Manager, as applicable, for approval. Submission of the final approved LAN/WAN software/system(s) recovery to the Office of Information Services Manager, MS: 45710
  - 3. Yearly review of the LAN/WAN Recovery plan. If needed, update, obtain required approval, and forward as shown above in C.2.



**8800 CHILDREN'S ADMINISTRATION STAFF LIABILITY**

See the *CA Practices and Procedures Guide*, Chapter 4000, section 43073, for information regarding staff liability and responsibility for complying with court orders.

**8900 OPPOSING TESTIMONY**

**8910 PURPOSE AND SCOPE**

- A. This standard and procedure establishes guidelines for Children's Administration (CA) staff who may be called upon or wish to provide testimony or documentation opposing the department's official position in an administrative hearing or court action, usually as a result of an adverse action against a child care license or as part of a child or family case specific action.
- B. This standard does not apply to cases brought by or against a department employee. The standard does not apply to nor limit employee participation in any role in other, non-licensing or non-case specific, actions, including employee disciplinary, Personnel Appeals Board, and court hearings or related actions.

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**8920 STANDARD AND PROCEDURE**

- A. Division of Licensed Resources (DLR) adverse licensing action constitutes a decision by the department that the licensee is not suitable to care for children.
- B. CA staff, including Division of Children and Family Services (DCFS) social workers, shall not knowingly take action that directly subverts or undermines the department's position in a licensing or other family or child case specific action.

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- C. If CA staff has information that is relevant to the licensing or other case specific determination in question, including contacts from opposing counsel, that staff will provide that information to the DLR licenser or other responsible CA employee, as applicable. When contacted by opposing counsel, the CA employee will also notify the assigned Assistant Attorney General (AAG).
- D. CA staff will not knowingly share department documents related to the dispute with any licensee or other party who is the subject of the licensing or other department case specific action or with the licensee/party's attorney/agent/advocate except as currently provided in public disclosure statutes and regulations. If CA staff receives a request for documents from the licensee/party or his/her attorney/ agent/advocate, the staff will immediately refer the request to his/her supervisor, the DLR licenser for licensing issues, and the AAG assigned to the licensing or other family or child specific case.
- E. CA staff will not knowingly share confidential information with the licensee who is the subject of licensing action. CA staff will also not knowingly share confidential information with the opposing party to any other child or family case specific action. In addition, CA staff will not knowingly share confidential information with the licensee/party's attorney/agency/advocate.

“Confidential information” includes, but is not necessarily limited to, attorney/client communications; information pertaining to the department's strategy or decision-making in the licensing case or other matter under litigation; agency memoranda, e-mail, or other communication related to the case; and client (child or child's family) information.
- F. If CA staff are contacted by a licensee who is the subject of licensing action or other party to a department-related child or family case-specific litigation, the licensee/party's attorney/ agent/advocate or by any person who has information regarding the licensing or other child or family specific case in dispute, that staff will immediately notify his/her supervisor, the DLR licenser or other involved CA staff, as applicable, and the AAG assigned to the case.

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- G. CA staff will not testify in support of a licensee who is the subject of licensing action or other party in opposition to the department unless subpoenaed to do so. CA staff will not provide any written letters of support for the opposing party on DSHS letterhead. The CA staff will specifically state that his/her testimony, whether by subpoena or not, or letter sets forth his/her personal opinion and is not the position of the department.
- H. The department, in consultation with the assigned AAG, determines the department's position in any action. The assigned AAG represents the department and not any particular CA staff. If CA staff testifies in support of a licensee who is the subject of a licensing action or other party to a child or family specific action in opposition to the department's position, he/she may be cross-examined as a hostile witness by the AAG, who may attempt to discredit the employee's testimony.

Revision #1 - 6/25/98



CHAPTER 9000 --  
PAYMENTS AND ACCOUNTS







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**9100 FOSTER CARE PAYMENTS**

**9110 PAYMENTS ABOVE BASE RATES**

**9111 Purposes**

Additional funding beyond basic rates may be necessary to maintain a child in foster family care or a relative placement. This funding is intended to enable care in the most family-like, least restrictive setting. However, it is also appropriately used to enable care pending placement into a specialized, more restrictive, appropriate care setting when such resources are not immediately available.

**9112 Limitations**

- A. Additional funding beyond basic rates is an exception and not an entitlement to all children in care who have extraordinary needs. The Division of Children and Family Services (DCFS) social worker, the supervisor, and/or the Area Manager must determine that the need is critical and that funding is available within regional allotments.
- B. The DCFS Regional Administrator is responsible for all allotted service delivery funds and determines the level of additional funding available to meet special needs. All expenditures must be within regional allotments.



9120 SPECIAL RATES

9121 Justification and Approval

The private agency or DCFS social worker may authorize a special rate, up to state authorized maximum amounts, in addition to the basic rate for board and room, for a child in need of special and specific care. The private agency or DCFS social worker must write a justification for approval by the DCFS supervisor. The supervisor must approve the special rate before payment is made. If the special rate is approved, the supervisor must review the need for continued payment every six months. The supervisor must document approval of the special rate in the child's case file at initiation and renewal.

9122 Training Requirement

To be eligible to receive the special rate in behalf of a child in their care, the foster parent(s) must have successfully completed FosterParentScope training provided by the Division of Licensed Resources (DLR).

9123 Children with Behavioral/Emotional Problems

To be eligible for special rate foster care, children with behavioral/ emotional problems need to exhibit at least three of the following behaviors, which are documented in the child's record:

- X      Recurring use of illicit drugs
- X      Regular overuse of alcohol
- X      Poor school adjustment and/or truancy
- X      Sexual acting out
  
- X      Frequent shoplifting and/or other theft
- X      Chronic running away
- X      Demonstrated property destruction in own home and/or foster home



- X Regular, frequent peer conflict which may require action by foster parent
- X Significant sleep problems which may cause disruption in the normal sleep patterns of the foster parent(s)
- X Destructive attention-seeking behavior which may demand extra attention by foster parent(s)
- X Frequent noncompliance with requests of parent(s), foster parent(s), teacher, or other authority figures
- X Failure to use normal cautions in using potentially flammable substances
- X Soiling and enuresis over age six
- X Extremely bizarre behavior, reflecting psychosis or other severe mental disorder

9124 Intellectually/Physically Challenged Children

To be eligible for special rate foster care, intellectually and/or physically challenged children need to exhibit at least two of the following dysfunctions, which are documented in the child's record:

- X Requires physical assistance, inappropriate to the child's age, of foster parent in feeding, dressing, bathing, or toileting
- X Needs the physical help of foster parent in order to be mobile
- X Needs regular and organized physical therapy by foster parent under the orders/direction of a professional
- X Needs medication administered by foster parent on a regular basis per physician's orders
- X Needs physical assistance by foster parent for drainage of ileum conduit, colostomy



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- X Requires suctioning, mist tent, etc., care which is provided by a foster parent
- X Non-ambulatory
- X Epileptic child who has uncontrollable seizures
- X Awaiting institutionalization placement
- X Habitually wanders unless closely supervised
- X Failure to thrive below third percentile
- X Born addicted to drugs requiring additional care and support during the withdrawal period



9130 EXCEPTIONAL COST PLANS

9131 Standards

Exceptional Cost funds are used to enable children with highly individual needs to be cared for in the least restrictive setting. They are to be utilized only after all other potential sources of financial and other support for the needed services have been exhausted. 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 out-of-home care. These funds may reimburse foster parents for unusual, highly demanding activities/supervision they provide and for purchase of special services or supplies. Purchase of a foster parent's time/activities is always considered an exceptional cost plan (ECP).

9132 Training Requirement

To be eligible to receive funds through an ECP on behalf of a child in their care, the foster parent(s), including at least one full-time staff in a staffed foster home, must have successfully completed Foster Parent Scope training provided by DLR.

9133 Appropriate Uses

- A. The DCFS or private agency social worker may seek approval from the DCFS supervisor and Area Manager or other regional designee for an ECP when the child has unique documented needs which require unusual, very special care on the part of the foster parent and/or support services, equipment, and supplies. Before seeking approval of an ECP, the social worker needs to determine that the child's needs can be met only through an ECP.
- B. The social worker must document the plan and appropriate approvals in the child's case record before payment is made.
- C. The social worker and the supervisor must review the ECP at a minimum of once every six months and obtain approval of the Area Manager or other regional designee for continuation of the plan and payment.



- D. ECPs shall be limited to one child in each foster home. For more than one child in the home to receive ECP, the Area Manager and the Regional Administrator must review the proposed plans for each children to ensure that each child is in need of and will receive all authorized services, without duplication of payments to the foster parent. The Regional Administrator must approve such multiple ECPs; this authority may not be delegated to a lower manager.

9134 Regional Expectations

The Regional Administrator will determine the procedures by which these funds are authorized. The procedures will address the following:

- A. The prescribed form or format for documentation.
- B. The rationale/justification for additional funding for a specific child.
- C. The specific services being request through the ECP and the rate levels for each service. The services must be categorized as either Maintenance (direct care/supervision of child) or Non-Maintenance in order to obtain federal matching funds.
- D. Exploration of alternative resources, including services or funds that community agencies and DSHS divisions may contribute toward the plan of care.
- E. The total amount of additional funds and the period of time such plans may cover.
- F. The delegated approval level, if not the Regional Administrator.



9140 LIMITATIONS ON OUT-OF-HOME CARE PAYMENTS

- A. To prevent overpayments when children leave one residential placement to go to another or to return home, the CA social worker shall make payment only through the day before the date of discharge. No double payments are to occur by paying for the same date of care in two different facilities.
- B. CA shall pay for temporary absences of children from foster family and group care only in compliance with WAC 388-70-054. In addition, the following conditions shall apply:
  - 1. CA shall not pay for absences of a child from foster family care, unless there is an agreement with the foster family for the child to return to their home within 15 days.
  - 2. When a child leaves a foster care placement, unless there is agreement by DCFS and the foster parent to place the child back into the foster home, the social worker shall prorate the foster care payment, including special rate and exceptional cost, for the month, paying only for the actual days of care provided, not including the last day of placement. Acceptable absences, where the plan is to return the child to the foster home within 15 days, include:
    - a. Planned visitation;
    - b. Hospitalizations;
    - c. Attendance at summer camps and similar activities;
    - d. Respite placements;
    - e. Temporary placement while foster parent(s) is vacationing or receiving medical treatment;
    - f. Juvenile detention placement of youth; or
    - g. Runaways when the bed is being held for the return of the child.



3. An exception to policy (ETP) may be submitted to the Regional Administrator to continue payment beyond 15 days of absence or when a planned absence is for a reason other than listed above, if continued payment is necessary to continue a plan of care which is in the child's best interests.
  4. In the event of an unplanned absence from the foster family home, if the created vacancy remains unfilled, the social worker may authorize up to three days of payment to determine if the child will be returned to the foster home.
- C. Overpayments also occur in foster family or group care when the authorized goods or services are not provided but payments are made. Examples include payments for Exceptional Cost or Medicaid Personal Care Services that are paid but not delivered.
- D. The social worker or other staff designated by the Regional Administrator will need to calculate an overpayment when payments are made for services not delivered and for those days paid if the child is absent from the foster family home for reasons other than those listed in paragraph A, above.
1. The designated staff completes a *Social Service Overpayment Notice*, DSHS 18-398.
  2. The designated staff sends a copy of the form to the foster parent with instructions to forward repayment directly to the Office of Financial Recovery (OFR).
  3. The designated staff also sends copies of the forms to OFR, along with documentation supporting the finding of an overpayment and the calculations and retains a copy of the overpayment notice in the client and/or vendor file.
- E. Each Regional Administrator will put into place regional controls that identify placements that have ended and which require overpayments to be collected in accordance with this standard.
- F. Each Regional Administrator will put into place regional controls that identify how foster care payments above base rates are monitored to achieve improved outcomes.



9141 Disputed Overpayments

Foster parents, as non-contracted care providers, do not have a right to a fair hearing.

- A. When a foster parent believes no overpayment has occurred, the overpayment has been computed in error, or the overpayment should not have to be repaid, the foster parent requests review by the department.
- B. The Foster Care Program Manager, in the CA Division of Program and Policy Development, reviews the overpayment dispute and determines the amount of overpayment to repaid or forgiven. The Program Manager uses as the basis of the decision information provided by the social worker, OFR, and the care provider.
- C. DCFS regional staff shall respond promptly and completely to all requests for additional information from the Foster Care Program Manager.



9142 Dual Payment Limitations

- A. Payment of foster care is for 24-hour care. Payment of both foster care and child day care for the same child to a dually licensed home is a double payment. Trading children between dually licensed homes would similarly result in double payments.
- B. Before authorizing child care payments for a child in foster care, the child's social worker will verify the employment of the foster parent(s) outside the home or in the home in an occupation that would normally be performed outside the home. The social worker will document in the child's record through wage stubs or other appropriate means verification of the employment. The social worker will include the name of the employer, the hours worked, and the telephone number at the work site where the foster parent can be contacted. The social worker will verify the foster parent(s) employment status every six months while payments continue.
- C. For foster parents whose work site is their home, the social worker will verify the actual hours of employment and limit child day care payments to those hours only.
- D. Any Foster Parent Employment Child Care payments to be continued to dually licensed homes must be reviewed and approved by the Area Manager, with justification and documentation of the approval included in the child's record.



**9200 VENDOR PAYMENTS**

Payment must be made through SSPS when service authorization codes are available. Social workers, program managers, and Regional Business Managers shall not use Invoice Voucher A-19s to make payment in such cases as federal revenue will be lost and/or fiscal expenditure information will be inaccurate.

**9300 VENDOR WARRANT REPLACEMENT**

**9310 CHILDREN'S ADMINISTRATION STAFF TASKS**

When a vendor makes a request for a replacement warrant, the responsible staff:

- A. Sends/gives the vendor a copy of *Vendor Affidavit of Lost, Stolen, or Destroyed Warrant*, DSHS 9-013(X), with instructions to complete the top half of the form, sign, notarize, and return the original affidavit and one copy to the local CA office.
- B. Mails the original affidavit to DSHS, Disbursements Section, MS 45843, Olympia, WA 98504.
- C. Attaches a copy of the affidavit to a copy of the original payment authorization document (DSHS 14-154A/159) and places it in the social service record or payment batch file.
- D. Under no circumstances initiates another voucher. CA workers are to ensure only the proper affidavit is completed and submitted to Disbursements.



9320 DISBURSEMENTS STAFF TASKS

DSHS Disbursements staff checks with the State Treasurer's Office to determine if the warrant is outstanding. If staff finds that the warrant has been cashed, an investigation is undertaken before reissuing a warrant.

9400 **SOCIAL SERVICE PAYMENT SYSTEM**

9410 REGIONAL OFFICE RESPONSIBILITIES

- A. The DCFS Regional Administrator and the Division of Licensed Resources (DLR) Regional Manager establish controls to ensure that only properly designated personnel input to the Social Service Payment System (SSPS) via the Case and Management Information System (CAMIS).
- B. The Regional Administrator and Regional Manager, through written procedures, designate staff to maintain security for CAMIS and for SSPS in their respective areas of responsibility.
- C. The Regional Administrator and the Regional Manager see that the following are done:
  - Current written SSPS procedures are available to staff, and staff are aware of their location.
  - Appropriate staff have a copy at their desk.
  - Each office has at least one current copy of the SSPS Manual.
  - Staff are appropriately trained in using SSPS.
  - SSPS payments are adequately monitored.
- D. The Regional Administrator and Area Manager are responsible to see that no SSPS payments are made to vendors without a valid contract in place, unless otherwise allowed by the specific SSPS service and payment code.



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- E. The Regional Administrator and the Regional Managers establish procedures to retain the following reports in the regional and local offices:

REPORT	NUMBER	RETENTION
<i>Purged But Not Paid Report</i>	SSPS22N26 microfiche	6 years
<i>Client Payment Detail</i>	SSPS40N40 microfiche	6 years
<i>Provider Services Summary</i>	SSPS142	1 year
<i>All Services Summary</i>	SSPS182	1 year
<i>Client Payment Detail Listing</i>	SSPS40N40	1 year or 5 years*
<i>Client Payment by Service Code</i>	SSPS40N20	1 year
<i>Service Code by Reporting Unit</i>	SSPS40N21	1 year
<i>Adoption Family Services</i>	SSPS180-A SSPS180-B SSPS180-C	1 year
<i>FRS Services</i>	SSPS181-A-D	1 year
<i>Payee by Reporting Unit</i>	SSPS40N31	1 year

\*This report must be retained for five years if the office does not have a microfiche machine.

- F. The Regional Administrator and the Regional Manager provide for all of their respective employees to have access to terminal alerts broadcast through CAMIS.



RESERVED



9411 Regional SSPS Coordinator

The Regional Administrator designates a regional SSPS Coordinator whose responsibilities include:

- A. Monitor a sample of SSPS output reports on a quarterly basis.
- B. Act as the primary contact person with SSPS Control in the Management Services Administration.
- C. Clarify SSPS information coming into CA from Management Services Administration.
- D. Act as a resource to local SSPS coordinators and supervisors for training and/or payment problems.
- E. Assist in developing SSPS procedures, providing SSPS training, and completing corrective action in response to paragraph A, above..

9420 AREA MANAGER RESPONSIBILITIES

- A. The Area Manager is responsible to assign a staff person in each office to maintain the following lists:

LISTS	FORM	RETENTION
<i>Duplicate Invoice List</i>	DSHS 07-056(X)	4 months
<i>Paper Batch Transmittal List</i>	DSHS 01-137(X)	2 years
<i>SSPS Transaction Input List</i>	SSPS0017	2 years

The use of each form is described in *SSPS Manual*, Section 99.



B. Area Manager Reports

The Area Manager uses the following reports to monitor local office and unit activity on a monthly basis:

REPORT	NUMBER	RETENTION
<i>Administrative Report</i>	SSPS015-1	5 months
<i>Worker/Supervisory Activity Reports</i>	SSPS014-1 SSPS014-2	6 months
<i>Authorization in Error Weeks Elapsed without Correction</i>	SSPS057-A SSPS057-b	1 month

C. Area Managers assign a gatekeeper in each office to control the creation of provider numbers and to see that the following steps are taken:

1. The assigned staff always conduct a provider file clearance before creating a new provider number, using the first three letters of the provider's name. This will pick up alternate spellings and minimize the creation of duplicate provider files.
2. To change information on an existing provider file, the appropriate individual (i.e., Local SSPS Coordinator, Regional SSPS Coordinator, Regional Contracts Coordinator, or assigned licenser) must give authorization.

D. Operator Numbers

1. Operator numbers allow administrative support and social work staff to complete SSPS authorization and provider file input through CAMIS. Each employee with an operator number is required to keep his/her password secret. Only selected terminals have entry to these transactions by use of operator numbers and passwords. Area Managers determine which employees are to be assigned operator numbers and access to selected terminals. The unit supervisor sees that SSPS Control, MS 45812, is notified within five (5) working days after an employee leaves or changes job functions.



2. The Area Manager designates security staff to document changes, additions, or deletions to operator numbers and terminal access, with documentation available for review by federal, state, and internal auditors. Designated security staff retain this documentation for at least two (2) years.

9430 LOCAL OFFICE RESPONSIBILITIES

9431 Expectations and Procedure

- A. Local offices (reporting units) will establish and maintain auditable controls of SSPS and have written procedures for staff functions relating to SSPS. Local office procedures are to contain all information required herein. Local offices will add to these requirements the specific information that pertains to their office procedures.
- B. Local offices are to have procedures for approval by management of exception payments prior to authorization, including signatures as required.



9432 Social Worker/Designated Staff Responsibilities

- A. For contracted services, the supervisor shall be responsible to see that the social worker or other designated staff verifies, through the CAMIS contracts module, that the proposed vendor is a contractor in good standing with the department before processing SSPS payment or service authorizations.
- B. Designated staff perform the following in authorization preparation:
  - 1. Authorize payment of appropriate services for clients to whom they are assigned.
  - 2. When asked to authorize emergency services for a social worker who is unavailable, the designated staff uses that other worker's SSPS worker identification (ID). The authorizing worker must sign the authorizations prior to data input. The designated staff give copies of all authorizations to the clerical staff responsible for reconciling the transactions.
  - 3. Correct errors on authorizations.
  - 4. For one-time service authorizations, verify that goods or services were delivered prior to authorizing payment. Appropriate receipts must be present before payment and closure of the DSHS 14-159.
  - 5. For those services requiring supervisory approval, as identified in the *SSPS Manual*, Appendix C, obtain such approval prior to input. Appropriate authorizing documents may be attached to the *Social Service Authorization* (SSA), DSHS 14-154(X), or the CAMIS "Print Screen."
  - 6. Should complete authorizations for input on a daily basis but shall complete them for input no less often than every fifth work day.



C. Social Worker Reports

Social workers or other designated staff shall use the following reports to monitor services and to track status:

REPORT	NUMBER	RETENTION
<i>Worker Service Report</i>	SSPS032	1 month
<i>Expired &amp; Expiring Service Tickler</i>	SSPS013	1 month
<i>Birthday Tickler</i>	SSPS039	1 month

D. Social workers initiate and maintain CAMIS placement information.

E. Each social worker or other designated staff reviews the *Worker Service Report* (SSPS032) and:

1. Identifies any services, providers, or clients he/she did not authorize.
2. Identifies any unusual authorizations, unusual payments, or authorizations in the wrong amount.
3. Resolves discrepancies or reports discrepancies to the immediate supervisor when resolution is not possible.

F. Each social worker or other designated staff reviews the *Expired and Expiring Service Report* (SSPS013) and the *Birthday Tickler* (SSPS039) to identify services which need to be terminated, extended, or changed.

G. Social workers and other designated staff participate in offered training.



9433 Input Staff Responsibilities

- A. Input should be done on a daily basis but shall be done no less than every fifth work day.
  - 1. The input clerk or other authorized personnel initials, dates, and records the authorization number on the DSHS 14-154A or prints the CAMIS screen and initials and dates it. Assigned staff distribute copies as required. Assigned staff prioritize input with attention to the following deadlines: ITIS/ACES, monthly invoice, expired services, and supplemental invoice.
  - 2. Social workers doing their own input print the CAMIS screen and sign and date the printed copy. The workers file one copy in the case file and give one copy to clerical support to use in checking the Transaction Listing. The social workers distribute other copies as required by regional or local procedures.
- B. Staff doing input must verify current enrollment for medical coverage before inputting medical authorizations.
- C. When staff doing input are entering a paid service via CAMIS for which a license is required and the license expiration date is prior to the service end date, the input staff may change the service end date to reflect the license expiration date without sending the authorization back to the social worker for correction.
- D. When input staff is entering a placement-related service via CAMIS for which the placement module has not been updated to reflect current status, the input staff returns the authorization to the authorizing worker. It is the social worker's responsibility to ensure that placement information is entered.



- E. Assigned staff other than the one doing input checks input documents against the *Transaction Listing* (SSPS 017) and signs and dates the document upon completion of the review. Assigned staff bring discrepancies to the attention of the appropriate supervisor. Offices are to retain the *Transaction Listing* for 24 months after the daily work has been checked off by clerical and appropriate supervisor. Assigned staff destroy all clerical copies of authorizations not needing further review.

9434 Support Staff Responsibilities

- A. Support staff, within one work day of receipt, forward SSPS output reports to unit supervisors. If two sets of reports are received, support staff will distribute one set to the supervisor for review and forward the other set to the social worker.
- B. A designated staff is responsible for distribution of SSPS reports and for storing reports and microfiches in accordance with established retention requirements. The assigned staff maintains billing reports, including microfiche, in a location accessible to staff.
- C. A designated staff is responsible for ordering and distributing all SSPS manuals and policies required to support program operations.
- D. Staff are to be aware of procedures for batching SSPS authorizations which are outlined in the *SSPS Basics Manual*, Section 10.10.



9435 Supervisor Responsibilities

A. SSPS Worker ID

1. The six (6) digit SSPS Worker Identification allows social work staff to authorize services for eligible clients in designated reporting units. Supervisors are to notify designated security staff within five working days of the need for any additions, deletions, or changes to the SSPS Worker ID in their unit. The required data includes:

- X Employee's name
- X SSPS Worker ID (old and new if being changed)
- X Position number
- X Worker telephone number
- X Reporting unit number

2. The supervisor oversees security staff input of changes, additions, and deletions via CAMIS. Retention of all changes, additions, and deletions are maintained in the CAMIS data base.

- B. The unit supervisor or other employee designated by the Area Manager and knowledgeable of documentation requirements and payment policies randomly checks, co-signs, and dates at least 25 percent of the services that meet the following criteria:

1. Services opened and closed at the time of initial input.
2. One time payments that are terminated with a termination code that will cause a payment to be made (1A, 1B, 2A, 3B).
3. Service which is authorized as an exception to the normal payment amount, including any service code beginning with a "9."



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- C. The staff reviewing the sample of services retains all DSHS 14-154A/159s randomly checked and attaches them to the signed and dated *Transaction Listing*. The office retains these DSHS 14-154A/159s with the *Transaction Listing* for two years.
- D. The supervisor of each unit reviews monthly each social worker's *Worker Service Report* (SSPS032) and *Expired Services Report* (SSPS013) to monitor authorizations and expenditures.
- E. The supervisor reviews SSPS reports received from support staff within five working days, then immediately distributes to social workers.
- F. Reports for Supervisory Use in Monitoring

Supervisors use the following reports as part of their monitoring of social workers' activities:

REPORT	NUMBER	RETENTION
<i>Expired &amp; Expiring Service Tickler</i>	SSPS013	1 year
<i>Local Office Client listing by Service</i>	SSPS041	1 year
<i>Provider Listing by Paid Service</i>	SSPS031	1 year
<i>Worker Service Report</i>	SSPS032	1 month
<i>Birthday Tickler</i>	SSPS039	1 month

- G. Each supervisor:
  - 1. Has transactions checked promptly and discrepancies resolved.
  - 2. Discerns and resolves discrepancies reported by social workers or clerical staff.



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3. Reviews the *Worker Service Report* (SSPS032) monthly for accuracy and appropriateness of services.
4. Discusses with each social worker on a monthly basis the expectation to review the following SSPS reports for accuracy and to take appropriate action as needed to prevent late payments and other errors:
  - X *Expired and Expiring Service Report* (SSPS013)
  - X *Worker Service Report* (SSPS032)
  - X *Birthday Tickler Report* (SSPS039)
5. Arranges for staff participation in training.



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9436 Local SSPS Coordinator

The local SSPS coordinator, designated by the Area Manager:

- A. Provides technical assistance to social services and support staff in their local office.
- B. Acts as back-up support for the regional SSPS coordinator.
- C. Assists in developing and coordinating SSPS policies and procedures.

9437 Problem Resolution

- A. Assigned staff review the *Morning Report* and resolve any errors using *Correction* procedures in the *SSPS Manual*, Appendix T. Medical Assistance Administration (MAA) staff review the *Morning Report* and will correct any errors regarding eligibility or information for medical assistance.
- B. Social workers and clerical staff have the capability to verify payments made, invoices sent, and check for possible errors on returned invoices. Designated staff request duplicate invoices from SSPS Data Control, MS 45812, Olympia. Only local and regional SSPS coordinators may request expedited payments.
- C. Payment problems that cannot be resolved at the local level shall be referred to the regional SSPS coordinator.



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9440 PROVIDER FILE NUMBERS

Basic instructions/information for provider file numbers can be found in *SSPS Basics Manual*. All provider numbers will be created and updated through CAMIS.

9500 **SOCIAL SERVICE PAYMENTS**

9510 DEFINITION OF OVERPAYMENT

Overpayments to vendors result from, but are not necessarily limited to, the following circumstances.

- A. The vendor receives payment for services not properly authorized.
- B. The vendor receives payment for services authorized but not provided.
- C. The vendor receives payment for authorized services in excess of those actually provided, except as provided by specific program directive (e. g. Five days of absence during a month in child day care).
- D. The vendor receives payment in excess of the amount properly authorized.
- E. The vendor receives payment for services not authorized and not provided.
- F. The vendor has been paid in excess of contract limitations.
- G. The vendor has failed to meet contract requirements for which payment was made.
- H. The vendor has been paid in excess of other state or federal limitations.
- I. The vendor has been paid in error.
- J. The vendor has received two or more payments for the same service.



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9520 OVERPAYMENT AND UNDERPAYMENT IDENTIFICATION AND RECOVERY

- A. The social worker who authorizes the social service that results in an overpayment, or other designated staff who identify a possible overpayment, is responsible to verify if a client/vendor has incurred a social service overpayment. Overpayments may be mutually recognized or may be recognized by CA staff.
- B. Underpayments and overpayments may be offset against each other in correcting incorrect payments.
- C. Recovery must be attempted in all cases of fraud, in all cases involving current recipients, in all cases where the overpayment amount would equal or exceed the costs of recovery, and in all cases involving vendors except where the amount to be recovered would be less than the cost of the recovery.
- D. The authorizing worker initiates the overpayment process as soon as the worker becomes aware that an overpayment occurred.
- E. In conformity with paragraph C, the worker does not need to initiate recovery of overpayments for amounts whose cumulative total is \$75.00 or less, for clients who are not current recipients and where overpayment was not a result of fraud. Such recovery of small amounts is not cost effective.
- F. If the worker becomes aware of an overpayment in any month, the worker must review authorizations, payments provided, and services delivered by the provider for the child for a minimum of six months prior to the date of occurrence of the overpayment as well as forward to the current payment period. For each overpayment identified, the search period for overpayments is extended a minimum of an additional six months from the date the earliest overpayment occurred. Overpayments thus identified become part of the cumulative total overpayment.



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9530 SETTING UP OVERPAYMENT

- A. CA staff do not have authority to forgive identified client or vendor overpayments, with the exception noted in section 9520. DSHS Administrative Policy 4.06 delegates to OFR authority to cancel, waive collection, or otherwise write off debts to the state as authorized by statute.
- B. When an overpayment has been identified, the designated staff person:
  - 1. Prepares a *DCFS Social Service Overpayment Notice*, DSHS 18-398(X), sends it to the client/vendor with instructions to forward repayment directly to the OFR, and retains a copy of the overpayment notice in the client and/or vendor's file.
  - 2. Prepares an overpayment packet for OFR containing the following items.
    - a. The OFR copy of the *DCFS Social Service Overpayment Notice* sent to the client/vendor.
    - b. A copy of the social service authorization form that authorized the service.
    - c. Supporting documentation, such as a print from the invoice or authorization screen, audit reports, or other documentation verifying that the overpayment has occurred.



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9540 REPAYMENT

The vendor or client must send the repayment directly to OFR. If a CA office receives money that is to be applied to a vendor overpayment, assigned accounting staff in the office transmits the money to OFR on a *Daily Funds Transmittal*, DSHS 18-320(X). Accounting staff indicates the nature of the overpayment in the comment section of the *Daily Funds Transmittal*.

9550 UNSOLICITED PAYMENTS

- A. When OFR receives payments from vendors for whom it has not received an overpayment packet, OFR staff will send notification to the appropriate CA office.
- B. If CA determines that the payment or any portion was submitted in error or that OFR applied funds incorrectly, responsible staff transmits this information to OFR in writing within 30 days. OFR will then initiate appropriate action.
- E. If CA staff determines that the payment or any portion was a program donation, designated staff transmits this information to OFR, including the identity of the program to which the donation was made to enable OFR to credit the proper account.



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**9560 INTEREST ON VENDOR DEBT**

Interest on vendor debt is administered in accordance with DSHS Administrative Policy 10.02, *Vendor or Provider Overpayment and Debt Policy*.

**9600 ACCOUNTS RECEIVABLE**

**9610 OFFICE OF FINANCIAL RECOVERY RESPONSIBILITY**

Under DSHS Administrative Policy 4.02, OFR is delegated responsibility and authority for managing the department's Accounts Receivable in a manner outlined in Administrative Policy 12.04. Each Regional Administrator/designee will determine the region's own policy on receipt of cash.

**9700 TRUST ACCOUNTS**

See chapter 11000, section 11800, TRUST FUNDS ACCOUNTING, for requirements relating to client trust accounts.



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**9800 ADMINISTRATOR'S ACCOUNTS**

**9810 PURPOSE AND SCOPE**

RCW 43.88.195 allows agencies to establish new accounts with the permission of the Office of Financial Management (OFM). Administrator's Accounts are expendable trusts which are local fund accounts available to provide instant assistance to eligible clients. Their sources of funds are usually donations and fund raisers. Please Note: If funds are given for a specific purpose, moneys can only be dispensed for that specific purpose. Accounting records must be maintained so that moneys donated and spent for a specific purpose may be audited.

**9820 ESTABLISHMENT OF AN ADMINISTRATOR'S ACCOUNT**

**A. CA local offices are to:**

1. Develop a statement of purpose for the account; for example, "The sole purpose of this account is to provide direct needs and opportunities for children and their families when no other resource is available."
2. Stipulate the criteria for use, the amount available per request, and the process that will be developed to allow access to Administrator Account funds.
3. Write a memo to the Regional Administrator requesting the establishment of an Administrator's Account. In the request, include the fund's purpose, criteria for use, and process for accessing funds. The Regional Administrator or designee will send a written request to the Chief, DSHS Office of Accounting Services, with a copy to the CA Director of Management Services. The written request must include the name of the bank, name and classification of individuals authorized to sign account checks, and the name and classification of the individual responsible for reconciling monthly bank statements with the office records.



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- B. Once the DSHS Office of Accounting Services has granted authority to establish the account, the local office identifies staff to be the:
1. Accounts Receivable Coordinator;
  2. Committee or Person(s) to review/approve requests for funds;
  3. Disposition Person;
  4. Fund Trustee;
  5. Mail Person;
  6. Recording Person, and
  7. Reconciliation Person.



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9830 SEPARATION OF DUTIES

To the extent possible, the duties listed in section 9920(B) are to be separated. If the duties cannot be separated due to a lack of staffing, a "Separation of Duties" waiver which includes compensating controls to show safeguard of the account must be on file in the regional office. The waiver must be signed by the Fund Trustee, the trustee's supervisor, the second line supervisor, and the Regional Administrator. Please note: Any cash or negotiable items received are to be deposited within 24 hours.

9840 OPERATION OF ADMINISTRATOR'S ACCOUNT

The Regional Administrator, usually through the Regional Business Manager and/or the Clerical Supervisor, designates staff to carry out the duties outlined below.

9841 Mail Person

The Mail Person logs any cash or negotiable items in the *Cash Items Mail Log*, DSHS 19-48, and gives it to the Accounts Receivable Coordinator.

9842 Accounts Receivable Coordinator

The Accounts Receivable Coordinator:

- A. Receives the *Cash Items Mail Log* and the cash/negotiable items from the mail person.
- B. Verifies that the cash/negotiable items are shown on the *Cash Items Mail Log* and, after verification, dates and signs the mail log, retaining the pink copy.



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- C. Issues a pre-numbered and sequential receipt for all cash/negotiable items requiring a receipt. If the cash/negotiable items received are for a specific purpose, they are to be referred to as a restricted donation, with a note of the restriction on the receipt issued to the donor.
- D. Prepares the disposition documents required for the disposal of cash and negotiable items. The disposition documents will include the bank deposit slip, the *Cash Items Mail Log*, and a copy of the receipt issued to the donor.
- E. Secures all cash and negotiable items until transferred to the Disposition Clerk along with the disposition documents.

9843 Disposition Person

The Disposition Person:

- A. Verifies that the cash and/or negotiable received from the Accounts Receivable Coordinator equals the amount shown on the disposition documents. Completes the disposition entries on the various receipt and disposition documents. Signs and dates the disposition documents.
- B. Secures the deposit until it can be taken to the bank. Gives bank- validated deposit slips along with the copies of the receipt and disposition documents to the recording person on the same day the deposit is made.
- C. Receives approved disbursement authorizations from committee or person(s) responsible for reviewing and approving requests for funds.
- D. Prepares check (in ink) and writes the check number on the Disbursement Authorization. Has the check signed by at least two people who are authorized on the bank account signature card.
- E. Gives the completed Disbursement Authorizations to the Recording Person.



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9844 Recording Person

The Recording Person:

- A. Reconciles the daily cash receipts and bank validated deposit slips.
- B. Records all deposits in the Cash Receipts Journal and Ledger Sheet.
- C. Verifies the amounts of checks to disbursement authorizations and completes entries to the check register, Cash Disbursements Journal, and the Ledger Sheet. Secures signed checks until they are mailed or given to the appropriate person.

9845 Reconciliation Person

The Reconciliation Person:

- A. Upon receiving the Administrator's Account monthly bank statement, reconciles the statement to the Ledger Sheet and other journals. Completes the reconciliation on the back of the bank statement.
- B. Prepares the Administrator's Account Monthly Activity Report and the Bank/Reconciliation Report. Gives them and the appropriate ledgers and journals, along with the bank statement, to the Fund Trustee for review.



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9846 Review and Approval of Authorizations

The committee or person(s) responsible for review and approval of Disbursement Authorizations approves, modifies, or denies the completed Disbursement Authorization based on the local office use-of-funds criteria and any restrictions that may have been placed on the funds by the donor.

9847 Fund Trustee

The Fund Trustee:

- A. Oversees the management and accountability of the Administrator's Account.
- B. Reconciles the accounting records to the trustee's records on a quarterly basis. If there are variances, the trustee researches and documents, corrects, or takes appropriate action. He/she prepares the *Trustee's Reconciliation Report*, DSHS 19-207, and signs and dates it.

9850 ACCESSING ADMINISTRATOR'S ACCOUNT FUNDS

A CA staff person submits a completed *Request for Disbursement Authorization* form to the committee or person(s) assigned by the Regional Administrator the duties of approving these requests. The completed form includes the amount, case name, case number, and purpose of the requested funds. The form is signed and dated by the worker.



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## **9900 FEES FOR VITAL STATISTICS**

### **9910 SERVICE WORKER TASKS**

When it is necessary to pay advance fees to vital statistics agencies in other states for records of birth, death, marriage, or other events, the social worker:

- A. Verifies the amount of fee required for the information needed and obtains the address of the state vital statistics agency.
- B. Prepares a letter in duplicate to the agency for the supervisor's signature indicating:
  - 1. The type of record/information requested.
  - 2. The name and case number (if applicable) of the party for whom the record is requested.
  - 3. The CA address to which the vital statistics agency shall mail the record.

### **9920 SOCIAL WORK SUPERVISOR TASKS**

The supervisor signs and forwards both copies of the letter, along with a memorandum requesting that a check be issued for the appropriate fee, to:

Department of Social and Health Services  
Supervisor, Disbursements Section  
Attn.: Administrative Revolving Fund  
Mail Stop 45843  
Olympia, Washington 98504



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9930 DISBURSEMENTS STAFF TASKS

Disbursements staff:

- A. Issues a check on the DSHS Administrative Revolving Fund and mails it with the requesting letter to the vital statistics agency indicated.
- B. Returns the copy of letter to the originator notifying them that the request has been forwarded to the vital statistics agency.

91000 **FOSTER PARENT LIABILITY PLAN**

91010 GENERAL INFORMATION

91011 Purpose

The Foster Parent Liability Plan establishes guidelines for distribution of funds under RCW 74.14B.080. This program provides a mechanism for financial relief to foster parents who incur liability from third party personal injury and property damages caused by the foster parent in their role as foster parent or their foster/respice care children. The legislature acknowledges that foster parents assume some level of risk by taking foster/respice care children into their homes.

91012 Eligibility

Eligibility is defined in WAC 388-70-033.



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91013 Program Management

- A. The Liability Plan is administered by the department through the Employee Services Division's Office of Risk Management (ORM). The department will pay claims subject to available funds, individual claim limits, and eligibility requirements.
- B. Claims management services for the Liability Plan are provided through the Liability Plan Intra-Agency Agreement with ORM, CA, and the Division of Developmental Disabilities (DDD). DDD participates on behalf of foster parents who provide respite care services to eligible foster children.
- C. Pursuant to this Agreement, CA and DDD each bears responsibility for developing and updating necessary written instructions, guidelines, procedures, and forms to implement the terms of the Liability Plan and to provide for timely and efficient distribution of claims (and their documentation) to ORM.

91014 Inquiries

Foster parents who have questions concerning completion of the claim forms are referred to their social worker for assistance. Social workers who have questions regarding general policy, interpretation of the Liability Plan, submission of claims, or action in response to claims or lawsuits need to address them to ORM at P. O. Box 45844, Olympia, WA 98504-5844.



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91020 PLAN SUMMARY

91021 Liability Coverage

A. Third Party

Coverage is authorized for payment to third parties who have incurred expenses as a result of the action(s) of foster parents or their foster/respice care child(ren) for personal/bodily injury and property damage.

B. Foster Parents

Coverage is authorized for payment of claims arising from a foster parent's acts or omissions while performing, or in good faith purporting to perform, provision of family foster care and supervision of a foster child, to include respice care child(ren).

91022 Representation by Attorney General

Legal representation by the state for foster parents, eligible under chapter 74.15 RCW, is granted in RCW 4.92.060 and 4.92.070. Foster parent defense is allowed for actions against foster parents if it is determined that their acts or omissions were while in good faith performing, or in good faith purporting to perform, provision of foster care services. The foster parent must fully cooperate in such defense. No defense is allowed for any action against the foster parent by the department.

91023 Definitions

For definitions related to the Liability Plan, see Appendix A, DEFINITIONS, under FOSTER PARENT LIABILITY PLAN.



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91024 Limitations

Limits of coverage are outlined in WAC 388-70-034.

- A. DEDUCTIBLE - There is no deductible. However, it is necessary for the foster parent(s) to access their homeowner's liability insurance or any other valid and collectible insurance prior to payment under this plan.
- B. DOLLAR AMOUNT - Limited to \$25,000 per occurrence. If there are multiple claims arising from the same occurrence they shall be considered one occurrence, and the dollar limit shall apply. A claim against one or more foster parents occupying the same household shall be considered a single claim and the dollar limit shall apply.
- C. EXCESS COVERAGE - Payment above and beyond that which may be collected from any other valid and collectible liability insurance available to the foster parent.
- D. FUNDS AVAILABLE - The department is authorized to pay claims subject to available funds. In addition, payment can only be made in excess of other valid and collectible liability insurance available to the claimant.
- E. NO LEGAL OBLIGATION - DSHS makes these payments without assuming any legal obligation for the action(s) of the foster parent or foster/respite care child(ren). Such payments are not an admission of liability by DSHS or the foster parent(s), nor does DSHS assume any obligation for incurring any other liability expenses other than those specifically set forth within the Liability Plan.



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- F. **PER OCCURRENCE LIMITS** - The total financial payment shall not exceed the dollar limits stated on a "per occurrence" basis. Regardless of the number of third party persons who sustain damages or personal/bodily injury, they will be considered one occurrence. Liability payment for property damages shall be for the reasonable repair, or depreciated value, of damaged property.

THIRD PARTY LIABILITY

MAXIMUM \$ LIMITS

Total excess coverage

\$25,000 per occurrence

- G. **PERIOD OF COVERAGE** - No funds are available for occurrences prior to July 1, 1991.

91025 Exclusions

Exclusions from coverage are described in WAC 388-70-035. 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 the following are specifically excluded from payment under the Liability Plan:

- A. **ALCOHOL/ILLEGAL SUBSTANCES** - Any injury or damage arising out of the actual giving of any alcoholic beverages, or other illegal substances, to a foster child, for whatever reasons or causes.
- B. **ALIENATION OF AFFECTION** - Alleged or actual alienation of affection.
- C. **GROSS NEGLIGENCE** - Any action that is performed in bad faith, or of gross negligence, by a foster parent or foster/respite care child(ren) that causes, or results in, damage or personal/bodily injury for which the foster parent is, or may be held, legally liable.



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- D. ILLEGAL ACTS - Violation of any statute, ordinance, or regulation by foster parent or foster/respice care child(ren) for which the foster parent is, or may be held, legally liable.
- E. JURISDICTION - Any damage or injury caused by foster/respice care child(ren) while temporarily out of the jurisdiction (care, custody, or control) of the foster parent. This includes visits to the foster child(ren)'s parents, *guardian ad litem*, or legal guardian. Also, any claim based on any occurrence which does not arise from the family foster care relationship.
- F. MOTOR VEHICLES, AIRCRAFT, WATERCRAFT - For property damages, losses, and emergency medical treatment costs arising out of any act of the foster/respice care child(ren), with or without the permission of the foster parent, which related to the ownership, operation, or maintenance of any owned motor vehicle or owned aircraft/water craft.
- G. SEXUAL ABUSE - Any injury arising from any sexual abuse, or licentious, immoral, or other sexual behavior by a foster parent or foster/respice care child(ren) for which the foster parent is, or may be held, legally liable.
- H. UNSUBSTANTIATED - For any mysterious or unsubstantiated damages or personal/bodily injury.

91030 LIABILITY CLAIM FILING

91031 Foster Parent Procedure

When foster parents are notified by a third party of a property damage or personal/bodily injury incurred as a result of an action(s) by their foster/respice care child(ren) for which the foster parent(s) is, or may be held, legally liable, the foster parent:



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- A. Requests from their social worker a *Foster Parent Claim* form, DSHS 18-400A(X).
- B. Completes the claim form, attaches the requested documents, and submits the claim to their social worker within 30 days of being informed of the notification. Failure to submit claims within the designated time limits may invalidate payment under the Liability Plan. Claims cannot be adjudicated until all necessary documentation is received.

#### 91032 Social Worker Procedure

Upon receipt of a claim from a foster parent, the social worker:

- A. Reviews the claim for accuracy, completeness, and timeliness. Claims are to be returned to the foster parent if:
  - 1. Not on the correct DSHS 18-400A(X);
  - 2. Information is incomplete;
  - 3. Appropriate documents are not attached; or
  - 4. Claim is not signed and dated.
- B. Completes the requested information on the form:
  - 1. Identification of CA office;
  - 2. Name of the contact person within the CA office who can be contacted should clarification or additional information become necessary during review of the claim;



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3. Total dollar amount requested by the foster parent on behalf of the third party claimant;
  4. Telephone number of the CA contact person; and
  5. Indicate that the claim is a third party claim.
- C. Completes the social worker section on the form.
1. Identify any other liability funds or accounts available.
  2. Indicate whether or not social worker concurs with payment of the claim. State the reason(s) if does not concur.
  3. Print social worker name, office, county, and Mail Stop, or address for offices without a Mail Stop, in the space provided.
  4. Sign and date the claim form.
  5. Forward the ORIGINAL claim form with documents attached to:

DSHS Office of Risk Management  
Office Building 2, Mail Stop 45844  
Olympia, Washington 98504-5844

**91040 LIABILITY CLAIM PAYMENT**

- A. For third party claims, payment for approved liability claims will be made directly to the third party.



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- B. If the foster parent can provide proof that full and satisfactory payment/restitution was paid to the third party for the identified claim and the third party satisfactorily accepted such payment/ restitution in full, the foster parent can be reimbursed for the amount approved by ORM.
- C. Payment by a foster parent to a third party for satisfaction of a claim without the prior approval of ORM may be at the full risk and expense of the foster parent.

#### 91050 LAWSUIT

##### 91051 Foster Parent Procedures

Upon notification of any legal action by a third party against the foster parent(s) for personal/bodily injury or damage caused by the foster parent, or foster/respite care child(ren) while in the care and custody of the foster parent, the foster parent must notify their social worker (or, in their absence, the worker's assigned representative) within one work day.

##### 91052 Social Worker Procedures

- A. Upon receipt of notification from a foster parent of an impending lawsuit, the social worker must then notify ORM within 24 hours from the initial notification by the foster parent of an impending lawsuit. The social worker must satisfy the mandatory requirement of notifying ORM in writing to the address in section 91032, above, or by fax transmittal to the Claims Program Manager, ORM, (360) 586-5199. To contact the Claims Program Manager, call (360) 664-3249.



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- B. The social worker must also contact the Office of the Attorney General, Torts Division, within the initial 24-hour period. The address is: Office of the Attorney General, Torts Division, 4407 Woodview SE, 3rd Floor (or P. O. Box 40126), Olympia, WA 98504-0126; or fax to 360-459-6967; telephone number is (360) 459-6600.

91060 LEGAL DEFENSE

91061 Request for Defense

Under RCW 4.92.060, whenever an action or proceeding for damages is instituted against a foster parent licensed under Chapter 74.15 RCW, the foster parent may request the Attorney General to authorize defense of the action or proceeding at the expense of the state, if the claim resulted from acts or omissions while in good faith performing, or in good faith purporting to perform, provision of foster care services.

91062 Expense of Defense

Under RCW 4.92.070, if the Attorney General finds that, in the case of a foster parent, the occurrence arose while in the good faith provision of foster care services, the request will be granted. The necessary expenses of the defense of the action or proceeding will be paid from the appropriations made to the department. In such cases the Attorney General will appear and defend the foster parent, who must assist and cooperate in the defense of the suit. However, the Attorney General may not represent or provide private representation for a foster parent in an action or proceeding brought by DSHS against that foster parent.



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91063 Procedures

A. Foster Parent

1. The foster parent must contact their social worker to request legal defense. The foster parent needs a *Request for Defense* form mailed to them.
2. Upon receipt, the foster parent must complete the *Request for Defense* form and submit it to their social worker with the original Summons and Complaint.

B. Social Worker

1. The social worker supplies the foster parent with a *Request for Defense* form provided to DCFS by the Office of the Attorney General.
2. The social worker must contact ORM within 24 hours of notice of lawsuit.
3. The social worker must contact the Office of the Attorney General, Torts Division, within 24 hours of notice of lawsuit.
4. The social worker forwards the original *Request for Defense* form and the Summons and Complaint to the Office of the Attorney General, Torts Division, and retains copies in CA.



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C. Attorney General

1. The *Request for Defense* form and the Summons and Complaint are reviewed by the Office of the Attorney General, and appropriate DSHS staff persons, and a determination is made to approve or disapprove the *Request for Defense* application.
2. If approved, the foster parent is informed by the Office of the Attorney General that the state will provide defense, and an Assistant Attorney General is assigned to handle the case.
3. The assigned Assistant Attorney General will keep CA and ORM apprised of developments in the case.

91070 STATE OBLIGATION

The state does not assume any other obligation for payment other than those made under approval through the Foster Parent Liability Plan.

91080 FRAUD

In the event any material fact or circumstance is misrepresented or willfully concealed by either the foster parent (or foster parent household member) or third party, DSHS shall be entitled to recover any payments made under the Liability Plan. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.



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**91090 ACTIONS COMMENCED BY FOSTER CHILDREN OR THEIR PARENTS**

Per RCW 4.24.590, in actions for personal injury or property damage commenced by foster children or their parents against foster parents licensed pursuant to chapter 74.15 RCW, the liability of foster parents for the care and supervision of foster/respice care children is the same as the liability of biological and adoptive parents for the care and supervision of their children.

**910100 MODIFICATION OF REIMBURSEMENT PLAN**

Nothing in this Liability Plan is intended to modify the Foster Parent Reimbursement Plan in place on the effective date of the statute (except for transferring the responsibility for third party claims to the Liability Plan).

**91100 FOSTER PARENT REIMBURSEMENT PLAN**

**91110 GENERAL INFORMATION**

- A. The Foster Parent Reimbursement Plan provides limited financial relief to foster parents who incur property damages, losses, and emergency medical treatment expenses caused by their foster/respice care children during placement in their foster home. Reimbursement made under the Plan is considered a foster care maintenance expense. It constitutes a portion of the reasonable and proper cost of maintenance paid on behalf of foster/respice care children and is made strictly in accordance with the terms, limitations, and exclusions specified.



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- B. Reimbursement under the Plan is provided to foster parents voluntarily by DSHS and is not an admission of liability for the action(s) of any foster/respice care child(ren), and nothing in the Plan shall be construed to create in any foster parent an enforceable right to reimbursement nor is it meant to impose upon DSHS a legal payment obligation.

91120 ELIGIBILITY

Foster parents are eligible for reimbursement under the Plan if they are:

- A. Licensed by DSHS or a DSHS-certified child-placing agency pursuant to chapter 74.15 RCW; and
- B. Providing approved DSHS-funded foster care to children in the care, custody, and supervision of DSHS or a DSHS-certified child-placing agency; or
- C. Providing approved DSHS-funded respice care to developmentally disabled children.

91130 PROGRAM MANAGEMENT

- A. The Plan is funded by CA. DDD participates in the Plan on behalf of licensed foster parents who provide respice care services in their home to developmentally disabled children.
- B. Claims management services for the Plan are provided by the Risk Management Services Section (RMSS) within the Office of Risk Management (ORM) through an Intra-Agency Agreement among the Employee Services Division, CA, and DDD.



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C. Information Sources

1. Foster parents who have questions concerning completion of claim forms and required substantiating documentation should contact their social worker for assistance. A copy of the Plan is provided to foster parents in their *Foster Parent Handbook*.
2. CA social workers who have questions regarding reimbursement available to foster parents under the guidelines of the Plan or on the filing of claims need to address them to the Claims Program Manager, RMSS, P. O. Box 45844, Mail Stop 45844, Olympia, WA 98504-5844 (Telephone 360-664-3249).

91140 DEFINITIONS

For definitions of terms used in the Foster Parent Reimbursement Plan, see Appendix A, DEFINITIONS.

91150 REIMBURSEMENT LIMITATIONS

The following reimbursement limitations are applicable for claims filed under the Plan:

- A. PER OCCURRENCE/AGGREGATE: The total amount payable as the result of any one occurrence shall not exceed \$5,000 for all property damages and losses or \$1,000 for all personal bodily injuries regardless of the number of foster parents or their household members who sustain property damages, losses, or personal injuries.



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- B. **PROPERTY DAMAGE ITEMS:** Limited to the repair/cleaning cost or the depreciated value. Depreciated value is paid if the item cannot be repaired or cleaned as substantiated by a detailed retailer estimate or if the repair cost exceeds the depreciated value of the item. DSHS may request the final repair bill from foster parents for payments made from estimates provided for purposes of recovery.
- C. **PROPERTY LOSS ITEMS:** Limited to the depreciated value, as substantiated by the original purchase document or replacement bill/retailer estimates for comparable item. If the claim is the result of a theft, a police report must accompany the claim form.
- D. **PERSONAL BODILY INJURIES:** Limited to the costs incurred for receiving emergency medical treatment services which are not payable or required to be provided under any workmen's compensation or disability benefits law, or under any similar law, or provided under a personal/business medical plan.
- E. **POLICY DEDUCTIBLES:** There is no deductible which means there is first dollar coverage. However, foster parents must disclose if their property damages or losses were paid or will be paid under their homeowner, automobile, or other personal/business insurance policy. Reimbursement would be limited to the policy deductible. Insurance companies do not have subrogation rights into the Plan.
- F. **DENTAL EXPENSES:** Limited to costs not payable under a dental plan. Depreciation applied on dental appliances. A dental injury is considered a personal bodily injury.
- G. **VISION EXPENSES:** Limited to costs not payable under a medical plan. Depreciation applied on vision appliances. An injury is considered a personal bodily injury.



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- H.     **LABOR EXPENSES:** Limited to out-of-pocket costs, materials, incurred by foster parents which are substantiated by a retailer. DSHS may request the final repair bill from foster parents for payments made from estimates provided for purposes of recovery.

91160 EXCLUSIONS

- A.     The following are specifically excluded from reimbursement under the Plan. Property damages, losses, or emergency medical treatment costs incurred by foster parents or their household members which arise out of, or are related to:
1.     **ALCOHOL/ILLEGAL SUBSTANCES** - The alleged or actual giving to a foster/respice care child(ren) of any alcoholic beverage, or other illegal substance including tobacco products for whatever reason.
  2.     **ILLEGAL ACTS** - The alleged or actual violation of any statute, ordinance, or regulation by the foster/respice care child(ren).
  3.     **INADEQUATE SUPERVISION** - The primary or contributing cause was the failure of the foster parent to give directions, instructions, or to provide proper/adequate supervision to the foster/respice care child(ren). Foster parents, as determined by the DCFS social worker, must exercise all reasonable means to save and preserve property from damage or loss and to protect themselves and their household members from injury.
  4.     **SEXUAL ABUSE** - The alleged or actual sexual abuse, or licentious, immoral, or other sexual behavior of a foster/respice care child(ren).



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- B. The following are also excluded from reimbursement under the plan:
1. FOLLOW-UP MEDICAL TREATMENT EXPENSES - Follow-up medical treatment expenses incurred by foster parents or their household member for a personal bodily injury sustained as a result of an action of the foster/respice care child(ren). Only emergency medical treatment costs not payable elsewhere are reimbursable under the PLAN.
  2. FOSTER/RESPITE CARE CHILDREN ITEMS - For items which belong to foster/respice care child(ren).
  3. JURISDICTION - For acts of foster children that occur while temporarily assigned outside the jurisdiction of their foster parent (includes visits to parents and guardians).
  4. MOTOR VEHICLES, AIRCRAFT, WATERCRAFT - For property damages, losses, and emergency medical treatment costs arising out of an act of the foster/respice care child(ren), with or without the permission of the foster parent, which is related to the ownership, operation, or maintenance of any owned motor vehicle, or owned aircraft/water craft.
  5. RUNAWAYS - For occurrences after a foster child has voluntarily left the foster home. For purposes of the Plan, a foster child is considered to be in runaway status if it has been more than 24 hours since the foster child left the residence. The *Foster Parent Handbook* instructs that, if a foster child runs away or is otherwise unaccounted for, the foster parent is to notify the agency and law enforcement. Foster parents should immediately take the necessary precautions to safeguard against any occurrences.



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6. **THIRD PARTY CLAIMS** - For property damages, losses, or personal injuries sustained by any person other than the foster parent or their household member. Third party claims are to be filed under the Liability Plan.
7. **UNSUBSTANTIATED** - For property damages or losses resulting from occurrences which are alleged but not substantiated to have been caused by the foster/respice care child(ren). A copy of the police department report or fire department report, along with any follow-up investigative findings, must be submitted for claims relating to theft, assault, vandalism, or fire.
8. **UNTIMELY FILING** - For property damages, losses, or emergency medical treatment costs for which a claim was not received in the RMSS within a year after the date of occurrence, regardless of the reason for the delay in filing the claim.
9. **VALUABLE ITEMS** - For property damages or losses of items that are valued or for items that do not depreciate which include, but are not limited to, antiques, heirlooms, jewelry, figurines, and coin collections. Foster parents should take special precautions to secure/guard against the loss of these items.

#### 91170 CLAIM FILING PROCEDURES

##### 91171 Foster Parent Procedure

Foster parents who incur property damages, losses, or emergency medical treatment expenses as a result of an action of their foster/respice care child(ren) shall:



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- A. Request from their social worker a *Foster Parent Reimbursement Plan Claim* form, DSHS 18-400A(X) to file a claim under the Plan.
- B. Submit the completed claim to their social worker within 30 days of an occurrence. All requested information is to be provided on the claim form with the required substantiating documentation attached.
- C. Documentation on claims filed more than 30 days after an occurrence must include a statement to their social worker from the foster parent indicating the reason for the delay in filing the claim.

#### 91172 Social Worker Procedure

Social workers who receive a claim from a foster parent:

- A. Review the claim for accuracy, completeness, and timeliness. Claims are to be returned to the foster parent if:
  - 1. An outdated claim form was received;
  - 2. All the requested information was not provided on the claim form;
  - 3. All the required substantiating documents were not attached to the claim;  
or
  - 4. The claim form was not signed/dated by the foster parent.
- B. Complete the social worker section on the claim form. Failure to provide all the required information will cause a delay in reimbursement to the foster parent.



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- C. Social workers must indicate on the claim form the reason for the delay in submitting claims to RMSS more than 90 days after an occurrence.

91180 MISREPRESENTATION OF CLAIMS

DSHS shall deny any claim in which any material fact or circumstance of a property damage, loss, or personal injury is misrepresented or willfully concealed by the foster parent and 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.

91190 INVESTIGATION OF CLAIMS

DSHS shall be permitted upon request 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.

911100 RECONSIDERATION OF CLAIM DETERMINATIONS

- A. Reconsideration of a claim determination made must be submitted by the foster parent in writing within 30 days of the determination to the Claims Program Manager, Office of Risk Management, Department of Social and Health Services, P. O. Box 45844, Olympia, WA 98504-5844.
- B. The request must include substantiating new factors or additional information/documentation not previously provided for reconsideration of the claim determination. All determinations made by the Claims Program Manager are final and do not constitute a basis for requesting or obtaining an administrative fair hearing.



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911110 EXCEPTION REQUESTS

Written requests for exceptions to the terms, limitations, and exclusions specified in the Plan must be made through the Children's Administration Director of Management Services, P. O. Box 45710, Olympia, WA 98504-5710, to the Claims Program Manager, DSHS-ORM, Mail Stop 45844, Olympia, WA 98504-5844, and shall include the justification for the request and alternatives explored.

91200 **EMPLOYEE, VOLUNTEER, AND CLIENT TRAVEL**

91210 REQUIREMENTS FOR TRAVEL

A. All CA employee, volunteer, advisory committee member, and subsidized client travel must comply with the provisions of the Office of Financial Management (OFM) travel regulations contained in Part Four, Chapter two, of the *OFM Financial and Administrative Policy, Regulations, and Procedures* manual and the DSHS *Travel Manual*, including completion of the *Travel Authorization*, DSHS 03-337.

B. Adult Travelers Accompanying Children

The assigned social worker for the child must complete a criminal history and background check, including review of DCFS records, on the non-employee adult, excluding the child's parent, before the department authorizes the person to accompany the child. See chapter 5000, section 5500, *Background Inquiries*.



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91220 AUTHORIZATIONS FOR TRAVEL

91221 In-State Travel

- A. For employees, the employee's immediate supervisor is required to pre-approve in writing all travel that includes lodging costs of more than one night. The employee and supervisor document the advance approval of the lodging expenditure by completing and signing the *Travel Authorization*, DSHS 03-337.
- B. For volunteers, the supervisor of the unit for which the volunteer is providing service pre-approves lodging expenses. The volunteer and the supervisor document advance approval of the lodging and other expenses by completing and signing the *Authorization for Expenditure (Non-Employee)*, DSHS 9-415(X).
- C. Individual non-employees appointed to serve on any state board or committee authorized by law are entitled to travel expenses. The provisions of paragraph B above apply, with the manager responsible for the activity pre-approving lodging costs.

91222 Out of State Travel

Pre-approval of out of state travel, as defined in the DSHS *Travel Manual*, for all types of out-of-state travel to be reimbursed by the state and is documented using the applicable form described in section 91221. The following persons must pre-approve the travel described in this section: First line supervisor; second line supervisor; Regional Administrator or Director, as applicable; the Assistant Secretary; and the Deputy Secretary or Secretary of the department.



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A. Staff and Volunteer Travel

1. Non-Emergent Travel

The *Travel Authorization*, DSHS 03-337, approved as required at the regional, office, or division level, must be submitted to the Assistant Secretary's office at least 10 days in advance of the trip.

2. Emergent Travel

- a. The applicable Regional Administrator/designee, Regional Manager, or Director must provide prior written approval of emergent travel.
- b. The Assistant Secretary or designee must provide prior verbal authorization for the travel.
- c. The *Travel Authorization*, DSHS 03-337, along with any necessary supporting documentation, shall be completed at the regional or headquarters level, as applicable, within five working days of receipt of verbal approval by the Assistant Secretary/designee. Staff completing the form must indicate the name and position of the person granting verbal approval and the date it was granted.
- d. The completed form is submitted through normal lines of communication to the Assistant Secretary.

B. Non-dependent children traveling unaccompanied out of state require the same approval process as outlined above. Such children include:



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1. Children being returned to their parents.
  2. Native American children being returned to their Tribe.
  3. FRS cases when custodial parent is making the placement to prevent foster care placement.
  4. DCFS-involved cases where the custodial parent is making the placement to prevent foster care placement and information is insufficient for dependency.
- C. Unaccompanied adult travelers also require the same approval steps as outlined in paragraph A, above. Such persons include:
1. Parents living out of state returning to Washington for court ordered visits.
  2. Parent or other adults, directly related to case planning, traveling to Washington for evaluations.
  3. Adult relatives, prospective adoptive parents, and foster parents traveling to Washington for pre-placement visits with a specific child(ren).
- D. Runaways also are subject to the same approval steps for travel. In addition, the following steps are taken:
1. A child identified as a runaway is handled by the Family Reconciliation Services (FRS) worker in the local office. All runaways are handled the same regardless of state of residency.



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2. When the child arrives in the DCFS office, every attempt is made by the responsible social worker to locate the custodial parent and to return the child as soon as possible.
3. If placement is required, the worker contacts the police and places the child under 72 hour police protective custody or obtains a signed voluntary placement agreement from the custodial parent.
4. When the custodial parent is unable to pay for the child's return and there is no other funding source, the FRS worker arranges for the child's return and to pay the associated costs, including, plane, bus, or train tickets, subject to required administrative approvals.
5. The FRS worker contacts the parent(s) and makes the travel arrangements. Following receipt of the approvals for the travel as outlined in this section, the region pays for these costs by SSPS, travel voucher, or credit card, as appropriate.
6. Calls from out of state regarding the return to Washington of non-dependent children who are listed with law enforcement as a runaway are referred to the Juvenile Rehabilitation Administration (JRA), Interstate Compact for Juveniles, (360) 902-8094. The local DCFS office may continue to supply information and assistance in contacting the custodial parent, but assistance in making arrangements for the physical return and/or other questions are directed to JRA.



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91223 Travel Out of the Country

All travel out of the country, whether by staff, volunteer, or client, requires the Governor's signature whenever CA is paying for the tickets and/or overnight lodging. Therefore, those persons outlined in in section 91222, above, must pre-approve the travel request before it is submitted to the Governor.

91300 **CHILD DAY CARE PAYMENTS**

91310 INTRODUCTION

- A. This section provides guidelines for determination of eligibility and authorization of payment for the Office of Child Care Policy (OCCP) and DCFS-subsidized child care.
- B. DSHS may approve child day care funding to facilitate the care, protection, and related services for a child 12 years of age and under. DSHS shall fund child day care only during the portion of the 24-hour day when neither of the child's parents is able to provide necessary care and supervision. DSHS does not pay for care by the child's parents, stepparents, brother, sister, stepbrother or stepsister, except adult siblings residing outside the family home.
- C. For limitations on payments to homes dually licensed to provide foster family and child day care, see section 9142.
- D. The child day care subsidy programs are authorized under 42 USC 675; 45 CFR, Parts 16, 74, 96, 98, 99, 255, and 257; RCW 74.12.340 and 74.13.085; and WAC 388-15-170.



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91320 DEFINITIONS

For definitions relating to child day care payments, see Appendix A, DEFINITIONS.

91330 OFFICE OF CHILD CARE POLICY CHILD CARE PROGRAMS

OCCP is responsible for program management of Teen Parent Child Care, Seasonal Farmworker Child Care, and Homeless Child Care. Exceptions-to-Policy (ETP) requests in these programs are sent to OCCP at Mail Stop 45700, P. O. Box 45700, Olympia, WA 98504-5700.

91331 Employment Child Care

Employment Child Care provides child care payments for eligible low income, working families who are not receiving a Temporary Assistance to Needy Families (TANF) cash grant. Employment Child Care is managed within available funds through local Community Services Offices (CSO). See the Children's Administration *Practices and Procedures Guide*, chapter 4000, section 4505, and WAC 388-15-170.

91332 Teen Parent Child Care

- A. See the Children's Administration *Practices and Procedures Guide*, chapter 4000, section 4506, for the service definition and procedures for access to the Teen Parent Child Care program.



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B. Maximum Subsidy

1. Families with gross income at or below amounts established in WAC 388-15-170 are eligible for the maximum subsidy in Teen Parent Child Care. Eligible families pay a minimum amount per month contribution to the cost of care. See WAC 388-15-170 for standards regarding eligibility and participation.
2. The parent pays this minimum co-payment directly to the provider. The worker completes the SSPS authorization form using the appropriate SSPS service code. See the *SSPS Manual* for a complete listing of service codes. The amount the client pays directly to the provider each month is shown on the monthly invoice generated by SSPS. In cases of in-home child care, the client receives the monthly invoice. DSHS pays the remaining costs up to the authorized rate on the regular child care payment service code.

C. Parent Participation

Families with gross income above standards set in WAC 388-15-170 contribute beyond the minimum amount per month co-payment to the cost of child care.

1. Parent participation is described in WAC 388-15-170.



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2. The parent pays the parent participation share of child care costs directly to the provider. The worker completes the SSPS authorization form using the appropriate SSPS service code, and the monthly invoice generated by SSPS shows the amount the client pays directly to the provider each month. In cases of in-home child care, the client receives the monthly invoice. DSHS pays the remaining costs up to the authorized rate on the regular child care payment service code.
3. If the parent is using more than one provider, the parent pays the participation amount to the facility providing the greatest amount of care. All other providers will complete the invoice for the amount of care they provided, and participation is not authorized for these providers.
4. The parent participation amount is a per family charge regardless of the number of children or units of service used.
5. The parent participation amount is not pro-rated for partial months of care. The full participation amount is deducted from the monthly billing prior to any DSHS payment for that child's care. The participation amount shall not exceed the actual cost of care for all eligible children in the family for the month.
6. DSHS notifies the child care provider of the parent participation amount by *Social Service Notice*, DSHS 14-259. In cases of in-home child care, the *Social Service Notice* goes to the client.
7. If the parent fails to pay the participation amount to the provider, the authorizing worker must re-evaluate the appropriateness of the child care plan.



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- D. If the teen parent appears to be eligible for TANF or Employment child care, he/she is referred to the local CSO.
- E. The authorizing worker verifies information concerning a secondary education plan. The plan needs to include time, location, and duration of classes. Time for study is allowed in the plan.
- F. DCFS authorizing workers determine a teen's eligibility in most cases. Social workers in the CSOs determine eligibility in Region 4 and in areas of Region 1.

91333 Seasonal Farmworker Child Care

- A. See the *CA Practices and Procedures Guide*, chapter 4000, section 4507 for service definition and procedures for access to the Seasonal Farmworker Child Care program.
- B. See WAC 388-15-170 for standards for eligibility and parent participation.

91334 Homeless Child Care

See the *CA Practices and Procedures Guide*, chapter 4000, section 4508, for the service definition and WAC 388-15-170 for eligibility information.

91340 DIVISION OF CHILDREN AND FAMILY SERVICES CHILD CARE PROGRAMS

91341 Child Protective Services Child Care

- A. See the *CA Practices and Procedures Guide*, chapter 4000, section 4503, for guidelines relating to Child Protective Services (CPS) Child Care.



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- B. Income is not used to determine eligibility when the family is currently receiving CPS. See WAC 388-15-170 for income limitations. CPS social workers may waive this income requirement with a note in the Service Episode Record (SER).

91342 Child Welfare Services Child Care

- A. For guidelines relating to Child Welfare Services (CWS) Child Care, see the *CA Practices and Procedures Guide*, chapter 4000, section 4503.
- B. Families must participate in the cost of care based upon their income. See WAC 388-15-170 for eligibility and participation criteria.
- C. DCFS CPS/CWS social workers determine a family's eligibility, using the *Eligibility Determination for Child Care Plan*. DSHS 14-139(X), to collect income information and determine eligibility.

91343 Foster Care and Non-Needy Relative Child Care

- A. Child Care for children residing in Foster Care and placed by DCFS is managed by DCFS. Child Care for a child(ren) placed in the home of a non-needy relative by DCFS as part of a case plan will be authorized for Non-Needy Relative Child Care using SSPS reason code "H."
- B. Child care for non-needy relative children not placed by DCFS will be provided through Employment Child Care, administered by the CSO.



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91344 Therapeutic Child Development

See the *CA Practices and Procedures Guide*, chapter 4000, section 4504, for standards relating to Therapeutic Child Development (TCD).

91350 DIVISION OF ALCOHOL AND SUBSTANCE ABUSE CHILD CARE

See the *CA Practices and Procedures Guide*, chapter 4000, section 4518, for service description and eligibility for child care for clients of Division of Alcohol and Substance Abuse (DASA) programs.

91360 TYPES OF OUT-OF-HOME CARE

For descriptions of types of out-of-home child day care providers, see the *CA Practices and Procedures Guide*, chapter 5000, section 5400.

91370 IN-HOME OR RELATIVE OUT-OF-HOME CARE

- A. See the *CA Practices and Procedures Guide*, chapter 5000, section 5400, for a description of in-home and relative out-of-home child care.
- B. Payment for In-Home or Relative Care
  - 1. DSHS pays the parent/guardian in the case of in-home child care. The parent/guardian pays the in-home provider or relative caring for the child in the relative's home.
  - 2. The in-home or relative/relative's home caretaker is required to be approved by and registered with DSHS to receive child care payments from DSHS, using the *DSHS Child Care Plan* as a registration form.



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91380 DSHS CHILD CARE PAYMENT RATES

91381 Descriptions

- A. The DSHS published child care rate charts show maximum rates, based on biennial local market rate surveys. Authorizations for child care payments are based on the provider's customary rate or the DSHS rate, whichever is less. See the department's current published rates to determine the appropriate rate to be authorized.
- B. Counties are grouped in rate clusters based on local market rate surveys. The 1994 Child Care Market Rate Survey resulted in clusters which align with the DSHS regions. Child care rates are consistent with counties within each rate cluster. See section 913184 of this chapter for child care rate clusters.

91382 Rate Determinations

- A. The location where care is provided determines the DSHS child care maximum rate for out-of-home care. For example:  
  
The family lives in King County (Cluster IV rate) and is receiving out-of-home care. The child care center is located in Skagit County (Cluster III rate). DSHS will pay the center's usual and customary child care rate or the DSHS maximum rate applicable to Skagit County (Cluster III rate), whichever is less.
- B. DSHS can pay for child care in excess of the DSHS rates when the family has special child care needs or special child care requirements.



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1. Special Needs Child Care may be authorized when:
  - a. The child is developmentally or behaviorally disabled and requires specialized care.
  - b. The child requires a specialized curriculum or highly structured environment.
2. Special Requirement Child Care may be authorized when care is difficult to find:
  - a. The parent's work hours require part-time, evening, weekend, or other non-traditional hours of care.
  - b. Child care is not available at customary rates.
3. A supervisor must approve rates in excess of the maximum DSHS rates prior to authorization of child care by signing the DSHS 14-154 or 14-159 in Box 44, "Exception to Policy/Other Approval" section.
4. Special Needs Child Care is authorized using the appropriate SSPS service code, which is found in the *SSPS Manual*.
5. Special Requirements Child Care is authorized using a "9" prefix plus the regular child care code for the service being authorized.

91383 Therapeutic Child Development Rates

- A. Therapeutic Child Development (TCD) - See the *SSPS Manual* for the current rate and appropriate service code.



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- B. All TCD providers are paid in full for all TCD contracted slots up to the monthly maximum consideration of the contract.

91390 AUTHORIZATION AND PAYMENT POLICIES

91391 Out-of-Home Child Care

- A. The authorizing worker uses the *DSHS Child Care Plan*, DSHS 15-220(X), to determine the extent of the family's child care needs, to plan the type of child care used, to communicate with the family's child care provider, to gain assurances from the family that is choosing in-home, exempt child care, and to sign to authorize child care payments.
- B. Three rate options are available for out-of-home care: full day, half-day, and hourly.
- C. A full month of full-day care is authorized when a child needs 132 or more hours of care per month. A full day is six or more hours a day.
  - 1. To determine if a full month of full-day care is appropriate, the authorizing worker calculates the total hours of care a child needs each month. If this calculation is 132 hours or more, a full month is authorized.
  - 2. The maximum number of days authorized for the full month of full-day rate is 22 days. Twenty-two full days of care constitute a full-time monthly slot.
  - 3. If a child needs 132 or more hours of care in a month, authorize 22 days of care at the full-day rate. Authorize 22 days of care regardless of the actual number of days needed.



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4. **Check the provider's usual and customary rate.** Use the provider's usual and customary rate if that rate is under the DSHS current published maximum rates. Use the DSHS maximum rate if the provider's usual and customary rate exceeds the DSHS maximum.
- D. A full month of half-day care is authorized when a child needs more than 65 hours of care a month, but fewer than 132 hours. A half day is fewer than six hours a day.
1. To determine if half-day child care is appropriate, the worker calculates hours of care needed each month, using the *DSHS Child Care Plan*. If this is more than 65 hours but fewer than 132 hours, the half-day rate is authorized.
  2. Payment for up to 30 half-days of child care can be authorized per month. Twenty-two half days constitute a complete half-day month. Thirty half-days are authorized to accommodate the provider billing for school closure/ conference days.
  3. At a half-day rate, two half days can equal one full day of child care. For example:
  4. The maximum monthly amount is 30 times the half-day rate.
  5. See section 91391, paragraph C.4, above, for guidelines for rate determination.
- E. Hourly Care
1. Hourly care is authorized when a child needs 65 or fewer hours of child care in a month. The maximum number of authorized units for hourly care is 65 hours.



2. See section 91391, paragraph C.4, above, for guidelines for rate determination.
- F. When child care needs do not coincide with one of the three rate options, it is allowable to deviate from the options with prior supervisory approval, as shown in the Service Episode Record (SER) or other notes where a signature can be seen. For example:
- A child requires three hours of care on Wednesday, three hours on Friday, and irregular hours the rest of the week. Even though this fits the definition of half day (more than 65, but fewer than 132 hours in a month), hourly authorization may be more appropriate for the family's child care needs.
- G. When child care is authorized for high school students who choose to use a contracted Teen Parent Child Care program, the authorizing worker uses different definitions for full day, half day and hourly. This authorization policy is for contracted Teen Parent Child Care Programs only. Teens who choose child care from the regular child care market are subject to regular child care authorization and billing policy.
1. Full days are four (4) or more hours per day. Half days are fewer than four (4) hours per day.
  2. If a teen parent's monthly needs are 88 or more hours per month, a complete month of days is authorized; i.e., 22.
  3. If the teen needs 41 to 87 hours per month, a complete month of half days is authorized; i.e., usually 30.
  4. If a teen needs 40 or fewer hours per month, hourly rates are authorized.



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- H. Child care is currently reimbursed based on the hours, half days, or full days that a provider claims for each child for child care. Reimbursement will not exceed the maximum authorized amount.
  - 1. For full month full-day or half-day authorizations, the provider may claim the full 22 days if the child does not exceed five days of absence.
  - 2. Providers caring for a child whose child care is based on a 4/40 work week may claim the full 22 days if the child does not exceed five days of absence.
  - 3. If the child whose care is authorized at 22 days is absent six days, the provider claims 21 days; if the child is absent seven days, the provider claims 20 days, and so on.
  - 4. Providers are required to maintain documentation of attendance and absence.
    - a. Licensed center providers keep attendance records with parental signatures, indicating time in and time out.
    - b. Licensed family child care homes need to keep attendance in accordance with MLR.
- I. Allowable Child Absences
  - 1. DSHS will pay for up to five absences each month for each child authorized for a full month in full-day or half-day out-of-home care.



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2. For complete monthly full-day care and half-day care, the provider does not deduct official state holidays during which the child care program is closed. The full authorization, 22 days, includes the holidays. Official state holidays are:

- New Year's Day
- Martin Luther King, Jr., Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

- J. Some licensed child care programs charge registration fees. If there is a registration fee, the department pays the fee one time only, up to \$50 per child, using the appropriate SSPS code. This is a one-time authorization, unless the client changes providers.

#### 91392 In-Home Child Care

For in-home care, the maximum number of hours authorized is 230 per month.

- A. Parents/guardians complete and sign the invoice with their caretaker. Only actual hours of care may be claimed.
- B. Caretakers and clients who use in-home child care need to keep a record of when child care was provided in order to support the billing.



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91393 Supplemental Payment by Parents

A provider may not charge parents in excess of the amount DSHS authorizes for regular child care services. The provider may charge the client for extra and/or optional programs, special services, or for times when the client is late picking up his/her child. For example, a provider may charge a DSHS client extra when a parent:

- A. Requires child care in excess of the amount of care authorized due to personal reasons; e.g., a parent is late picking up her child at the customary time because he/she went shopping.
- B. Requests optional enrichment programs for a child; e.g., gymnastics, ballet, etc.
- C. The provider may accept contributions by a third party such as an employer or charitable agency where DSHS rates are lower than the provider's customary charges. The provider may not require a third party payment.

91394 Payment for Special Needs and Times

- A. A full day of regular child care services is typically six to 10 hours of care per day. Should a parent regularly need more than 10 hours of care per day, the worker may authorize additional payment due to special child care requirements. See section 91382 of this chapter for a description of Special Requirements Child Care.



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- B. School Holiday Care, as it appears on the invoice, relates only to child care authorized at the hourly rate. Providers fill in the number of extra hours only in the School Holiday Care box on the invoice. School Holiday Care for children authorized at the half-day rate is billed by claiming an extra half-day per each extra day of attendance. Long school holidays may require authorization of additional half-days.
- C. For school-age children whose care has already been authorized on an hourly basis, School Holiday Care, (i.e., school holidays, teacher workshops, and other similar instances) does not require a change of authorization (DSHS 14-159). A maximum of 35 school holiday care hours each month is allowed, except during Christmas and Spring vacations when a maximum of 70 school holiday care hours is allowed. Payment will be made for School Holiday Care as billed by the provider within the allowable monthly maximums.
- D. For June, July, and August, the worker must change the authorization for school-age children.

91395 Payment to Exempt Facilities

- A. Child care payments on behalf of eligible families can be made to exempt facilities; e.g., child care programs operated by schools, tribal child care, or child care operated by the military. These facilities need to be certified by OCCP.
- B. Tribal programs and those operated by the military may be certified by OCCP on the basis of licensing by the tribe or Department of Defense when done in accordance with WAC 388-150-020 or 388-155-020.



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913100 SELF-EMPLOYED PARENTS/GUARDIANS

Earned income from self-employment shall be the amount left after deducting business expenses from gross business income. A self-employed person must maintain and make available to the department a record which clearly documents all claimed business expenses and income. Business expenses cannot include purchase of fixed assets, depreciation, entertainment, net losses, or payments on the principal portion of loans.

- A. For the first six months of the self-employed parent's/guardian's child care period, base the number of hours of care authorized per month on the parent's declaration of hours needed.
- B. After the first six months, use the lesser of these two amounts to determine the number of hours of care to be authorized:
  - 1. The parent's/guardian's declaration of hours needed, or
  - 2. The amount computed by dividing the parent's/guardian's gross earning by the federal minimum wage.

913110 PAYMENT PROCESS

913111 Social Service Payment System

- A. Billing invoices for child care services are generated and payments authorized using the SSPS.



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1. For out-of-home care, the provider must have an SSPS provider number to receive payment. OCCP staff obtain SSPS provider numbers for licensed out-of-home care providers. Provider numbers for DSHS providers are listed in the SSPS Provider File.

See *SSPS Basic Instructions* and the CAMIS manual for procedures.

2. For in-home or relative care/relative's home, the parent/guardian and the caretaker must each have a Social Security number and SSPS provider number to receive payment. Authorizing workers obtain the SSPS provider number.

See *SSPS Basic Instructions* and the CAMIS manual for procedures.

- B. SSPS generates billing invoices to providers for licensed out-of-home care and parents/guardians, for in-home or relative, relative's home, care exempt from licensing, at the end of each service month.

1. For licensed out-of-home care, DSHS pays the provider.
2. For in-home or relative/relative's home care exempt from licensing, DSHS pays the parent/guardian who is then responsible to pay the caretaker. If the parent/guardian does not pay the caretaker for services, the social worker must review the appropriateness of the parent/guardian's child care arrangement. If the total amount not paid to the provider is significant, the provider may go to small claims court for a judgment.



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- C. The parent pays the participation amount, also referred to as the co-payment, directly to the child care provider. The authorizing worker may terminate payment of services if the parent fails to pay the participation amount.
- D. DSHS sends monthly child care payments within 12 working days after the correctly completed invoice has been mailed by the licensed out-of-home care provider or the parent/guardian for in-home or relative care exempt from licensing.
- E. Detailed information on the payment process for child care is in the *SSPS Basic Instructions*. The publication, DSHS 22-877(X), *Child Care Subsidies, A Booklet for Providers*, is available to providers who care for subsidized families.
- F. SSPS codes for child care described in this chapter are contained in the *SSPS Manual*.

913112 Federal Insurance Contribution Act (FICA)

- A. For in-home and relative/relative's home care only, DSHS pays the family share and deducts the employee share of the FICA tax and forwards it to the Internal Revenue Service (IRS), when child care payments will be \$50.00 or more in a calendar year quarter. It is critical that clients report changes of in-home caretakers to authorizing workers. Changes can affect tax reports.
- B. The authorizing worker indicates on the Old Age and Survivors Insurance (OASI) section of the authorizing document (DSHS 14-154(X) or DSHS 14-159(X)) if FICA taxes are to be withheld.



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- C. Should FICA be withheld erroneously, the caretaker can request a refund from:

District Director - IRS  
915 - 2nd Avenue  
Seattle, WA 98174

- D. The authorizing worker forwards questions regarding FICA to:

DSHS Disbursements Section  
MS 45845  
P. O. Box 45845  
Olympia, WA 98504-5845

- E. In late January, DSHS Disbursements forwards W-2 forms to the in-home caretaker. The W-2 indicates wages paid during the previous calendar year. W-2s are sent whether or not FICA is deducted.
- F. In late January, DSHS Disbursements forwards an IRS Form 1099 to all licensed child care providers who received more than \$600 from DSHS during the past year.

913120 AUTHORIZING WORKER

- A. DCFS social workers authorize OCCP and DCFS child care, except that, in Region 4 and areas of Region 1, CSO social workers authorize Teen Parent Child Care.
- B. Authorizing workers have the following responsibilities in developing and authorizing child care plans:



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1. Determine eligibility by using form DSHS 14-139(X), *Eligibility Determination for Child Care Plan*.
2. Develop and document the child care plan using *the DSHS Child Care Plan* for the case record.
  - a. Review child care options.
  - b. Provide the parent/guardian with information on how to find a child care provider using *Choosing Child Care*, (DSHS 22-516(X)) and the local resource and referral agency.
  - c. Provide information and referral for Healthy Kids, formerly called Early Periodic Screening Diagnosis and Treatment (EPSDT).
  - d. Inform parents about indicators of child abuse in child care and the method for reporting suspected child abuse.
  - e. Inform parents about the SSPS payment process.
  - f. Provide the parents/guardians requesting in-home-care with:
    - i. DSHS 22-083(X), *Is My Child Safe, Healthy, and Happy?*, a checklist to help parents or guardians who are considering in-home child care.
    - ii. DSHS 15-220 to register the in-home caretaker with DSHS and to assure DSHS that their child care arrangements are safe.



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- iii. DSHS 06-059(X), *Report of Child Care*, which is given to the client to report monthly child care expenses/payment and to indicate any changes. The report is returned to the authorizing worker and a copy is placed in the client's service record for documentation. These are sent in by the client only when changes in child care occur.
- g. Inform parents of parental responsibility to notify their social worker of any change in circumstances: Address, wages, child care provider, etc. This is critical in the case of in-home child care since a change in provider affects tax records.
- h. Design an alternate child care plan in the event of an emergency.
- 3. Authorize payment for up to six months by using DSHS 14-154(X), *Social Service Authorization*.
- 4. Authorize changes by using DSHS 14-159. Changes might include:
  - a. Changes in employment, wages, or amount of parent participation.
  - b. Termination or six-month review of child care benefits;
  - c. Changes in a teen parent's child care plan which result in the parent's absence from the approved secondary education program for more than two consecutive weeks (e.g.; participation in a DASA program, etc.);



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- d. Any increase or reduction in the rate or amount of care provided, including rate changes due to a birthday. A rate change due to a birthday is put into effect the month after the birthday. A child attending kindergarten is authorized at the school-age rate.
- e. If the parent/guardian changes his/her provider, the authorizing worker must:
  - Use the DSHS 14-159(X) to terminate payment to the parent's/guardian's previous provider.
  - Submit a new DSHS 14-154(X) to start payment to the new provider.
- 5. Collect more information about changes in circumstances as needed by using DSHS 07-052(X), *Recipient Information Request*.
- 6. Review the SSPS-generated *Monthly Expiring and Expired Services Report* to identify cases whose child care benefits will end. The birthday tickler report alerts workers to upcoming birthdays that require a rate change.
- 7. Review the parent's/guardian's case record or working file at least every six months and determine whether the family remains eligible for child care benefits and if the benefits should be extended. Update any appropriate information on the DSHS 15-220, including the provider's usual and customary rate. When the family changes providers, the authorizing worker completes a new DSHS 15-220.
- 8. Share information with providers.



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- a. It is helpful to send a notice to providers when a client's benefits are changed or terminated prior to the original end date. Since changes in circumstances are often not reported to the department, DSHS cannot be responsible for informing providers about changes.
  - b. Inform providers about the SSPS payment process using DSHS 22-877(X), *Child Day Care Subsidies, A Booklet for Providers*.
9. Troubleshoot when payments are delayed or lost.

#### 913130 OVERPAYMENT PROCEDURES

##### 913131 Identification

Methods used to identify overpayments include:

- A. Read SSPS reports. SSPS report "red flags" include, but are not limited to:
  - 1. Consistent claiming of maximum units (65 hours; 22 days or half days);
  - 2. Claiming full days for a school-age child during a school term;
  - 3. Billing for more children than the licensed capacity allows. Consideration needs to be made for facilities providing part time care or care in multiple shifts;
  - 4. Duplicate payments;



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5. Amount paid exceeds the department's maximum rate for the child's age.
- B. Review case file information. The need for child care must be clearly supported in the case file, including hours of need and type of approved plan.
- C. Review SSPS authorization document. The authorization is accurate regarding but not limited to: Service Code, child(ren)'s age, type of care, hours needed, rate of payment, and co-payment.
- D. Verify client's education or employment; wages; hours of education or employment.
- E. Request that the client verify child care attendance when a dispute arises with the provider's reported attendance.
- F. If discrepancies, omissions, or inconsistencies are noted, department staff may review copies of the provider's attendance records.
  1. Attendance records must support the billing. Department personnel may request copies of attendance records for any or all months in question.
  2. In licensed child care centers there must be an authorized signature at the time of arrival and time of departure for each child.
  3. In licensed family homes, there must be a daily attendance log, reflecting hours of attendance.



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4. In-home child care billings must also be supported by attendance records.

913132 Responsibility

- A. See section 9520, above, for steps to take when an overpayment is identified to determine the total overpayment.
- B. After becoming aware of an overpayment in Teen Parent, Seasonal, or CPS/CWS child care, the authorizing social worker fills in the overpayment form, *DCFS Social Service Overpayment Notice*, DSHS 18-481(X). In the case of licensed child care, this form is distributed to the provider, OFR, and the file. In the case of in-home child care, the form is distributed to the client, OFR, and the file.
- C. The *Social Service Incorrect Payment Computation*, DSHS 18-399(X), is available for use by authorizing workers in DCFS and CSOs for preparing overpayments.
- D. In cases of an overpayment established involving an IRS W-2 or 1099 form, see instructions in the *SSPS Manual* 21.07(C).
- E. OFR sets up the collection process.
- E. The authorizing worker sends a memo to OFR if it is later discovered the overpayment was established in error or calculated incorrectly and forwards a copy of the memo to the client or vendor for their information.



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#### 913133 The Dispute Process

- A. OCCP reviews overpayment disputes for Teen Parent, Seasonal, or CPS/CWS child care, as noted on the DSHS 18-481(X). The Division of Employment and Social Services (DESS) reviews overpayment disputes for JOBS, Income Assistance, or Transitional Child Care.
- B. When an client or vendor disagrees with the overpayment decision, the following appeal rights apply:
  - 1. Clients are entitled to a fair hearing upon request.
  - 2. Contracted vendors request dispute resolution through the Office of Contracts and Assets Management (OCAM).
  - 3. Non-contracted vendors may write to OCCP to request a review.

#### 913134 Monitoring

Child care subsidy payment monitoring happens at central office and in the field. When a monitor becomes aware of what appears to be overpayments, he or she initiates the overpayment process.

- A. The monitor reads SSPS payment reports, reports generated from payment reports, or records on site.
- B. When a potential overpayment is found, the monitor collects information or clarification from as many sources as necessary, including the provider, the licensor, the authorizing worker or the supervisor.



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- C. When an overpayment is substantiated, the monitor writes an *Action Needed* memo to the supervisor. The memo contains all information needed to complete the appropriate overpayment form. The memo will require a response back to the monitor.
- D. Management Services Administration's Operations Review and Consultation Services section, the State Auditor's Office, and the Division of Income Assistance Quality Control Unit participate in the monitoring of child care as either consultants or auditors. Each of these parties may forward identified overpayments to the local offices for further investigation and processing or to OFR for recovery.
- E. Assigned staff process overpayments using form DSHS 18-481(X), *DCFS Social Service Overpayment Notice*, or other established methods of initiating overpayment recovery.

913140 ADVANCE AND ADEQUATE NOTICE

913141 When Required

- A. The authorizing worker uses the DSHS 14-039(X), *Notice of Planned Action*, to provide 10-day advance and adequate notice to a parent/guardian when child care benefits are reduced or terminated prior to the end of the established benefit period.
- B. When unable to provide advance and adequate notice prior to the end of the month, the authorizing worker:
  - 1. Continues benefits unchanged through the end of the 10-day period.



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2. Establishes an overpayment for the amount of overpaid benefits.
- C. The DSHS 14-259(X), transmitted before the fact, and generated by SSPS after the authorizing worker terminates child care benefits for the parent/guardian, meets the requirement for adequate notice.

#### 913142 When Not Required

Advance notice is not required when:

- A. The parent's/guardian's child care benefits will terminate at the end of the established benefit period, and
- B. The parent/guardian is previously notified of the eligibility ending date. When benefits are initially authorized, the payee (the licensed provider or the client in the case of in-home child care) receives the *Social Service Notice*, DSHS 14-259(X), directly from SSPS. A copy of the *Social Service Notice* is sent to the authorizing worker. This copy may be sent to the parent/guardian by the local office.

#### 913150 FAIR HEARING

If a child care client disagrees with an eligibility determination, he/she has the right to a fair hearing. The department pays child care while the case is pending. The client must be made aware that this may result in significant overpayment if the judgment is for the department.

#### 913160 REVISED SSPS SERVICE CODES

For current revised SSPS service codes, see the *SSPS Manual*.



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913170 DSHS MAXIMUM RATES

See the current maximum rate tables published by OCCP to determine rates for the various types of care, including Child Care Centers, Family Child Care Homes, and In-Home Child Care.

913171 Child Care Rate Clusters Based on DSHS Regions

Based on the 1994 market survey of licensed child care providers in the state, counties are grouped into rate clusters. These clusters are contiguous with the six DSHS regions. DSHS maximum child care rates are consistent for counties within each cluster. The table on the following page identifies each county by cluster and region.



CHILDREN'S ADMINISTRATION OPERATIONS MANUAL  
**CHAPTER 9000—PAYMENTS AND ACCOUNTS**

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Cluster/Region	Counties	
Cluster I Region 1	Adams Chelan Douglas Ferry Grant Lincoln	Okanogan Pend Oreille Spokane Stevens Whitman
Cluster II Region 2	Asotin Benton Columbia Franklin	Garfield Kittitas Walla Walla Yakima
Cluster III Region 3	Island San Juan Skagit	Snohomish Whatcom
Cluster IV Region 4	King	
Cluster V Region 5	Kitsap	Pierce
Cluster VI Region 6	Clallam Clark Cowlitz Grays Harbor Jefferson Klickitat	Lewis Mason Pacific Skamania Thurston Wahkiakum



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# CHAPTER 10000 --

## CONTRACT

## MANAGEMENT







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**10100 GENERAL POLICIES**

- A. Children's Administration (CA) may purchase services which are not provided by the department. The services are to be consistent with the mission and values contained in the *CA Case Services Policy Manual*, chapter 1000, section 1200. CA staff responsibilities are delineated in section 10300, below.
- B. Purchases shall be made in accordance with chapters 39.29 and 43.19 Revised Code of Washington (WAC); *Washington Financial and Administrative Policies, Regulations and Procedures Manual*; Office of State Procurement General Authorities; *DSHS Procurement Manual*; and DSHS Administrative Policies 13.06, 13.07, and 13.08.
- C. The department shall pay a provider after goods or services have been delivered. Payment before costs are incurred constitutes loaning the state's credit, a violation of the state's constitution and is, therefore, illegal.
- D. Total expenditures and obligations of purchases shall not exceed the CA allotment.
- E. No contract may be executed or renewed if it would have the effect of terminating classified employees or classified employee positions existing at the time of execution or renewal of the contract.

RCW 41.06.380
- F. The regional business manager or Headquarters fiscal manager, or designee, shall determine if goods or services to be purchased are:
  - 1. On a mandatory state contract; or
  - 2. A mandatory Central Stores item; or



3. Authorized to be purchased under "General" or "Specific" Authorities; or
4. Requires a contract for purchase.

#### **10200 DSHS CONTRACTS**

- A. DSHS policy requires a written agreement prior to the commencement of any work by a contractor if the service cannot be purchased by methods stated under section 10100.
- B. CA contracts are developed under the direction of contracts coordinators and must be processed through the CA Contracts Manager.
- C. Contracts must be processed in accordance with requirements established by the DSHS Central Contracts Services and the Office of Administrative Resources.

#### **10210 CLIENT SERVICE CONTRACT**

- A. A Client Service Contract is used to acquire direct services for department clients (as opposed to department staff). Examples of client services include, but are not limited to, resource intensive services (group care), therapeutic child development, family preservation services, etc.
- B. Most Client Service Contracts are either presigned "form" contracts (single document) or a two-part contract instrument employing Basic Terms and Conditions and a Client Service Work Order.



1. “Basic Contract Terms and Conditions” contain the basic terms and conditions under which two parties will do business. It has no maximum consideration and no statement of work; those are added by Client Service Work Orders. Each contractor has only one executed Basic Contract Terms and Conditions.
  2. “Client Service Work Orders” describe services which are being purchased from a contractor; consideration to be paid; payment and billing instructions; how the contractor will be evaluated; consequences for non-compliance; rules regarding sub-contracting; required credentials and minimum requirements; and requirements for audits.
- C. Client Service Contracts are exempt from the competitive procurement and filing requirements in chapter 39.29 RCW, but sometimes a competitive procurement or informal solicitation is completed in the best interest of the department.
- D. The DSHS Secretary has delegated authority to sign Client Service Work Orders to only the following CA staff:
- Assistant Secretary
  - Directors
  - Regional Administrators
  - Regional Business Managers
  - Contract Coordinators



10220 PERSONAL SERVICE CONTRACT

A Personal Service Contract acquires professional or technical services for the department and department staff (as opposed to clients). Personal services are those provided by a consultant to accomplish a specific study, project, task, or provide employee training. A Personal Service Contract is a single document which includes special and general terms and conditions and a statement of work. These contracts are governed by chapter 39.29 RCW and must comply with competitive procurement and Office of Financial Management (OFM) filing requirements.

10230 INTERAGENCY AGREEMENT

An Interagency Agreement is a contract between the department and any public agency, political subdivision, or unit of local government of Washington State, including, but not limited to, municipal corporations, quasi-municipal corporations, special purpose districts, and local service districts; any agency of the state government; any agency of the United States; and any political subdivision of another state.

10240 INDIAN NATION INTERGOVERNMENTAL AGREEMENT

As with Basic Client Service Contracts, the Indian Nation Intergovernmental Agreement is a two-part contract composed of a Basic Agreement containing general terms and conditions and an Indian Nation Work Order. The Indian Nation Intergovernmental Agreement is used to contract with any federally recognized tribe in the state of Washington. This type of contract may be used to provide client services, but they are not referred to as Client Service Contracts because the services are provided by a sovereign nation.



10250 PURCHASE SERVICE CONTRACTS

Purchase Service Contracts are used when purchasing goods, equipment, or services outside of delegated authority. Services purchased under a Purchase Service Contract must be essential to accomplish routine, continuing, and necessary functions within the department. Purchase Service Contracts are governed by chapter 43.19 RCW and the Department of General Administration (GA).

10300 **CONTRACT MANAGEMENT RESPONSIBILITIES**

10310 STATEWIDE PROGRAMS

The responsibility for development and administration of boilerplate contracts for statewide programs is a coordinated effort between headquarters and regional staff. Program managers and contracts coordinator collaborate in developing contracts and in notifying contractors when there is a mandated vendor rate increase. CA Directors and the Assistant Secretary shall approve boilerplate contracts prior to implementation of contracted programs. Regional contract coordinators oversee negotiations and processing of contracts. If a contract warrants revision, headquarters staff coordinates the revision with regional staff. The CA Assistant Secretary shall approve all contracts.

10320 SOCIAL WORKERS

Social workers have the following responsibilities with respect to contracts:

- A. If a service is needed, obtain direction from the regional business manager regarding method for purchasing. See Section 10100, paragraph F.



- B. If a contract is required, review CAMIS SBUS for a current contract. If there is no current contract for the service, submit a written contract request to the regional contracts coordinator.
- C. Once the contract is signed by both the contractor and DSHS, initiate client referrals for contracted services in accordance with regional procedures, including provision of basic client information consistent with the requirements of the *CA Practices and Procedures Guide*, chapter 4000, section 4422.
- D. Initiate "Shared Decision Making" staffings with contractors when deemed appropriate.
- E. Authorize payments to contractors in a timely, accurate manner.
- F. If a contractor initiates a CPS referral, transfer the contractor to CPS intake to complete the referral. CPS staff will notify the contractor of actions taken as a result of the referral. See the *CA Practices and Procedures Guide*, Chapter 2000, Section 2330.
- G. Document and report potential contract violations, late reports, problems, etc., with a contractor to the regional contracts coordinator through the CAMIS Contract Complaints Module.

#### 10330 CONTRACT COORDINATORS

Contract coordinators have the following responsibilities:

- A. Negotiate, develop, and write contracts;
- B. Process contract documents;
- C. Ensure contract information is entered into CAMIS;



- D. Request background clearances for contractors, their employees, subcontractors, and volunteers who may have unsupervised access to children.;
- E. Provide technical assistance to CA staff and contractors;
- F. Facilitate monitoring of contractors' performance;
- G. Facilitate corrective action process for contractors;
- H. Initiate investigation of complaints concerning contractors;
- I. Maintain contract files;
- J. In coordination with headquarters staff, notify contractors when there is a change in fees or rate schedules; and
- k. Obtain appropriate approvals for contracts.

#### 10340 REGIONAL BUSINESS MANAGERS

The regional business manager, under direction of the Regional Administrator:

- A. Establishes allotments for contracted services; and
- B. Monitors payments to contractors against allotments and contract obligations.

#### 10350 PROGRAM MANAGERS

Program managers perform the following functions:

- A. Provide technical assistance in the coordination and monitoring of contracted programs for compliance with statutes, regulations, and department policies; and



- B. Monitor performance of contractors under contracts for which they are responsible.

**10360 REGIONAL ADMINISTRATORS AND DIRECTORS**

Regional Administrators and Directors shall have a system in place to monitor contracts within their area of responsibility.

**10400 CONTRACT PROCUREMENTS**

Chapter 39.29 RCW and *Washington Financial and Administrative Policies, Regulations and Procedures Manual*, Part 4, Chapter 3, set forth procurement requirements for state contracted services. OFM electronically maintains a "Guide to Personal Service Contracting" which is located on the OFM Home Page at <http://www.wa.gov/ofm>.

**10410 CONTRACTS EXEMPT FROM PROCUREMENT REQUIREMENTS**

The following types of contracts are exempt from procurement requirements.

- A. Client Service Work Orders;
- B. Interagency Agreements;
- C. Indian Nation Intergovernmental Agreements;
- D. Expert witnesses for the purpose of litigation; and
- E. Collaborative research where prior approval of the contractor is granted by the funding source.



10420 PROCUREMENT REQUIREMENTS FOR PERSONAL SERVICE CONTRACTS

The following methods of procurement , lead times, and approvals are required for personal service contracts, which are not sole source. The amounts indicated are cumulative contract awards per fiscal year.

- Up to \$2,499  
Competition not mandated  
  
Approvals: Regional Administrator,  
Director, and DSHS Central Contracts  
Services (CCS).  
  
Lead Time: 10 days
- \$2,500 to \$9,900  
Evidence of Competition  
  
Approvals: Regional Administrator,  
Directors  
  
Lead Time: 30 days
- \$10,000 or more  
Competitive Procurement (RFP or  
RFQ/Q)  
  
Approvals: Directors, Assistant Secretary,  
CCS, OFM  
  
10 Day Advance Filing with OFM  
  
Lead time: 90 days



10430 METHODS OF PROCUREMENT

Competitive procurements for personal services are governed by chapter 39.29 RCW and OFM; purchase services are governed by chapter 43.19 RCW and the Department of General Administration; information technology purchased goods and services are governed by chapter 43.105 RCW and the Department of Information Services (DIS).

10431 Evidence of Competition

- A. Evidence of Competition is accomplished by issuing a written letter of solicitation to, at a minimum, three prospective contractors. The letter includes:
  - 1. A description of the type of services required;
  - 2. The proposed contract period of performance;
  - 3. A request for information regarding prospective contractor's qualifications;
  - 4. A request for a quotation of cost to perform the service; and
  - 5. The due date and location for responses to be submitted.
- B. The contracts coordinator shall document the process used in selection of the contractor as follows:
  - 1. The names of firms contacted;
  - 2. A copy of the solicitation letter;
  - 3. Information on how the prospective contractors responded;



4. A description of the evaluation and selection process; and
5. The reasons(s) for selection of the successful contractor.

10432 Formal Competitive Procurement

- A. A formal competitive procurement is used when required by law, or, in the judgment of the Assistant Secretary, it would be the best way to:
  1. Obtain quality services and products for the best price;
  2. Maintain trust and good faith with the provider community; and/or
  3. Minimize controversy.
- B. Formal competitive procurement is accomplished through a Request for Proposal (RFP) or Request for Qualifications/Quotation (RFQ/Q).
  1. In an RFP, the needed project or service is identified. Prospective contractors submit competitive proposals which explain how the project or service can be accomplished, their qualifications and experience, and a cost proposal. Each proposal submitted is evaluated through a formal review process. The successful bidder is usually selected based upon cost and ability to perform the proposed service in the most effective, efficient manner.
  2. In an RFQ/Q, the needed service is explained in detail. Prospective contractors submit their qualifications and experience to perform the service along with a cost proposal. The successful bidder is selected through a review process based upon qualifications, experience, and cost.



- C. Competitive procurements are managed by CCS to ensure procurements meet legal and regulatory requirements. CA staff must not reply to potential bidder's questions, inquiries, etc., concerning a particular competitive procurement. Instead, CA staff instruct potential bidders to contact CCS directly for answers concerning questions, inquiries, etc.

#### 10433 Informal Procurement

- A. An informal solicitation is a shorter, more flexible procurement process than the formal competitive procurement. Subjective criteria may be used to evaluate potential contractors rather than applying points and scores to responses. Unlike formal competitive procurements, CA staff may participate in the evaluation and selection of the contractor. Informal solicitations can be structured similar to “evidence of competition” and may include an interview process.
- B. Informal solicitation may not be used for Personal Service Contracts. See section 10420.
- C. Informal solicitation may be used at the department's discretion to procure client services when:
  - 1. A large amount of money is involved;
  - 2. The providers historically prefer this method of selection;
  - 3. The service being contracted for is sensitive or controversial; and/or
  - 4. A maximum “arms-length” process is desirable.



10434 Opportunities For Minorities, Women, and Indian Nations

- A. In accordance with chapter 39.19 RCW, certified Minority and Women-Owned Business Enterprises (MWBE) and other minority organizations shall have the opportunity to participate in procurements and contracts. Refer to DSHS Administrative Policies 7.09, 7.10, and 7.12 for more information.
- B. There are 27 federally recognized Indian Nations in the state of Washington. These Indian Nations shall be notified of any CA procurement that might be of interest to them.

10435 Sole Source Contracts

- A. Sole Source Contracts are initiated for personal services which are unique, and the Sole Source contractor is justifiably the only practical source to provide the service. The following requirements and approvals apply for Sole Source Contracts:

- Up to \$2,499

Sole Source Documentation

Approvals: Regional Administrator,  
Directors, and CCS

Lead Time: 10 days

- \$2,500 to \$9,999

Sole Source Documentation

Approvals: Regional Administrator,  
Directors, and Assistant Secretary

10 Day Advance OFM Filing

Lead Time: 20 days



- \$10,000 or more

Newspaper Advertisement

Sole Source Documentation

Approvals: Regional Administrator,  
Directors, Assistant Secretary, CCS, OFM

10 Day Advance OFM Filing

Lead Time: 30 days

The Director, CA Division of Management Services, needs to approval all sole source contracts.

- B. *Washington Financial and Administrative Policies, Regulations and Procedures Manual*, Section 4.3.1.3.3, fully explains the rules and regulations concerning sole source contracts/work orders. Any Personal Service Contract for \$2,500 or more that is procured as a sole source must be justified to the OFM. OFM reviews and approves these Personal Service Contracts prior to execution.

## 10500 **VERBAL AGREEMENTS**

Staff shall not enter into verbal agreements with contractors which are inconsistent with the terms and conditions of the Basic Contract and/or Client Service Work Order. All other verbal agreements shall be reiterated in writing to the contractor. Staff shall not rely on trust, verbal understandings, or traditions.



## **10600 NON-DISCRIMINATION RESPONSIBILITIES OF CONTRACTORS**

Contractors are required to comply with the DSHS Non-Discrimination Plan, as amended, and with the requirements of federal and state laws on which it is based. The laws include:

- 1964 Civil Rights Act, Titles VI and VII;
- Executive Order 11246, as amended by Executive Order 11375;
- 1973 Rehabilitation Act, Sections 503 and 504;
- 1975 Age Discrimination in Employment Act;
- 1974 Vietnam Era Veterans Readjustment Assistance Act;
- 1990 Americans with Disabilities Act (ADA), as amended, including the provisions of Title II as applied to a public entity;
- 1991 Civil Rights Act; and
- Washington State Law Against Discrimination, chapter 49.60 RCW.

## **10700 EQUAL ACCESS REQUIREMENTS FOR CONTRACTORS**

All agencies under contract with CA are required to ensure that clients are given equal access to services and programs administered with funding from CA.

- A. Contracted agencies must post multilingual signs to inform clients that interpretation/translation and accommodation services are available without cost to the clients.



- B. Contracted agencies must ensure equal access to services for clients through appropriate assessment of client interpretation/translation and special accommodation needs, identified and recorded in a manner which provides for consistent services to clients and data collection. Client records must include information regarding the dates interpreters, translations, or accommodations were provided and the names of the providers.
- C. Contracted agencies must develop and implement procedures for obtaining interpreters, translations, and accommodations for clients who need them in order to provide services as expediently as they are provided to other clients.
- D. All necessary interpretation, translation, and accommodation services must be provided by the contracted agency at no cost to the client. These costs are allowable provider costs and may be billed to the agency's contract with CA. Billable costs may not exceed any rates that may be determined by the Regional Administrator. All costs for interpretation, translation, and accommodation will be reimbursed to contractors up to the amount of the contract award. Funds will not be reimbursed in excess of the total amount of an agency's contract. Contracted agencies may not charge the department, as a discrete charge, for interpreter/translation services provided to clients by the contractor's staff. The cost of the service by contractor staff is incorporated into basic reimbursement from the department.

#### **10800 CONTRACTOR CONFIDENTIALITY**

- A. Contractors shall maintain information concerning individuals in strictest confidence and safeguard all information, electronic and hard copy.



- B. The contractor shall not disclose information on individuals directly or indirectly except in compliance with state and federal law and department policy. See chapter 13000, section 13720, PUBLIC DISCLOSURE.

#### **10900 BACKGROUND INQUIRIES**

- A. Background inquiries are to be completed pursuant to RCW 43.43.832 and 43.43.834 for all contractors, their employees, subcontractors, and volunteers who may have unsupervised access to children during the course of delivery of CA contracted services.
  - 1. If the contractor is licensed by CA, the licensing background clearance, if completed, is sufficient for this purpose.
  - 2. For those contractors not licensed by CA, an initial clearance will be completed before any contracted services may be delivered by the person being cleared.
  - 3. Background inquiries shall be repeated no less than every three years for on-going service providers.
- B. See Chapter 5000, section 5500, BACKGROUND INQUIRIES, for the processing of background inquiries.



## **101000 EMPLOYEE/EMPLOYER RELATIONSHIP**

A contractor is an independent person or business—not an employee of the department. CA staff shall avoid the implications of an employer-employee relationship with non-public agency contractors. Generally, CA should not furnish the contractor a place to work or state resources, such as a office work space, state vehicles, computers, telephones, etc. CA shall not control or direct the day-to-day activities of individuals who perform contracted services. For more information, consult the *20 Common Law Factors* published by the Internal Revenue Service (IRS) to determine whether an individual is an independent contractor or is considered to be an employee.

## **101100 CONTRACTING WITH NON-PROFITS**

- A. Organizations that are non-profit have received tax-exempt status from the IRS. These organizations cannot be “owned” by a sole proprietor or shareholders and must be governed by a board of directors. The term “non-profit” has nothing to do with whether an organization earns less money than it expends in a given year.
- B. Non-profit entities **MUST** put back all revenue into the operation of the entity. To do otherwise is termed “self-dealing” by the IRS, and this is roughly translated as “using dollars for personal gain.” However, the entity does not need to expend all its revenue each year—It can be accumulated, as long as it is eventually used for the organization. Potential or suspected abuses of non-profit status are to be reported to appropriate the contracts coordinator through the CAMIS Complaints Module.



**101200 EMPLOYEE ETHICAL CONDUCT CONCERNING CONTRACTORS**

CA staff shall adhere to the Washington State Ethics in Public Service Law, chapter 42.52 RCW, throughout the contract process. See chapter 8000, section 8110, for additional information. Legal requirements with special impact on contracting include, but are not limited to, the following:

- A. A contractor cannot be a current DSHS employee except by approved exception.
- B. A contractor cannot be a current state employee except in cases where the contract was competitively procured or the Employee Ethics Board (EEB) has approved the contract.
- C. A contractor cannot be a former state employee who developed or administered a contract for the service within the last two years of his or her state employment.
- D. An AAG opinion is required before contracting with a provider if a state employee is associated with the contract in the capacity of an employee, board member, officer, or partner.
- E. CA staff shall not accept an offer of employment or other compensation if there is reason to believe the offer is linked to performance or non-performance of official duties.

**101300 CONTRACT MONITORING**

CA shall, through contracts coordinator and designated program managers, undertake the following tasks to determine the satisfactory delivery of contracted services according to the terms and conditions of contracts:



- A. Provide consultation and technical assistance to vendors.
- B. Monitor and periodically review services for compliance with contract terms and conditions, consistent with the following priorities:

RCW 43.20A.420

  - 1. Monitoring of contractors about whom there have been health or safety concerns.
  - 2. Monitoring of contractors about whom there are concerns expressed by staff or the community with respect to contract compliance.
  - 3. All other contractors.
- C. Document monitoring visits and/or episodes, corrective action plans, and management decisions regarding completion of corrective actions.

#### **101400 VENDOR INVESTIGATIONS**

- A. CA staff are responsible to report concerns about possible criminal activity on the part of contractors to their immediate supervisor, to the appropriate contracts coordinator, and to the appropriate program manager.
- B. The employee's supervisor immediately reports the allegation to CCS. The supervisor then immediately reports to the Area Manager, who, in turn, immediately informs the Regional Administrator.



- C. The Regional Administrator determines whether the allegation warrants notification to the CA Assistant Secretary/designee and takes appropriate steps, which may include requesting the involvement of the Office of Special Investigations (OSI) under the provisions of DSHS Administrative Policy 10.06.

#### **101500 CONTRACT DISPUTES**

- A. Generally, differences between the department and contractors will be worked out between the parties as close to the point of service delivery as possible. Contracts coordinators or program managers will handle resolution of differences, as necessary.
- B. When a dispute arises over an issue related to a contract and it cannot be resolved, either party may submit a request for dispute resolution to CCS. Instructions regarding the dispute process are outlined in the Basic Terms and Conditions. The dispute resolution process administered by staff at CCS serves as the sole administrative remedy available to the disputing parties.
- C. The CA staff person responsible for management of the contract, either a contracts coordinator or a program manager, represents the administration at the hearing and prepares and submits a written statement of the administration's position, with supporting documentation, to CCS according to procedures established by CCS.

#### **101600 CONTRACTOR EQUIPMENT/PROPERTY**

Absent federal or state law or regulation governing a particular type of contract, ownership of all assets purchased in conjunction with a contract shall be transferred to the contractor as part of the consideration for the contract.



**101700 CONTRACTOR TRAVEL**

- A. Contractor travel paid under the provisions of contracts or agreements with the department shall be no higher than rates established in current State of Washington Travel Regulations.
- B. Contractors who provide transportation of department clients shall ensure that:
  - 1. Drivers are at least 18 years of age, have a current driver's license which is valid for the classification of motor vehicle operated, have a good driving record, and have proof of liability and medical insurance coverage in accordance with DSHS Office of Risk Management requirements.
  - 2. Children use age and weight-appropriate child safety seats or restraints which comply with Washington state law.
  - 3. Vehicles used to transport clients are maintained in safe operating condition.
  - 4. Number of passengers does not exceed the seating capacity of the motor vehicle(s).

**101800 LIABILITY INSURANCE**

Contractors shall carry and maintain liability insurance in accordance with the terms of their contracts with the department. Contractors shall submit a Certificate of Insurance showing compliance with contract insurance requirements before providing services to the DSHS Risk Manager, Office of Risk Management, P. O. Box 45882, Olympia, WA 98504-5882.



## **101900 RESPONSIBILITIES FOR OVERSIGHT OF SUBRECIPIENTS**

Contractors that receive federal financial assistance pass-through funds under a contract are considered subrecipients and must comply with the federal Single Audit Act. For a definition of "subrecipient," see Appendix A, DEFINITIONS. CA is responsible to obtain appropriate single audit reports from its subrecipients (contracted agencies), to provide contract monitoring, and to follow up any corrective action plans. Refer to DSHS Administrative Policy No. 16.07 for requirements regarding subrecipient oversight.

## **1011000 CONTRACT FILES**

- A. The original, signed copy of the contract is retained by CCS, which is the Office of Record for all contracts.
- B. The official CA file for each contract is located in the office of origin: headquarters or the regional office. The CA file contains a copy of the contract, all contract reports, correspondence, action requested and taken, and all other documents and records relating to the contract.
- C. File retention is according to the following schedule:
  - 1. All contract files shall be retained for a minimum of two years past their end date if contract compliance has been satisfactory.
  - 2. Contract files of contractors where there have been health and safety concerns, compliance issues, or audit findings shall be kept indefinitely or for a minimum of four years following the end date.







## CHAPTER 11000 --

## FEDERAL FUNDING







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## **11100 FEDERAL MATCHING FUNDS/OTHER BENEFITS**

### **11110 INTRODUCTION**

The Children's Administration (CA) Federal Funding staff shall review the circumstances of every child placed in out-of-home care to determine the child's eligibility for federal matching funds and/or other benefits.

### **11120 REFERRAL**

The social worker initiates referrals to the Federal Funding Unit (or Specialist) by entering the required child/family demographics, placement, and legal action data into the appropriate CAMIS modules. Paper referrals are required only in the absence of automated data.

### **11130 DETERMINATIONS**

- A. The Federal Funding Specialist (FFS) analyzes data, makes eligibility determinations, assists in the application for other financial benefits, and notifies appropriate parties of the results of these actions. Following the initial determination, the FFS provides ongoing coordination of the various funding sources that may be used in combination with one another. The FFS performs required redetermination specific to each funding source.
- B. The Supplemental Security Income (SSI) Facilitator (SSIF) reviews referrals made electronically or by the FFS or child's social worker to analyze funding sources already available. SSIFs review the child's case file and speak with the social worker, foster parent, or others to screen for potential impairments to warrant an SSI application. The SSIF completes applications for Title XVI/SSI and Title II Social Security benefits and requests payee changes for children already receiving benefits.



## **11200 FEDERAL FUNDING PROGRAMS**

A number of federal programs provide opportunities for claiming federal financial participation matching funds to reimburse state expenditures for eligible services. Each program has individual criteria and guidelines. Below is a listing of the federal programs currently providing reimbursement (matching) funds, their individual eligibility criteria, the referral procedures, and the required follow-up by the FFS and SSIF.

### **11210 TITLE IV-E**

#### **11211 Categorical Title IV-E Eligibility Factors**

A. Title IV-E is a federal entitlement program designed to reimburse States the maintenance and administrative costs of eligible children who are placed into department-paid substitute care. There are three categorical criteria which must be met to establish the IV-E claim: Judicial protections for the child and family; Aid to Families with Dependent Children (AFDC)-relatedness of the child in the Eligibility month; and Reimbursability criteria.

B. AFDC relatedness

1. In the Eligibility Month the child must have had a relatedness to the AFDC program under the rules in existence as of July 16, 1996.
2. Eligibility Month

The eligibility month is the month during which a court petition for removal of the child was filed that led directly to removal of the child, or during which a voluntary placement agreement was signed. The date the child enters care does not necessarily define the Eligibility Month.



3. AFDC-relatedness test

A child meets the AFDC-relatedness test if, in the Eligibility Month, the child would have received AFDC by application of the AFDC rules in existence on July 16, 1996.

4. Living with a relative of specified degree

During the Eligibility Month:

- a. The child's home must have been with a relative of specified degree; or
- b. The child must have lived with a specified relative in any of the six months directly preceding the Eligibility Month; and
- c. The child must be physically removed from his/her home.

5. Deprivation of the support of one or both parents

The child must meet the June 1995 AFDC deprivation factors of:

- a. Death;
- b. Disability;
- c. Continued Absence; and/or
- d. Under/unemployment



6. Need

The income and resources available to the child must be less than the July 16, 1996 State AFDC Need Standard.

C. Judicial Determination Protections

1. Court Ordered Placements

- a. In the first order of removal, the court must enter a judicial determination (finding) to the effect that continuation in the home would be “**contrary to the welfare**” of the child. Failure by the court to make this judicial determination at the proper time makes a child ineligible for IV-E funds for the entire placement episode.
- b. Prior to CA making a claim for IV-E reimbursement funds, the court must also enter a finding that DCFS made “**reasonable efforts**” to prevent the placement of the child from his/her home. The fact that the placement was emergent in nature does not negate this judicial determination requirement.
- c. Additionally, the child must be placed in the sole responsibility of DSHS/DCFS for the care and supervision of the child.

2. Voluntary Placements

- a. The voluntary placement agreement must be signed by the parent(s) and a representative of DCFS.



- b. If the child meets the AFDC-relatedness requirements, the child is eligible for IV-E matching funds during the first 180 days of placement.

D. Reimbursability

- 1. Once IV-E eligibility is established, a child is IV-E reimbursable if, in any particular month the child is in care, he/she meets a number of on-going criteria. Meeting all the following criteria qualifies the child for Title IV-E funds:
  - a. The court has entered a judicial determination that DSHS/DCFS made “reasonable efforts” to prevent the placement of the child; or
  - b. If the child was placed on a voluntary placement agreement, and the child has been in placement more than 180 days, the court must have entered an order by the 180th day of placement that continuation in care is in the child’s “best interest”; and
  - c. The child is placed in the sole care and supervision of DSHS/DCFS; and
  - d. The child is under age 18, or under age 19 and in school full time; and
  - e. The child continues to be deprived of parental care and support in AFDC terms; and
  - f. The child continues to be in financial need; and



- g. The child is placed in a licensed child care facility or in the home of a relative “certified” as meeting minimum licensing requirements.
- 2. This is only a general overview of the IV-E eligibility criteria. The Eligibility Specialist assigned to each area has detailed information on claiming IV-E funds for children placed in department-paid substitute care.

#### 11212 Other Eligibility Factors

##### A. Repeat Removals

Whenever the child is returned to the home of any biological or adoptive parent, or to the removal home of a specified relative other than the parent, with the intent that the parent assume the on-going daily supervision and control of the child, the placement episode is terminated, even if court supervision continues. If the child is re-placed into out-of-home care, all the judicial protections and AFDC-relatedness criteria must be met in order for the child to again be eligible for IV-E reimbursement funds.

##### B. Guardianship

- 1. The entry of a guardianship order on any child in out-of-home care completes the permanent plan for the child; the Placement Episode must be closed effective the date of the guardianship order. If foster care maintenance payments will continue, the Placement Event remains open, and the source of funds is State Only.



2. In the event the child is re-placed into out-of-home care from the guardian's home, a new Placement Episode is noted in CAMIS. New "contrary to the welfare" and "reasonable efforts" judicial determinations must be obtained, even though the underlying dependency is still in effect. If the child is re-placed into care via a VPA, a court order (i.e., at a dependency review hearing) must be obtained by the 180<sup>th</sup> day of placement with the finding that it is in the child's best interest to remain in care.
- C. Teen parent and infant residing together in same out-of-home facility
1. When a teen parent and infant reside in the same facility, the infant's 'home' is considered to be his/her parent, NOT the foster home or other out-of-home care facility. A legal authorization-to-place is not required in order to open maintenance payments for the infant or to issue medical coupons. For protection of the infant, a dependency order placing the child in the temporary custody of DCFS may in some instances be appropriate.
  2. Maintenance payments for teen parents residing together with their infants shall be increased to include a sum equal to the maintenance payment for the infant.
  3. In every instance when the teen parent and infant are residing together, even if dependency is already established on the infant, a legal authorization-to-place must be obtained to keep the infant in out-of-home care should the teen parent's placement setting change so as not to include the infant.



4. SSI Eligibility and IV-E eligible

Any child for whom a Title XVI/SSI application is in process or for whom SSI eligibility has been established and benefits are "in pay" shall have his/her source of funds coded to "state only." Exception: If maintenance payments are high cost, IV-E funding may be substituted. Please refer to IV-E and SSI desk manuals for detailed information.

11213 Referral Procedures for Social Workers

- A. The social worker takes the following actions, or causes such actions to be taken, within 10 working days of a child's Original Placement Date (OPD).
1. Enter the appropriate child/family demographic profile information onto the child's "PERSONCARD" in CAMIS; and
  2. Enter all required information in the CAMIS Legal History (ACTNLA) and Placement (PLACECR) modules. (NOTE: CAMIS will not process any SSPS payments until the required information in 1 and 2 has been entered into the system); and
  3. For voluntary placement cases only, both parents sign and date a VPA. Unless legal custody resides with one parent, a good faith effort must be made and documented to have both parents sign the VPA. The social worker shall also sign and date the VPA.
  4. Transmit copies of the following items, on all children placed into department-paid substitute care, including licensed or non-licensed relative care, within 10 working days of the OPD to the FFS and/or Unit:



- a. Copies of the legal authorizations to place. Include the VPA and/or the petition and signed court order that initially authorized the out-of home placement.
    - b. If the child is re-entering foster care from an in-home dependency or from a dependency guardianship status, forward a copy of the legal document that authorizes re-entry into out-of-home care.
  5. Referrals for Title IV-E eligibility determinations are not required for placement episodes that are 72 hours or less (excluding weekends and holidays) from the OPD.
- B. Referrals initiated by a private Child Placing Agency in which the CPA retains responsibility for placement and care.
  1. CPA referrals for maintenance payments shall be submitted within 10 working days to the DCFS local office nearest the residence of the child's legal caretaker. The referral from the CPA shall consist of:
    - a. The DSHS 14-024(x) Family Face Sheet;
    - b. The *Source of Funds Application for Child in Placement*, DSHS 14-281; and
    - c. Legal authorization for placement.
  2. The source of funds code for all children for whom the CPA retains sole or joint responsibility for placement and care is State Only.



11214 Procedures for Federal Funding Specialists

- A. The Eligibility Specialist shall take the following actions upon notification of each new Placement Episode:
1. Review and evaluate all the available child demographic, placement, legal action and SSI information;
  2. Utilize the above information to determine the correct funding source;
  3. Enter the correct funding source in the IVEUP module, and change all outstanding SSPS authorizations to coincide with the correct funding source;
  4. Send an electronic referral for child support enforcement to the Division of Child Support (DCS);
  5. Document eligibility information in the child's Financial Revenue File using the *Title IV-E Initial Eligibility AFDC & Legal Relatedness Summary*, DSHS 14-297, and the *Title IV-E Initial Eligibility Income Calculation Worksheet*, DSHS 14-293, where appropriate, and record the eligibility information in CAMIS;
  6. Maintain the Financial Revenue File in accordance with the IV-E Eligibility Desk Manual;
  7. If the child was removed from a TANF household, send a *Coordinated Benefits Referral* form, DSHS 14-226, to the appropriate CSO.



B. Re-determinations of IV-E Eligibility

1. Children who are eligible for Title IV-E funding shall have their eligibility redetermined semi-annually. The procedure replicates the procedure for new eligibility determinations, except that a new referral to DCS is not required if the Placement Episode has continued uninterrupted.
2. The information is recorded on the *Title IV-E Reimbursability Summary*, DSHS 14-298; that form, along with other supporting documents, is filed in accordance with the procedures outlined in the IV-E Eligibility Desk Manual.

C. Title XIX

Children who are eligible for Title IV-E funding are deemed eligible for Title XIX benefits.

11215 Other Eligibility Processes

- A. Adoption Support -- See section 11420.
- B. Guardianships -- See section 11320.
- C. COBRA Medical -- See section 11450.

11220 TITLE II/RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE

Retirement, Survivors, and Disability Insurance (RSDI) is a federal entitlement program for adults who have worked and become disabled, retired, or died. A child of an eligible parent may be a beneficiary for auxiliary benefits based on the parent's earnings record.



11221 Eligibility Factors

- A. Title II/RSDI benefits are paid before Title XVI/Supplemental Security Income (SSI).
- B. If a child's Title II/RSDI benefit is less than the current Title XVI/SSI payment and the child is also disabled, an SSI application should be made.
- C. There are no income or resource limits for Title II/RSDI benefits.
- D. Parental relationship(s) must be established prior to Title II/RSDI application.
- E. Title II/RSDI benefits remain with the child regardless of the adoption or termination of parental rights, provided that application for the child's benefits was made prior to finalization of adoption, pursuant to Washington state inheritance law.
- F. If Title II/RSDI has been established prior to a child coming into DSHS care, the SSIF will request that DSHS be made the Representative Payee, if placement will exceed 90 days.
- G. If a Title II/RSDI application is needed, the SSIF will call the Olympia Branch Office to make an appointment for a teleclaim application with the local Social Security Administration (SSA) office.

11222 Referral Procedures for Social Workers

- A. Social workers refer to the SSIF/Federal Funding Unit (FFU) all children in placement who are known or suspected to be receiving Title II/RSDI, Title XVI/SSI, or VA benefits, so that a change in representative payee can be made to "DSHS - Trust Fund Unit."



- B. To screen for potential Title II/RSDI or VA benefits, social workers refer to the SSIF/FFU all children whose parents, step-parents, or adoptive parents are deceased, over 65, or disabled.
- C. Social workers inform SSIFs by e-mail, in writing, or verbally, of changes in the child's placement, resources, or income or when the child emancipates, returns home, transfers to another division, or is adopted.

#### 11230 TITLE XVI/SUPPLEMENTAL SECURITY INCOME

SSI is a SSA federal entitlement program for persons with medically determinable physical or mental impairments which have or are expected to last at least 12 months. As it applies to DCFS, SSI is used to reimburse the cost for paid out-of-home care for a child with a qualifying disability. Federal regulations require that SSI benefits are used for food, clothing, shelter, or other personal or medical needs. In order to be eligible for Title XVI/SSI, a child must meet criteria identified in the Code of Federal Regulations (CFR), 20 CFR 400-499.

#### 11231 Referral Procedures for Social Workers

- A. The social worker shall refer all potentially eligible service only and placement cases to the SSIF in the Federal Funding Unit by e-mail or brief memo for assessment and application. Eligibility may include, but is not limited to, the following criteria:
  - 1. Positive tox screen/drug affected;
  - 2. Fetal Alcohol Syndrome/Fetal Alcohol Effect;
  - 3. Mental Retardation;



4. Post-Traumatic Stress Disorder;
5. Behaviorally disturbed/Emotionally disturbed;
6. Cerebral Palsy;
7. Exceptional cost foster care/Group care;
8. Medically fragile child'
9. Blind or Deaf;
10. Failure to Thrive;
11. Low birth weight;
12. Attention Deficit Hyperactivity Disorder;
13. Special Education student;
14. Use of crutches or wheelchair;
15. Downs Syndrome.

This is only a general overview of Title II/Title XVI Programs. Please refer to the SSI Facilitator for more detailed information.

#### 11232 Procedures for SSI Facilitators

SSIFs shall meet the following requirements:

- A. See that children served/placed have a Social Security identification number, or an application is filed to obtain one, and that it is entered in CAMIS (personcard).



- B. Periodically, review all placement cases in CAMIS for potential application for SSI or other SSA benefits.
- C. Apply for Title XVI/SSI for all referred or "screened-in" clients.
- D. Facilitate the claim throughout the application process:
  - 1. Provide required Medical Evidence Records (MER) that DCFS may possess;
  - 2. Seek to have scheduled Consultative Examination (CE) appointments kept; and
  - 3. Respond in a timely manner to all SSA and DDDS requests for information, placement data, and re-determination on clients for whom DSHS is payee or custodian.
- E. Make requests to change the representative payee to "DSHS - Trust Fund Unit" for all clients already entitled or receiving Title XVI/SSI and/or Title II/RSDI benefits.
- F. Initiate the conveyance of information regarding placement, resource, or income changes to the payer: SSA, VA, etc.
- G. Coordinate all relevant financial and social information with DSHS Trust Funds accountant.



11233 Electronic Data Entry and Record Keeping

A. Electronic Data Base

1. SSI Headquarters staff are responsible for data entry and integrity in payment fields and SSI application decision fields as well as tracking notes in CAMIS (SSIUP and/or PRSNACTN/CASEACTN) for all SSA notices and SSI status codes and dates after SSI pending status.
2. SSIFs and Regional Coordinators are responsible for data entry and integrity in all other CAMIS fields except those indicated in #1 above, including current case assignment (SSIUP/CASEUP3) and brief case action notes (PRSNACTN and/or CASEACTN).

B. Hard Copy Paper Files

1. SSIFs may use a "working file" during the initiation of an SSI application. However, the establishment of a Financial Revenue file should be requested of Masterfile as soon as possible, unless already created for Title IV-E. Existence of an SSI working file must be documented in both the child's service and revenue files. Clear documentation of a pending SSI action shall be indicated in SSIUP.
2. DCFS Financial Revenue File
  - a. During a pending SSI application, the Revenue File must contain, at a minimum:
    - i. Notification regarding intent to file. Copy of Interim Assistance Reimbursement Agreement (IAR).



- ii. Correspondence between SSIF and FFS regarding:
    - X Request to change source of funds
    - X Income/eligibility from Title II benefits
    - X IV-E termination and/or reinstatement actions
  - b. Once SSI eligibility is established, the following contents of the SSI working file are placed in the DCFS Financial Revenue file:
    - i. SSA Correspondence
    - ii. Copy of final decision (award or denial letter)
    - iii. Payee change requests (SSA 11-BK)
    - iv. Interim Assistance Reimbursement Agreement (IAR)
    - v. SSI application (SSA 8001)
  - c. If SSI eligibility is denied, written notification to reclaim IV-E as soon as possible.
- 3. DCFS Service File

For federal funding purposes, the child's Social Service File must contain, at a minimum:



- a. Documentation regarding pending Title XVI/SSI (pink sheet);
  - b. Copy of award letter;
  - c. Accumulated medical, social, and educational documentation, including copy of disability and function reports;
  - d. Exhibit file – a set of documents provided by the Social Security Administration when an appeal hearing has been held;
  - d. Birth certificate; and
  - e. Social Security Card
4. All of the above records/files shall not be archived or sent to Records Retention while SSI applications are pending.
- C. Please refer to SSI Desk Manual for detailed information on procedures and record keeping.

#### 11234 Appeals Cases

- A. If the initial disability determination is denied, the Headquarters SSI Program Manager or designated SSIF will review the SSA decision and provide consultation to regional field staff for further appeals.
- B. Personal representation for all hearings and appeals will be the responsibility of the Headquarters SSI Program Manager.



- C. When an Interim Assistance Reimbursement Agreement (IAR) is in place, personal representation may be extended to clients who are no longer in DSHS custody, where the SSI lump sum proceeds will benefit DSHS cost-of-care recoveries in excess of \$1000.

11240 CLIENT AGED 18 THROUGH 20

The following conditions apply for Title II/RSDI and Title XVI/SSI.

- A. Clients who are over age 18 must sign their own SSI applications (*form SSA-8001*) and authorizations to release information (*SSA 827*).
- B. When young adults age 18 through 20 voluntarily place themselves into foster care, a copy of their voluntary placement agreement must be submitted with the Application for SSI (*SSA 8001*).
- C. 18 - 20 Year Olds for Whom DSHS is Payee for SSA/SSI Benefits

- 1. Title XVI/SSI

The SSIF will provide capability development (form letter) to the local/Olympia SSA District Office. If the client is determined to be incapable of managing his/her own resources, DSHS will continue to be the Representative Payee. If the client is determined to be capable and receives his/her own SSI, it must be made available toward the cost of care.



2. Title II/RSDI

The SSA will automatically make the client his/her own payee unless incapacity has been determined. If the client is incapable, DSHS can be made the Representative Payee. If capable, the client must make the funds available for cost of care.

- D. Title II beneficiaries may continue to receive benefits if they are still in high school. SSIFs will be asked to provide documentation of school attendance to the SSA.
- E. For Title II beneficiaries who are 17½ years old and are disabled, but for whom no SSI application has been made, a *Childhood Disability Benefits* (CDB) claim needs to be filed. If the client is found to be disabled, the Title II benefits will continue into adulthood. The disability must be established prior to the attainment of age 22.

11250 TITLE XIX/MEDICAID

- A. Title XIX is an entitlement program which provides medical and remedial services for certain individuals and families with low income and resources. There are some mandatory Medicaid eligibility groups. As it applies to CA, recipients of adoption assistance and foster care are included in the mandatory Medicaid eligible group.
- B. Title XIX/Medicaid may be used to fund other services to children beyond the traditional medical services. This has been due, in part, to changes in the state Medicaid plan. Among the DCFS programs that have benefited are Behavior Rehabilitation Services/Group Care (BRS/GC), Therapeutic Child Development (TCD), and Medicaid Personal Care Services.



11251 Regional Responsibilities for Behavior Rehabilitation Services/Group Care

As part of the tasks necessary for managing Title XIX Medicaid services, the Regional Administrator will implement procedures to:

- A. Determine which children are placed in BRS/GC each month.
- B. Submit to Headquarters a brief outline of the procedure the region plans to use and appoint a contact person from the region to work with Headquarters staff.

11252 Eligibility Factors for Behavior Rehabilitation Services/Group Care and Therapeutic Child Development

- A. The child must be categorically needy Medicaid eligible; AND
- B. For BRS/GC and TCD, a licensed medical practitioner must determine that the services are "medically necessary" for the child to function at his/her best possible level.
  - 1. All children with a Social Security number or, for whom application for a number has been made, in out-of-home placement are considered categorically needy and, as such, are Title XIX Medicaid eligible.
    - a. A child receiving BRS/GC in his/her own home may be Title XIX Medicaid eligible as determined by the DSHS Community Service Office (CSO). For a child receiving BRS/GC in his/her own home, the DCFS social worker is responsible for referring the child and his/her family to the CSO for the Medicaid eligibility determination.



- b. For a child residing in his/her own home and receiving TCD, the FSS verifies Medicaid eligibility using ACES/ITIS. If a TCD child's Medicaid eligibility cannot be found in ACES/ITIS, the DCFS social worker refers the family to the CSO for Medicaid eligibility determination.
- 2. For BRS/GC, social workers provide documentation to support the need for this level of care following regional procedure.
  - a. Documentation is submitted to DCFS Headquarters at the time of the initial use of BRS/GC and annually thereafter.
  - b. The Individual Service Plan (ISP) or other documentation (e.g., psychological evaluation, medical records, etc.) is forwarded by Headquarters staff to the Nursing Care Consultant for review.
  - c. If the documentation supports the need for this level of care, a Statement of Medical Necessity is written and returned to the region.
- 3. The ISP ordinarily contains sufficient information to support the need for this level of care. The regional staff needs to avoid sending large amounts of information to Headquarters. If the ISP does not contain sufficient information to support the need for this level of care, the social worker will be contacted for further documentation; e.g., psychiatric evaluation, drug/alcohol evaluation, Individual Education Plan (IEP), etc.



4. In the event there is no ISP for the child, the worker will follow regional procedures as to which documents will be submitted. When Medicaid eligibility is received, the child is eligible for Title XIX reimbursement.
5. For TCD, the provider is responsible for submitting the statement of Medical Necessity to the FFS.

#### 11253 Referral Procedures for Social Workers

Refer to the CA *Practices and Procedures Guide* for instruction in the use of Title XIX services:

- A. For Medical and Dental Services for children in out-of-home care, see chapter 4000, section 4517.
- B. For TCD, see chapter 4000, section 4504
- C. For Personal Care Services, see chapter 4000, section 4526.
- D. For BRS/GC, see chapter 4000, section 4533.

#### 11254 Procedures for Federal Funding Specialists

- A. The FFS determines eligibility for DCFS Title XIX programs.
  1. The FFS must verify Title XIX Medicaid eligibility using ITIS/ACES, print the screen, enter the information onto the XIXELIG screen in CAMIS, and file the printout, including the date, in the child's revenue file.
  2. The FFS must receive a Statement of Medical Necessity form, signed by a licensed medical practitioner, for those Title XIX services requiring one.



- a. Statement of Medical Necessity forms indicate that the information is valid on the service begin date (SBD) for TCD and BRS/GC.
  - b. The FFS enters the information onto the XIXELIG screen in CAMIS and files the signed Statement of Medical Necessity (SMN) in the child's revenue record.
  - c. SMN forms must be received annually for as long as the child receives TCD or BRS/GC.
- B. The FFS re-determines eligibility annually or at date of review of Medicaid eligibility by verifying the Medicaid eligibility and, for those services requiring one, obtaining a current Statement of Medical Necessity, following regional procedure. The FFS updates authorizations to the correct source of funds if eligibility changes.
- C. The FFS maintains the CAMIS record and the child's Revenue File. See Chapter 13000, section 13410. CAMIS Title XIX information is entered onto the XIXELIG screen.
- D. For TCD, the FFS updates authorizations to correct source of funds as needed. If the child is not categorically needy Medicaid eligible, then source of funds (SOF) code 5, state funds, is used.

NOTE: For TCD, if the family is required to make a co-payment but does not pay it, the SOF code must be 5.
- E. For TCD, the FFS redetermines Medicaid eligibility at the time of the review of the Statement of Medical Necessity.
  1. The FFS completes an ITIS/ACES search for evidence of Medicaid eligibility, makes screen print, and files it in the child's revenue record.



2. The FFS files the Statement of Medical Necessity forms received from service providers for TCD in the child's Revenue File.
3. The FFS must update TCD authorizations to correct SOF codes if eligibility ends. A signed and dated copy of the screen print must be filed in the child's Financial Revenue file and another copy forwarded to clerical staff if the SOF code changed.

## 11300 GUARDIANSHIPS

### 11310 TITLE IV-E

- A. On Title IV-E eligible and/or reimbursable children for whom dependency guardianship orders have been entered, pursuant to RCW 13.34.231, the Placement Episode shall be closed effective the date of the court order. The Placement Event, however, remains open if foster care maintenance payments continue.
- B. In every instance, the child loses Title IV-E eligibility upon establishment of a guardianship. The guardianship code and the date of the legal action that established the guardianship are entered into CAMIS. (NOTE: The child may still qualify for SSI or Title XIX funding; consult the Regional FFU for the correct funding source).
- C. A child removed from a guardianship and placed again into other department-paid substitute care always begins a new Original Placement Date (OPD).



1. Upon removal from the guardian's home, the initial removal order must contain a "contrary to the welfare" judicial determination. In addition, prior to reestablishing IV-E eligibility, the court must make a judicial determination that DCFS made reasonable efforts to prevent the placement.
2. Refer the case to the FFS for a new determination of Title IV-E eligibility, per section 11210.

**11320 TITLE II/RSDI AND TITLE XVI/SSI**

- A. Title II/RSDI and Title XVI/SSI applications are made for DSHS-paid foster parent/guardianship placements.
- B. Guardians must sign the *Authorization to Release Information*, SSA-827.
- C. DSHS is to be the representative payee for all children in DSHS-paid foster care/guardianships.

**11330 TITLE XIX**

Eligibility for Title XIX is not affected by guardianship status.

**11400 ADOPTION SUPPORT**

- A. All children for whom application for adoption support payments has been made shall have an adoption support specific funding source determination completed. (Note: The foster care funding source may or may not be applicable for adoption support payments.)



- B. Upon request of the social worker who applies for an adoption subsidy for a legally free child, the FFS will determine eligibility for possible funding sources.

11410 TITLE IV-E ADOPTION SUPPORT ELIGIBILITY CRITERIA

- A. On all children for whom an adoption support application is being completed, the child's social worker shall refer the case to the appropriate eligibility specialist for determination of the child's eligibility for title IV-E adoption support benefits.
- B. The eligibility specialist will return an *Adoption Support Monitoring Schedule*, DSHS 14-319, to the child's social worker noting the child's eligibility for IV-E funding. The adoption support application shall not be processed unless this form is included with the application.
- C. SSI Eligible Children
  - 1. Any child for whom SSI has been applied prior to adoption and who is later found to be eligible for SSI benefits prior to the final decree of adoption is deemed eligible for Title IV-E Adoption Support services. (NOTE: The child need not have received SSI benefits, but must be eligible for receipt of SSI funds.)
  - 2. Written verification of SSI eligibility must be contained in the child's file.



D. Relative Adoptions

1. Children who are going to be adopted by a relative of specified degree meet the AFDC and judicial determination tests by federal policy. Actual documentation of the child meeting the AFDC relatedness and judicial determination protection requirements at the beginning of the placement episode is not required.
2. At the time of the filing of the petition to adopt, the child must meet the financial need and deprivation of parental support tests.

E. All Other Children

1. Children who are not SSI eligible, or who are not being adopted by a relative of specified degree, must meet the AFDC and judicial determination tests in the last Placement Episode that led directly to the termination of parental rights.
2. The Eligibility Specialist shall make a determination of the child's eligibility for IV-E Adoption Support benefits. Since it is possible for a child to be ineligible for IV-E foster care benefits but eligible for Adoption Support IV-E benefits, an eligibility determination specific to Adoption Support must always be performed.

11420 TITLE XVI

- A. Adoption support standards require SSIF screening and potential application for SSI benefits prior to adoption support decision-making. SSIFs must coordinate application information with the adoption social worker and the adoption support staff.



- B. SSI with an application date prior to the date of Petition for Adoption will ensure IV-E eligibility for adoption support payments.
- C. Adoption finalization shall not be delayed because an SSI application is pending. However, if an application is pending adjudication or appeal, the social service and financial files are not archived pending outcome by SSA.

#### 11430 TITLE XIX

Children receiving Adoption Support subsidies are categorically needy Medicaid eligible and thus may be eligible for DCFS Title XIX services, such as TCD.

#### 11440 COBRA MEDICAL

- A. The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 permits Title IV-E eligible children receiving adoption support benefits to receive Medicaid in their state of residence. COBRA guarantees a uniform level of medical services for Title IV-E eligible children nationwide.
- B. Adoptive parents of Title IV-E eligible children from other states who move into Washington need to apply for COBRA medical from:

Adoption Support Program  
DSHS - Mail Stop 45710  
P. O. Box 45710  
Olympia, WA 98504-5710  
Phone: Toll free 1-800-562-5682 (3)



- C. Children placed by Interstate Compact on the Placement of Children (ICPC) in another state may be reciprocally eligible for COBRA in that state. The social worker consults with the FFS to determine and document IV-E eligibility/reimbursability to be sent with the ICPC documents to the receiving state. See also the CA *Practices and Procedures Guide*, chapter 5000, section 5600.
- D. Adoptive parents of Title IV-E eligible children who move from this state to another state of residence must apply for COBRA medical in their new state of residence. The adoption support program manager in the region the child resides will send a letter to the new state verifying Title IV-E eligibility and reimbursability.
- E. Adoption support children not Title IV-E eligible from Washington are deemed Title XIX Categorically Needy medically eligible. Their medical coupons may be issued by the state of Washington or, by their resident state, IF their resident state is a state that is a member of Interstate Compact for Adoption and Medical Assistance (ICAMA) and has agreed to reciprocate medical coverage for non-Title IV-E children.
- F. Children moving into Washington state who are not certified by their state of origin as Title IV-E eligible shall receive medical coverage from their state of origin, except that, if the state of origin is an ICAMA member state, Washington will also provide medical coverage for that non-IV-E eligible child.



**11500 PLACEMENT WITH RELATIVES OF SPECIFIED DEGREE**

**11510 PAYMENT OF FOSTER CARE FUNDS TO PARENTS**

Natural, adoptive, and step-parents shall not be authorized to receive foster care payments. While a termination-of-parental rights order severs the relationship between parent and child, federal regulations specifically prohibit the payment of Title IV-E funds to that parent should the child be subsequently replaced with the parent.

**11520 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES MAINTENANCE PAYMENTS**

- A. The social worker shall inform the relative of his/her option to apply for Temporary Assistance for Needy Families (TANF) or foster care maintenance payments. The TANF benefits may be greater or less than the foster care payments, depending on the child's age, any special needs, and the number in the assistance unit.
- B. A relative may be eligible to receive TANF maintenance payments for a child placed with him/her. The relative must apply for TANF benefits at the local CSO for a determination of eligibility.
- C. The relative home need not be certified or approved as meeting the minimum foster home licensing standards as a condition of receipt of TANF benefits.

**11530 FOSTER CARE MAINTENANCE PAYMENTS**

- A. Relatives of specified degree have the option of choosing TANF or foster care maintenance payments for children placed with them by DCFS.



- B. To receive foster care payments, the relative's home must be licensed as meeting minimum foster home licensing standards to receive foster care payments.
- C. For the infant residing with the minor parent, the substitute care maintenance payment for the infant plus the maintenance payment for the minor parent, is totaled into one sum payment to the out-of-home care provider. This increased amount is authorized as part of the minor parent's maintenance payment. See chapter 13000, section 13230, for requirements relating to case records for infant children residing with their minor parents.

#### **11600 CORRECTION OF FUNDING SOURCE**

Every department-paid substitute care payment charged to an incorrect funding source must be changed to reflect the correct source, both in the authorization and accounting systems.

- A. Changes are made at the point of discovery of the incorrect charge.
- B. Corrections of payment are made by using the CAMIS COPCR procedure.

#### **11700 INCOME/RESOURCES OF CHILD IN DSHS PAID SUBSTITUTE CARE**

- A. A child in department-paid substitute care may have:
  - 1. Earned income (wages);
  - 2. Unearned income (Social Security, SSI, VA benefits); and/or



3. Resources (bank accounts, bonds, stocks, automobiles, personal property).
- B. Each of the above three categories is additionally classified as either:
1. Exempt income - not included when considering if a child is eligible for a particular federal funding source nor when determining a child's possible participation in the cost of care.
  2. Non-exempt income -
    - a. Unearned income - If the non-exempt income is unearned income, it shall be used to cover the child's cost of care, except for resources held in trust for an American Indian child.
    - b. Earned income - If the non-exempt income is earned income or resources, it may be used to cover the cost of care. The exempt earned income/resources standards which applied to AFDC also apply to children in department-paid substitute care.
  3. Title IV-E
    - a. The exempt plus non-exempt income must be totaled to determine the child's total gross income per month. The total must be below 185 percent of the child's cost of care for Title IV-E reimbursability to continue. AND
    - b. The child's non-exempt resources (including trust fund balances) cannot exceed \$1,000 for any given month. AND



- c. The non-exempt earned income plus the non-exempt unearned income (total non-exempt income) must total less than the child's cost of care, defined as the payment standard: Room and board, clothing, personal and incidental allowance, and specialized rates. Additional rates through the Exceptional Cost Plan (ECP) or Exception to Policy (ETP) processes are not included.
- d. The FFS determines if the child receives Title XVI/SSI funds. A child is not eligible to receive both SSI and Title IV-E simultaneously. The FFS terminates one or the other based on the best interest of the child and/or the greater benefit to the state.
- e. If the child is employed full time and not in school, the source of funds is state only. See also paragraph "g" below.
- f. Excluded student earned income. The following types of earned income are not counted for Title IV-E purposes:
  - i. The earnings of a child 19 years old or younger who is a full time student in grade 12 or below, or the equivalent level of vocational training; or
  - ii. The earnings of a child under the age of 18 who is attending school part time in grade 12 or below and is not employed full time.



- g. Child's participation in the cost of care. The state must take into account the earnings of every foster child not considered a student (see above). The earned income disregards are applied to the earnings before determining what portion of the child's cost of care will be recovered from the child's earnings.

4. Title II/RSDI

There are no income or resource considerations in determining eligibility for RSDI.

5. Title XVI/SSI

- a. Income and resource limitations are strictly enforced by the SSA.
- b. All earned and unearned income must be reported to the SSA. Social workers report all income and known resources to their SSIF for forwarding to the SSA. Reports of income and resources are entered by SSIF into SSI tracking module in CAMIS.
- c. Earned and unearned income are calculated according to various SSA formulas. All or some of the income may be considered to reduce the SSI benefit.
- d. The cash resource limitation for SSI is \$2000. The client is ineligible for SSI in any month where total savings (including what is held in Trust Funds Accounting and whatever may be held in the child's name by a parent or foster parent) exceed \$2000.00.



6. Title XIX

- a. Children with a Social Security number and in paid out-of-home placement are Medicaid eligible categorically needy. Social workers authorize SSPS code 4810 for medical coupons, unless the child is enrolled in a Healthy Options plan.
- b. In non-placement cases (e.g. TCD), Medicaid eligibility is determined in the CSO. The FFS documents Medicaid eligibility in the Revenue File.

**11800 TRUST FUNDS ACCOUNTING**

Trust funds accounting is the exclusive mechanism in the DSHS Office of Accounting Services (OAS) to receive, disburse, and reimburse costs of care from any income, benefits, or resources of a child in out-of-home placement or resident in a Juvenile Rehabilitation Administration (JRA) facility. The Children's Trust Fund was established by RCW 74.13.060 designating the Secretary of DSHS as custodian of funds for persons placed with the department. The delegation of this responsibility is assigned as follows:

- A. Trust Fund Unit - accounting and disbursement of all funds
- B. Headquarters Division Staff - interpreting program policies
- C. Social Service Staff and Regional Trust Funds Coordinators - case management



11810 REGIONAL COORDINATION OF TRUST FUNDS ACCOUNT

- A. In each region, Regional Administrators have delegated the authority for Trust Funds Coordination to a Federal Funding Coordinator. Coordinators work, according to local procedures, with social work staff, SSI Facilitators, and, in some instances, with the Regional Business Managers to authorize expenditures or plans for conserving a child's trust fund resources.
- B. Whenever a client is also receiving or is eligible for any federal entitlement program benefits (Medicaid, SSI, IV-E, etc.), the presence of additional resources must be analyzed to determine how that resource will affect eligibility for continued benefit payments.
- C. Examples of potential assets include: SSI lump sum settlements due to the Zebley Supreme Court decision, gifts from relatives, inheritances, casualty or life insurance settlements, tort claim settlements, Social Security Survivor's benefits, and victims of crimes compensation, VA benefits, Railroad Retirement, and L & I benefits.



- D. Generally these assets are used to reimburse for the cost of care, especially if the reason the child is in care is due to the same reason the benefits are being paid. However, there may be times when a decision is made to conserve resources for future needs of the child. These decisions can be made at the regional level following local procedures as to whether the available money is used for reimbursing the cost of care or is placed in a protective status. Often these resources will be in a protected account in the child's name and are not readily available to the child or current care-giver. Their protected status, however, may not be specific enough to prevent disqualification from federal entitlement and may need to be placed in a "special needs or Medicaid qualifying trust."

#### 11820 SPECIAL NEEDS TRUSTS

- A. A CA Headquarters SSI program manager has responsibility for assisting Regional Coordinators and social workers in obtaining Special Needs Trusts for some clients with large monetary assets, where appropriate and cost efficient. Regional coordinators may contact the Program Manager for further assistance as soon as a need for a special needs trust is identified.
- B. Cooperative work with the Office of the Attorney General and private attorneys may result in trusts being established to protect the client's resources, ensure continued eligibility for federal entitlement programs, and provide a mechanism for disbursements for special needs.
- C. The completed trust document must be court approved, preferably submitted by the assigned DCFS social worker.



11830 ESTABLISHING A TRUST FUND ACCOUNT

- A. When a child enters DCFS care, the client's social worker, in cooperation with the FFS or SSIF, determines if the client is entitled to any benefits or has available resources. Any available benefits or resources must be sent to the Trust Fund Unit.
- B. Most trust fund clients receive either Title II/RSDI or Title XVI/SSI benefits. A small number of clients receive moneys from other miscellaneous sources.

11840 DEDICATED ACCOUNTS

- A. The Social Security Administration (SSA) will pay directly by electronic bank transfer to a "dedicated account" any SSI benefits which exceed 6 times the monthly benefit amount, (except when payment is under an IAR).
- B. Dedicated accounts are managed by the DSHS Trust Fund Unit and questions about the dedicated accounts may be referred there. See Section 118130.
- C. Funds in the dedicated account may not be used for maintenance purposes, but may be used for the special medical, educational and adaptive use of the client. Requests for permission to use these moneys must be submitted to the Trust Fund Unit, which will then submit to SSA for approval.
- D. When a client leaves care, any remaining balance will be returned to SSA for transfer to another dedicated account set up by the new Representative Payee.



11850 BENEFITS

The SSIF must apply with the appropriate agency (SSA, VA, etc.) for DSHS to be made payee for client benefits. For Title II and Title XVI the SSIF must submit a *Request to be Selected Payee*, SSA-11-BK, "change of payee" application and forward a copy of the application to the Trust Fund Unit.

- A. SSIF is responsible for applying for benefits or applying for a change of payee, unless otherwise designated by a local office.
- B. SSIF is responsible for entering client data regarding payee change or benefits request into SSI tracking in CAMIS. After a request for payee change has been done, it takes approximately two months for the payee change to be made to DSHS. The social worker or other staff, in accordance with regional procedures, must notify the client's current payee to return any additional payments received to the appropriate agency (SSA, VA, etc.) or forward to the Trust Fund Unit until DSHS is named payee.
- C. If the client is age 18 or over and becomes or remains his/her own payee, the social worker arranges for monthly benefits to be endorsed and forwarded to the DSHS Trust Funds Unit. (see Section 118130)



11860 RESOURCES

Any available resources (settlements, insurance benefits, inheritances, etc.) must be forwarded to the Trust Fund Unit, along with any relevant documentation or court orders pertaining to these funds. When funds are received, they will be used to reimburse DSHS for the client's cost-of-care unless there are legal restrictions on their use or an approved case plan. Case plans for savings or expenditures must be approved by the child's social worker and the Regional Trust Funds Coordinator.

11870 CORRESPONDENCE WITH TRUST FUND UNIT

A. Agency Notices

1. Any correspondence received from the various agencies will be forwarded to CA for distribution. Social workers, FFS, or SSIFs must review these notices and take any necessary action. For Title II/RSDI and Title XVI/SSI cases, the SSIF are available to assist the worker in resolving any problems. Title II/RSDI and Title XVI/SSI notices are noted in the SSI Tracking module of CAMIS by the Headquarters SSI eligibility specialist. Changes in benefits, notices of over and underpayment, etc., are analyzed for correctness.
2. Field staff or Headquarters SSI staff need to give particular attention to notices regarding rates, termination of benefits, and overpayments. Workers must notify the Trust Fund Unit and the appropriate agency immediately if information on notices is incorrect. The Trust Fund Unit has limited knowledge of the client's case and, therefore, must assume information is correct and proceed accordingly.



B. Notification of Excess Client Funds

Client accounts are audited on a bi-annual basis. If the Trust Fund Unit Financial Coordinator determines that a client has excess funds, the SSIF will receive an e-mail notification of the amount. Spending of these funds is optional, unless the notification indicates that the client balance is nearing or over the SSI resource limit. Trust Fund Unit staff will update the client's CAMIS SSI record to list the current available balance in the Trust Fund as of that date. If funds are not used right away, workers will need to confirm the balance with Trust Fund staff prior to making future spending plans.

11880 DISBURSEMENTS FROM TRUST FUNDS ACCOUNTS

The responsible social worker or SSIF may request a withdrawal from an account if the client has available funds. Funds can be used for any goods or services that directly benefit the client. Larger items or adaptive equipment must go with the child should he/she change foster homes, return home, or emancipate. The request contains the following:

- A. List of items or services to be purchased.
- B. Payee name and address. The payee is usually the foster parent. The payee cannot be the client unless at least 18 years of age.
- C. Worker signature. Electronic E-mail request is acceptable with the social worker's own log-on identification.
- D. Exceptional requests for expenditure or conservation of funds must be approved according to regional guidelines with the Regional Trust Funds Coordinator.



- E. The OAS Trust Funds Unit will disburse from a child's account to reimburse for costs of care, reimbursing first for basic maintenance and then any other allowable costs. All authorizations and payments must be in SSPS, through CAMIS, and child specific.

#### 11890 CLIENT PLACEMENT CHANGES

The social worker or SSIF, in accordance with regional procedures:

- A. Notifies, in writing, the appropriate agency (SSA, etc.);
- B. For SSI clients, notifies SSA immediately by FAX as such changes may affect client SSI eligibility; and
- C. Updates CAMIS placement screens in PLACEUP and SSIUP.

#### 118100 YOUTH REMAINING IN CARE AFTER 18TH BIRTHDAY

Under approved circumstances, the youth may remain in licensed care after his or her 18th birthday, but placement must end before the youth's 21<sup>st</sup> birthday. The effect on the client's Trust Fund account is as follows:

- A. Title XVI/SSI

There is no change to the client's Trust Fund account. The Trust Fund Unit will continue to receive payments and reimburse for cost-of-care. Any remaining balance will be disbursed to the client upon leaving care. The client over age 18 authorizes the department to remain the payee by signing the *Voluntary Placement Agreement*, DSHS 09-004B). A copy of the VPA is forwarded to the Trust Fund Unit with a written explanation of the proposed time-limited plan.



B. Title II/RSDI and VA

1. Payments will normally stop when the client turns 18 years of age. If the client remains in high school, the client will need to apply to the SSA or VA for an extension of benefits. SSIF will receive SSA notices of upcoming termination and will assist in applying for continued benefits if the child remains in high school. If an extension is granted, payments will be sent directly to the client. The client will need to endorse these payments and send them to the Trust Fund Unit to be used to reimburse for cost-of-care. Any balance accumulating in the account will be held until the client leaves care.
2. If a Title II/RSDI client has evidence of any physical or mental impairment, an application for *Childhood Disability Benefits* (CDB) is made to continue the benefits into adulthood. Disability must be established prior to the attainment of age 22.

C. Other Benefits

Legal settlements, insurance benefits, inheritances, for example, do not alter the Trust Fund account. Any non-exempt available funds will continue to be used for ongoing cost-of-care reimbursement and approved special needs. Any account balance will be held until the client leaves care.

118110 CHILD LEAVING CARE

- A. When a client leaves care, his/her Trust Fund account will be closed. Any remaining balance will be returned to SSA, to the client if age 18 or above, or to the client's new custodian, who needs to apply to be payee for the client's benefits.



- B. Parents, guardians, relatives, or adoptive parents must go to the nearest SSA office to apply to be the child's payee. This should be done as soon as a new placement or return home occurs.
- C. To close an account, the social worker or SSIF:
  - 1. Notifies the Trust Fund Unit in writing or E-mail, providing the following information:
    - a. Type of change in status (returned home, adopted, adult placement, maturation, death, etc.);
    - b. Name and address of new custodian; and
    - c. CAMIS person ID of the child.
  - 2. Notifies the appropriate agency (SSA, VA); and
  - 3. Notifies client's new custodian to apply to be payee.
- D. It takes approximately two months for the payee to change. If requested **and approved by the agency providing benefits**, the Trust Fund Unit will forward payments until the payee changes.
- E. For Title XVI/SSI clients, the Trust Fund Unit will not forward payments when clients return home or are adopted, unless authorized by SSA. Clients' continuing SSI eligibility will be based on parents' income determined by the SSA.



118120 RELEASING CLIENT ACCOUNT INFORMATION

- A. The client's foster parents or family will sometimes have questions regarding the child's Trust Fund account. The social worker or SSIF contacts the Trust Fund Unit to clarify these questions or concerns and then releases account information at their own discretion. Under no circumstances shall DCFS staff give the names or telephone numbers of Trust Fund Unit staff to anyone outside of DSHS.
- B. Upon request, an accounting of a client's Trust Fund account can be sent to the worker to review and release as appropriate. Trust Fund Accountability Statements can be released directly to other DSHS divisions. For example, workers may refer the Division of Child Support to the Trust Fund Unit, whose staff will work directly with them to provide the information that division needs.

118130 TRUST FUND INFORMATION

- A. Forward payments on transmittal to:

DSHS Trust Fund Unit  
P. O. Box 9501  
Olympia, WA 98507-9501

- B. Forward correspondence to:

Trust Fund Unit  
Mail Stop: 45842  
P. O. Box 45842  
Olympia, WA 98504-5842



Telephone: (360) 902-8284  
CAMIS ID: KEGK300  
FAX Number: (360) 902-8213  
Employer ID: 91-6001088

NOTE: Requests for disbursement can be made through CAMIS E-Mail to CAMIS ID: KEGK300

- C. When forwarding payments or correspondence to the Trust Fund Unit, the following information must be included:
1. Client name;
  2. CAMIS person ID;
  3. Client date of birth; and
  4. Client Social Security Number.

#### **11900 FINANCIAL REVENUE RECORD ARCHIVING OR STORAGE**

See chapter 13000, section 13920, for information regarding archiving and storage of Financial Revenue Files.

#### **111000 FINANCIAL REVENUE FILE TRANSFER**

See chapter 13000, section 13831, for information regarding transfer of Financial Revenue Files.



## **111100 RANDOM MOMENT TIME STUDY**

### **111110 PURPOSE**

The Random Moment Time Study (RMTS) is used to generate statistically valid statewide estimates of various activities performed by CA staff. The sampling procedure is designed to satisfy federal financial participation requirements for claiming matching funds for social service staff salaries and benefits and to provide audit documentation for state and federal review.

### **111120 PARTICIPANTS**

All CA service and FFS workers participate in the time study. The RMTS contacts all service workers and eligibility specialists. Excluded from the sample, although their salaries and benefits are included in federal reimbursement, are students, interns, Home Support Specialists, support staff, intermittent staff, after-hours staff, Community Resource Program Managers, Social Workers 4, Social and Health Program Managers, and other management staff.

### **111130 HEADQUARTERS RESPONSIBILITIES**

The RMTS data compiler is responsible for the following actions:

- A. Generate each quarter an RMTS contact list for each work day of the quarter. The contact list has three variables: Random Starting Time; Random Interval Time; and Random Employee List.
- B. Complete the telephone samples at the random moments.



- C. Gather through telephone contact or FAX mail the following information from the social service or financial revenue worker or the local RMTS coordinator.
  - 1. Status of the worker: on the job; on work break; position vacant; on job rotation or temporary assignment elsewhere.
  - 2. If on the job, the compiler informs the worker that an RMTS sample is being made.
  - 3. The compiler asks the worker for the code that best describes the worker activity at that moment. If a case specific activity is reported, the compiler asks the worker for the following information: Case number; case name; SSPS primary placement payment code; legally free status of the child; and specific activity.
- D. The compiler completes the contact log with the information reported by the worker, enters it into the data base, and mails a copy to the RMTS coordinator.
- E. If a worker is unavailable for telephone contact, the compiler contacts the RMTS coordinator to determine the worker's status. If the worker is on the job, or if the RMTS coordinator cannot determine the employee's status, the compiler FAXes a contact log to the RMTS coordinator for completion by the worker.
- F. The compiler logs uncompleted contacts and follows up with the RMTS coordinator to ensure that contact logs are returned in a timely manner.
- G. On a monthly and quarterly basis, the compiler generates a survey data summary.



- H. The compiler updates the service worker list as worker employment status changes are reported by the worker's supervisor or RMTS coordinator.

#### 111140 REGIONAL ADMINISTRATOR RESPONSIBILITIES

- A. The Regional Administrator appoints a RMTS coordinator for each of the region's field offices. Social workers or any other DCFS staff person who may be sampled as part of the time study cannot be a coordinator.
- B. The Regional Administrator ensures that any change in RMTS coordinator is reported to the RMTS data compiler.

#### 111150 LOCAL OFFICE RESPONSIBILITIES

- A. Social work supervisors are responsible for training social workers on the RMTS system and the code definitions, with Headquarters RMTS staff available to provide consultation and training to workers upon the supervisor's request.
- B. The social service or FFS worker is responsible for the following actions:
  - 1. Upon contact:
    - a. Report the appropriate code from the social worker activity code descriptions. See Random Moment Time Study Codes.
    - b. Report the case number, case name, specific activity, primary SSPS placement payment code if the activity is case specific, and if the child is legally free for adoption.



2. If unavailable when a RMTS call was attempted, the social service or FFS worker, upon return to the work station, completes the contact log and promptly returns it to the local RMTS coordinator for return to the Headquarters data compiler within seventy-two (72) hours of the sample time.
- C. The local RMTS coordinator is responsible for the following actions:
1. Notifies the Headquarters data compiler of any change in the employment status or contact telephone number of a worker participating in the RMTS survey within five working days of the change at the following address:

Financial Resource Unit  
Attention: RMTS Data Compiler  
Mail Stop: 45710  
P. O. Box 45710  
Olympia, WA 98504-5710  
FAX: (206) 753-0727
  2. Uses the following procedures:
    - a. Receive the data compiler's phone contacts for workers not at their work stations. Determine and report social worker status as information is available.
    - b. If the work status is "On the Job" but unavailable to the phone or worker status information is not readily available, send an RMTS contact log for distribution and completion.
    - c. Receive completed contact logs from Headquarters, by FAX or mail.



- d. Maintain a file for all completed RMTS contact logs. File the RMTS contact logs in chronological order by date of contact.
- 3. Conduct the following actions if the social worker or FSS is unavailable or worker status is not readily available upon contact:
  - a. Deliver the FAXed contact log to the worker's work station.
  - b. Return the completed log to Headquarters by FAX or E-mail or telephone the sample results to the state office within 72 hours of the sample time.
  - c. File the completed log in the field office RMTS file.
- D. The local office retains only the present and previous quarter's completed contact logs.

#### 111160 RMTS CODES AND DEFINITIONS

- A. When an RMTS observation contact is requested, social workers and FSS report to the data compiler the activity code which best describes their activities at the moment of contact. If the activity is not specific to a child, the workers choose from Codes A, D, H, K, or L. If the activity is specific to a child, the workers choose from Codes B, C, E, F, G, I, or J, based on the definitions for the codes and the child's status.
- B. Social workers and FFS use the RMTS codes and definitions contained in the *RMTS Codes and Definitions* publication when identifying activity.



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**12100 INTRODUCTION**

**12110 BASIC PRACTICE CONSIDERATIONS**

- A. Chapter 74.15 Revised Code of Washington (RCW), extracted in booklet form DSHS 22-101, and the Minimum Licensing Requirements (MLR) contained in Washington Administrative Code (WAC) 388-73, extracted in booklets DSHS 22-07, DSHS 22-08, DSHS 22-10, DSHS 22-11, DSHS 22-12 and DSHS 22-047, constitute the basic practice guide for licensers of child placing agencies (CPA), rehabilitative treatment/group care facilities, crisis residential centers (CRC), maternity services, day treatment programs, overnight youth shelters, and secure crisis residential centers. This chapter contains complementary information and is primarily focused on out-of-home care licensing activity for regional licensers.
- B. The publication *Office of Child Care Policy (OCCP) Methods and Practices* constitutes the basic practice guide for licensers of child day care facilities, including family homes and centers. Licensers of these facilities need to refer to that publication for expectations and requirements.

**12120 LEGISLATIVE INTENT**

The legislature believes that children placed in foster care are particularly vulnerable and have a special need for placement in an environment that is stable, safe, and nurturing. For this reason, the legislature believes that foster homes should be held to a high standard of care, and department decisions regarding denial, suspension, or revocation of foster care licenses should be upheld on review if there are reasonable grounds for such action.

Chapter 302, Laws of 1995, Section 1



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**12130 LICENSING OF DEPARTMENT EMPLOYEES**

*CA Practices and Procedures Guide*, chapter 5000, section 5138, outlines conditions under which Children's Administration (CA) employees may be licensed as foster family home parents or certified as adoptive parents. See that section for limitations on licensing of CA employees as foster parents or on their certification as adoptive parents and steps to follow in the licensing and certification process. The section also outlines the role of private child placing agencies.

**12200 PRE-APPLICATION INFORMATION**

Staff designated by the Regional Manager for the Division of Licensed Resources (DLR), Office of Foster Care Licensing (OFCL), provide information about children's agency licensing requirements, on-site feasibility studies, and assist agencies in the development of policies and procedures, upon request. The Regional Manager establishes procedures to give out forms and other pertinent information, either at an interview or by mail. The application packet provided to the potential applicant includes those documents and materials prescribed by regional procedures.

**12300 LICENSING AND RE-LICENSING**

**12310 APPLICATION**

- A. The regional OFCL office receives and date-stamps applications for licensing or certification, with accompanying documents, from prospective licensees, according to regional procedure.



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- B. Once the licenser has determined that the applicant has submitted a completed and signed application, the licenser records the application in CAMIS and conducts an on-site review and assessment and then makes a decision within 90 days of receipt of the application to approve or deny the license/certification.

12320 LICENSING STUDY

The usual steps for processing an application are:

- A. The licenser or clerical person designated by regional procedure enters the application information into the Case and Management Information System (CAMIS) licensing module, makes up a file folder, and checks Division of Children and Family Services (DCFS), DLR, and local office records, including CAMIS, for prior involvement with the agency.
- B. The clerk or licenser mails out reference letters to the people designated by the applicant, with return envelopes stamped with the licenser's name.
- C. The licenser, or support staff, submits completed forms to perform a criminal background check, as outlined in Chapter 5000, section 5500. Background checks are to be completed for all persons age 16 and above, not placed by DCFS, residing in the facility. For applicants and/or their current or prospective employees or foster parents who have resided in the state less than three years, fingerprint checks must be completed. See section 5500 for steps to follow. The assigned staff completes a CA records check in CAMIS as part of the background check.



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- D. Following receipt of the application packet, the licenser makes contact with the applicant to inform the applicant that the process has started and to coordinate a time-frame for a discussion of the proposed program. If the licenser makes initial contact by telephone, the licenser follows up with a letter to ensure that the applicant has the information in writing along with the licenser's name and telephone number for future use.
- E. Residential Care Facilities/Agencies
  - 1. The licenser completes an evaluation of the agency application and proposed program, using a checklist appropriate to the licensing request: The DSHS 10-51B, *Checklist for Licensing or Certification of Group Care Facilities*; DSHS 10-51C, *Checklist for Licensing or Certification of Day Treatment Programs*; DSHS 10-51D, *Checklist for Licensing or Certification of Maternity Services*; DSHS 10-51E, *Checklist for Licensing or Certification of Child Placing Agency*.
  - 2. The licenser includes: a review of staff's education and training transcripts, reference letters, résumé's and other required qualification documentation; a review of personnel policies and proposed staff training programs; a review of educational and vocational instruction; and a review of the proposed system for the development of social study and treatment plans.
- F. For residential facilities, the Department of Health (DOH) surveyor and the State Fire Marshal, or designee, must inspect and certify for occupancy prior to licensure.
- G. The licenser may require the applicant to furnish additional pertinent information.



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- H. When a child placing agency (CPA) has proposed to practice in more than one region, that agency will seek a license in the region in which the main office is located. If a CPA wishes to have more than one license (adoptive and maternity), the agency must apply for all licenses through their main office licenser. A separate license is issued for each program category.
- I. An applicant agency planning to provide services in a region other than the one in which it is applying shall provide supplemental information regarding its intended practices in the other regions to the licenser, and to the regional office in each of the other regions in which it intends to operate, along with the application.
- J. Each agency is subject to visitation, evaluation, and monitoring of MLR by the licenser having jurisdiction in the area in which the agency is providing services.
- K. Agencies not required to be licensed must conform to MLR standards to be certified by DLR.
- L. Private CPAs, when evaluating family homes for licensing, are required to follow the licensing requirements in the *CA Practices and Procedures Guide*, chapter 5000, section 5100. CPA foster homes will be licensed by the regional licenser in the region in which the foster family resides. The CPA is required to monitor its own homes, with coordinated oversight of the monitoring and performance by the licensee provided by the licensers in the respective regions. Background clearances on all persons providing care or service in a region will be handled by the licenser in that region.



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12330 DECISION ON LICENSURE/CERTIFICATION

- A. All requirements of WAC 388-73 must be met before the DLR Regional Manager signs and issues the license/certification.
- B. Upon issuance of the license, the licenser or other designated staff records the license information in CAMIS.
- C. If the licenser determines that a person is disqualified from association with a child care agency for not meeting minimum licensing requirements of chapter 74.15 RCW and WAC 388-73, the DLR Regional Manager shall give written notice of disqualification to the person. The notice shall state the activities from which the person is disqualified, the reasons for the disqualification, and the applicable law under which the person is disqualified.
  - 1. The licenser applies the procedures contained in RCW 43.20A.205, regarding Denial, Suspension, Revocation, or Modification of License, when issuing a notice of disqualification to a person.
  - 2. A licensee under chapter 74.15 RCW may not allow a person disqualified under this section to associate with the licensee's agency. Disqualification of a person may not be contested by an applicant/licensee. However, the disqualified person may contest the disqualification.
  - 3. If a notice of disqualification of an individual is based on a Child Protective Services (CPS) finding of abuse and neglect, and after a fair hearing it is determined that the allegations are not supported by a preponderance of the evidence, the assigned social worker and licenser shall amend the records to so state.



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4. The Regional Manager, in accordance with WAC 388-330-030, may remove a disqualification based on conviction of a crime or another reason if the disqualified person demonstrates by clear, cogent, and convincing evidence that he or she is sufficiently rehabilitated to warrant public trust and to comply with the requirements of chapter 74.15 RCW and WAC 388-73.

D. Waivers

1. Under the provisions of WAC 388-73-016, EXCEPTIONS TO RULES, the Regional Manager may issue a time-limited waiver to specific requirements for a specific child, if the waiver does not jeopardize the child's health and safety and is not contrary to statutory provisions. With a documented, approved waiver, the license issuing authority may issue the license.
2. DLR shall maintain a log of waivers by region and by type of waiver.

E. Initial License

1. Private Agencies and Group Care Facilities
  - a. Only the DLR Regional Manager, through the regional licenser, may, at his or her discretion, issue an initial license instead of a full license to an agency or facility (group care setting or child placing agency).



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- b. The initial license may be issued for a period not to exceed six months, renewable for a period not to exceed two years, to allow the agency or facility reasonable time to become eligible for full license.
- c. Neither the Regional Administrator nor the Regional Manager may delegate responsibility for issuing an initial license to a CPS, CWS, or FRS child placement worker.

2. Foster Family Homes

Initial licenses for foster family homes are issued for a period not to exceed 90 days. See the *CA Practices and Procedures Guide*, chapter 5000, section 5133, for requirements regarding initial licenses for foster family homes.

12340 RE-LICENSING/RE-CERTIFICATION

- A. Re-licensing/re-certification occurs when the facility moves to a new location and at three year intervals following issuance of the initial license. The license/certification issued under chapter 74.15 RCW and section 12330 is not transferable and applies only to the licensee and the location stated in the application.



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- B. Prior to expiration of an existing license or certification, the licenser or support staff, as determined by regional procedure, sends a re-application form to the licensee sufficiently in advance of the expiration date of the license/certification to ensure return of the signed re-application and department action before the license expires. If the licensee submits a signed application before the expiration date, the old license/certification remains in effect until the department acts on the re-application. The licenser sends the forms and documents defined by regional procedures to the licensee as part of the re-application packet. The re-licensing/re-certification needs to occur in a timely manner to ensure the health and safety of children in care.
- C. For renewal of a license or certification, the licenser rechecks the criminal history of licensee, staff, and volunteers and reviews the experiences, including services and incidents, of the past licensing/certification period with the licensee.
- D. The licenser conducts a site inspection to ensure continuing compliance with health and safety aspects.
- E. The licenser completes the *Checklist for Licensing or Certification*, DSHS 10-51 (B,C,D, or E).
- F. The licenser reviews applicant agency policies and procedures, evaluates the content of the staff training policy and plan, and reviews a representative sample of the agency's case files for the current licensing/certification period to evaluate documentation of case planning. In a residential program residents may be interviewed.



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- G. At any time during licensure, the licenser may modify or change the numbers, ages, and types of children on the license/certification, depending on the circumstances and/or wishes of the licensee and the evaluation of the licenser.
- H. The DOH surveyor and the State Fire Marshal, or designee, inspect a facility to provide certification prior to re-licensure/re-certification.
- I. For agencies practicing in other regions, the licenser requests an assessment of the agency's compliance with MLR from the out-of-region licensers. This assessment includes a review of the licensed/certified agency's foster homes. Licensers from other regions are encouraged to participate and assist in the re-licensing/re-certification process. The licenser will take into consideration the findings and recommendations of the out-of-region licensers in reaching a decision for re-licensure/re-certification.

12350 RE-EVALUATION

- A. The licenser re-evaluates the agency for suitability for continuing licensure or adjustment to the license, as well as effect on child(ren) in placement, under the following conditions:
  - 1. If there is a change in management or social service staff.
  - 2. The facility changes location. See section 12340(A), above.
  - 3. There is a change in the classification of clients served.



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- B. The licenser completes a criminal history and background check as described in chapter 5000, section 5500, on each new person having access to clients, interviews the licensee and other appropriate parties, and requests other information and documentation, as necessary, to complete the re-evaluation of the agency. The licenser documents the re-evaluation in the licensing file.
- C. The licenser or other designee records the new license information in CAMIS.

**12400 COMPLAINT INVESTIGATION**

- A. The local or other designated DLR office conducts investigations of alleged child abuse or neglect (CA/N) and alleged non-compliance with licensing standards in accordance with chapter 5000, section 5300, and the DLR Facility Investigators Guide, *Investigating Abuse and Neglect in State Regulated Care*. Each reportable incident is entered into the CAMIS Licensing Complaints Module in accordance with section 5300.
- B. The Regional Manager will develop standards/procedures for licensers to conduct assessments of allegations of failures to meet MLR that do not include child abuse or neglect. The standards will be consistent with chapter 5000, sections 5300 and 5400, of this manual.



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**12500 ACTION ON LICENSES/CERTIFICATION**

- A. In those instances where an investigation has been completed and substantiation of CA/N has occurred and/or serious non-compliance with MLR has been verified (sometimes following unsuccessful corrective action measures), the licenser may take action against the license/certification.
- B. Probationary License
  - 1. The licenser may issue a probationary license to a licensee who has had a license but is temporarily unable to comply with an MLR requirement or has been the subject of multiple complaints or concerns about noncompliance if the following conditions apply:
    - a. The noncompliance does not present an immediate threat to the health and well-being of the children but would be likely to do so if allowed to continue.
    - b. The licensee has a plan approved by the licenser to correct the area of noncompliance within the probationary period.
  - 2. A probationary license may be issued for up to six months and, at the discretion of the Licenser and supervisor, may be extended for an additional six months.
  - 3. The licenser and/or regional health and safety staff shall conduct site visits to facilities operating with a probationary license at a minimum quarterly to assure the continuing safety and well-being of children in care.



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4. The department shall immediately terminate the probationary license if, at any time, the noncompliance for which the probationary license was issued presents an immediate threat to the health or well-being of the children.
  4. An existing license is invalidated when a probationary license is issued.
  5. At the expiration of the probationary license, the department shall reinstate the original license for the remainder of its term, issue a new license, or revoke the original license.
- C. The licensor staffs the case with founded CA/N and/or verified serious non-compliance with MLR (including those with unsuccessful corrective action measures) with involved DCFS and DLR staff, including the DLR CPS investigator, and appropriate supervisory and administrative personnel. The licensor formally informs all affected staff of corrective or stop placement actions.
- D. Denial, Suspension, and Revocation

When considering denial, suspension, or revocation of a license, the licensor confers with the Regional Manager and the assigned Assistant Attorney General (AAG) to determine appropriate action and prepares a draft denial, suspension, or revocation (as applicable) letter for review by the AAG. The draft letter includes:

1. A concise summary of the CPS allegations (if applicable), RCW and/or MLR violations, findings, and conclusions.
2. Documentation of corrective action attempted, if appropriate.
3. Detailed citation of all applicable RCW/MLRs violated.



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- 4. Complete information advising the licensee of their administrative hearing rights, including the filing process and time-frames.
- E. Upon approval as to form and content by the AAG and the Regional Manager, the Regional Manager, as the regional licensing authority, signs and sends the final letter by certified mail to the licensee.
- F. In any adjudicative proceeding regarding the denial, modification, suspension, or revocation of any license, other than a foster family home license, the department's decision shall be upheld if it is supported by a preponderance of the evidence. RCW 74.15.130(3)

**12600 SUPPORT SERVICES FOR AGENCIES**

The children's agency licenser is available to licensee agency staff to provide assistance and consultation on appropriate interpretation of RCW, WAC, and CA manual compliance.

**12610 TRAINING**

- A. The children's agency licenser offers training and technical assistance on a regular basis to the agency executive director, board of directors, and/or the social service staff regarding the development and practice of the agency's policies and procedures consistent with RCW, WAC, and CA practice.
- B. The licenser advises a CPA director of FosterParentScope training resources available through CA and that private agency licensed foster homes are encouraged to attend. To be eligible for special rate foster care payments, the private agency foster parents are required to successfully participate in FosterParentScope training.



## 12700 **PLACEMENT ACTIVITIES**

All activities relating to placement of children in out-of-home care are the responsibility of DCFS social workers.

### 12710 LICENSER ROLE

- A. The licensing regulatory functions are designed to safeguard the well-being of children in out-of-home placements. Therefore, the primary duty of a licenser is to periodically review whether the applicant/licensee is in compliance with MLR.
- B. A secondary role of the licenser is that of a consultant and trainer.
- C. The regional office manages the roles of regulator and consultant/trainer within the same job description without conflict of interest under the following conditions:
  - 1. Each Regional Manager develops procedures which specifically outline how staff will carry out licensing and monitoring functions. Such procedures address at least:
    - a. Waiver processing and approval;
    - b. Processing of Incident Reports;
    - c. Complaints/corrective actions;
    - d. Shared decision-making;
    - e. Separation of functions for licensers.



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2. The local or other designated office conducts all investigations of incidents in licensed facilities in conformance with Chapter 5000, section 5300.
3. The Regional Manager, within available resources, arranges for training for licensers and other affected staff specifically designed to provide increased expertise and ongoing clarification of job functions and expectations.
4. The Regional Administrator and the Regional Manager are expected to maintain a complete separation of child welfare case services from licensing duties in all offices.
5. The Regional Manager provides ongoing case consultation with each licenser to identify or eliminate any possible situations that could result in conflict of interest arising from the regulatory as opposed to placement issues.
6. The licenser staffs all problematic licensed/certified agencies with applicable staff, which may include the following: the group care coordinator, the contracts coordinator, the DLR CPS investigator assigned to do incident reports, and the Regional Manager. The staffing considers, with other issues identified by the group, conclusions of the CPS or licensing investigation(s) and recommendations for corrective action. The staffing also considers the cumulative seriousness of multiple complaints.
7. The licenser may request consultation with the AAG regarding proposed corrective actions resulting from serious MLR violations.



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8. The Regional Manager and the licenser thoroughly discuss and review all requests for waivers and compliance agreements for children's health and safety needs. Neither the licenser nor the Regional Manager shall endorse such a request if it compromises health and safety. They may seek administrative consultation on a case by case basis.
9. If a serious issue is identified with a licensed/certified agency with or without a finding of abuse/neglect and a conflict occurs between the licenser of the agency and the social worker(s) for the child(ren) placed, the assigned supervisors for those staff shall resolve the conflict, consistent with Chapter 5000, section 5100, of this manual. The protection of the children involved is paramount to any other consideration.

**12800 FILE MAINTENANCE**

Each Regional Manager shall ensure the maintenance of Children's Residential Agency Licensing files in accordance with record management requirements of Chapter 13000, section 13500.

**12900 PUBLIC DISCLOSURE**

For public disclosure requirements relative to licensing records, see Chapter 13000, section 137112.



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**13100 CASE AND MANAGEMENT INFORMATION SYSTEM**

- A. The Case and Management Information System (CAMIS) is the Children's Administration's (CA) automated case management system. CAMIS is designed to automate file information and provide reports regarding CA clients, providers, and licensees.
- B. The following table identifies tasks and procedures to be completed in CAMIS and staff responsible for their completion. The table will be updated as needed to reflect changes in CAMIS.

<b>TASK / PROCEDURE</b>	<b>JOB CLASS TO BE ASSIGNED CAMIS DATA ENTRY</b>
1. Searching statewide for information on clients/providers	All
2. Entering all referrals made to the department	Regional / Local design
3. Assigning referrals	Regional / Local design
4. Creating case numbers	Clerical, plus other job classes for back-up if necessary
5. Updating case status	Primarily clerical/supervisors
6. Entering worker assignment history	Primarily clerical/supervisors
7. Entering record location status	Regional / Local design
8. Maintaining current data regarding ethnicity, language, name, social security number (for children in placement), and legal residential address	Regional / Local design
9. Completing SSI eligibility records	SSI Facilitators
10. Completing Title IV-E records	Eligibility Specialists



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<b>TASK / PROCEDURE</b>	<b>JOB CLASS TO BE ASSIGNED CAMIS DATA ENTRY</b>
11. Completing Title XIX records	Eligibility Specialist
12. Completing risk and summary assessments/with findings in investigation module	Social Worker
13. Creating and updating SSPS provider numbers and businesses	Clerical, plus other job classes for back-up if necessary
14. Tracking placement and legal history, legal status, and custody	Regional / Local design
15. Creating and updating licensing records	Regional / Local design
16. Creating and updating facility complaint records	Regional / Local design
17. Creating and updating contracts	Regional design
18. Entering and updating SSPS Authorizations	Regional / Local design (Authorized personnel only)

- C. The Division of Children and Family Services (DCFS) Regional Administrator or Division of Licensed Resources (DLR) Regional Manager, as applicable, will establish expectations for the use of CAMIS to record the Service Episode Record (SER).
1. At a minimum, the CAMIS Referral SER for Child Protective Services (CPS) must contain the date of the initial face-to-face contact (Code FC) with the alleged child victim. This must be recorded on the Referral.



2. The CPS social worker may record the narrative description of the contact either in CAMIS or legibly handwritten in the paper case file. If the latter format is selected, the worker needs to record in CAMIS only the date and type of client contact (Code FC) and add a note to “refer to handwritten narrative.”
  3. If a supervisor has made an exception to the requirement that the face-to-face visit occur within 10 days from the date of referral, the supervisor shall note the exception in the CAMIS Referral SER.
  4. While it is important for staff to do case recording as soon as possible following occurrence for sake of accuracy, the social worker or supervisor, as applicable, shall make the FC entry in CAMIS no later than 30 days after the date of referral.
- D. The Regional Administrator or Regional Manager, as applicable, is responsible for integrity of CAMIS data input.
- E. The Regional Administrator, the Area Manager, and the Regional Manager, as applicable, are responsible for determining which staff members will be responsible for recording information in CAMIS based on the guidelines listed above. Social work and management staff are responsible for assuring that information regarding clients, licensees, and providers is recorded correctly in CAMIS in a timely manner.
- F. See Chapter 15000 for CAMIS/Information System standards.
- G. See the *CAMIS User's Manual* for procedures related to use of the information system.



## **13200 INITIATING RECORDS**

### **13210 INTAKE AND ASSESSMENT REQUIREMENTS FOR CPS**

- A. The CA Intake social worker completes the CAMIS referral on any Child Protective Services (CPS) or other referral. Referrals that do not pass the sufficiency screen remain in CAMIS. Social workers record in CAMIS all other calls to Intake requesting information or consultation as “information only.”
- B. The CPS social worker may initiate a service record inquiry by forwarding the *Report of Child Abuse and Neglect* to local office master files with sections A, B, and C completed. If no existing record is located, support staff request or create a new record according to local office procedures for all child victims or families of child victims passing the sufficiency screen.
- C. Referrals that are tagged at Intake as low risk and receive the low risk standard of investigation have a case folder created when a referral is made to an Alternative Response System and the case is open in DCFS.
- D. All other referrals that are tagged at Intake as low risk and receive the low risk standard of investigation are opened and closed on CAMIS. For level 1 and 2 referrals, no case number is assigned. For level 3 referrals, the case is opened and a number assigned. For the cases opened and closed on CAMIS, collateral information in the form of additional documentation or correspondence is filed and maintained by each office, according to local procedures.
- E. If additional referrals are made on a family, and the risk is moderately low or higher, the prior low risk referral(s) are printed, linked to the case number in CAMIS, and included in the case file.



13220 INTAKE AND ASSESSMENT REQUIREMENTS FOR CWS AND FRS

- A. The CA Intake social worker completes the CAMIS referral on any Child Welfare Services (CWS), Family Reconciliation Services (FRS), or licensing referral. The Intake worker retains CWS/FRS/ licensing information and referral data in CAMIS. See chapter 15000, sections 15202 and 15214, and the *Practices and Procedures Guide*, chapter 4000, section 4100.
- B. The CWS, FRS, or licensing social worker may initiate a service record inquiry by forwarding the completed intake summary to local office master files. If no existing record is located, support staff initiate a new record according to local office procedures for cases requiring services other than information and referral.

13230 RECORDS MANAGEMENT

State law requires that CA maintain records for services to children and their families as well as for licensed or approved providers and for persons who apply and are subsequently denied licensure or approval for service. RCW 13.34.130; RCW 13.50.010; RCW 26.33.330; RCW 26.44.030(12)

- A. The CA office, in accordance with local procedures, assigns a case number for each family, child, or licensing file as appropriate. The case number will begin with the two-digit office/county code, followed by a letter designating the type of case, and the case-unique number assigned by the local office. The letter prefixes are:
  - “L” or “D” – Family/Parent File at regional discretion.
  - “D” -- Child with any dependency, voluntary, or CHINS legal actions.
  - “H” – Licensed Home or Facility



- B. The Regional Administrator, the Area Manager, and the DLR Regional Manager establish procedures for their respective areas of responsibility for support staff to build, assign a unique number, file, store, add volumes, secure, transfer, and retrieve social service records, with all inactive service records maintained in a central file location until transfer to the central Records Retention Center.
  - 1. All closed social service records (other than those files for children whose parental rights were terminated) with closed services will be transferred to the Records Retention Center periodically. See Chapter 14000, Section 14345, for the retention schedule.
  - 2. Licensing files that were closed due to a revocation or denial of a license will be retained permanently in the local office.
  - 3. Closed records of children whose parental rights were terminated will be sent from the local office to state office adoptions staff for forwarding to State Archives. This includes records for children who were not subsequently adopted.
- C. Except for brief information and referral contacts and other activities of less than thirty (30) minutes duration, the social worker, in accordance with local or regional office procedure, opens a record and completes appropriate paperwork or computer input through CAMIS.
- D. The local office opens a single case service record for each family in which the children remain in the home, and there are no legal proceedings.



- E. When a child or sibling group is placed out of the home or legal proceedings are initiated, the local office opens an individual service record for each child placed or for whom a dependency has been filed. The parent/family file remains open, with reference to the child's record included, until services to the parent are terminated.
- F. The local or regional DCFS or DLR office, as appropriate, maintains case records on all persons or providers licensed or certified by the department.

13231 Record Establishment

- A. When a case is opened/assigned pursuant to a written or CAMIS-generated referral, case numbers and record make-up are required for the following:
  - Child Protective Services (CPS)
  - Family Reconciliation Services (FRS)
  - Child Welfare Services (CWS)
  - Child Day Care Services
  - Adoptions
  - Foster Home Licensing
  - Intra- and Interstate Home Studies
  - Federal Funding
  - Foster Home/Private Agency
  - Rehabilitative Treatment/Behavioral Rehabilitation Services/ Group Care



### 13232 Definitions

For definitions relating to case file make-up, see Appendix A, DEFINITIONS.

### 13233 Master File/Case Record Clerical Responsibilities

Clerical support staff determines whether a DCFS client or DLR licensing applicant has an existing case number or file in the office and/or elsewhere in the state.

### 13234 ITIS/ACES

Clerical support staff check the eligibility status of clients who are the subject of referrals or requests, using the Interactive Terminal Information System (ITIS) or its replacement, the Automated Client Eligibility System (ACES).

- A. After logging into PC-ITIS, staff chooses (01), eligibility, and inputs all available information on referral; i.e., names, birth dates, etc. If the client is found, staff makes a print of both ITIS screens showing programs involved, all pertinent data; e.g., Social Security number, birth dates, current address.
- B. A "Name Inquiry" in ACES must also be performed; a client may be found in both systems. ACES will, however show **the most current** TANF eligibility status for a family. Assigned staff takes the following steps:
  - 1. Select the desired name, and if the person is "HOH" (Head of Household) the first screen that comes up will be the "ADDR" (address) screen.



2. To see which CSO is handling the case, place cursor on first digit of CSO # in upper left corner of screen and press [F1] for a list of all CSOs and their corresponding numbers.
3. Access the DEM1 (Demographic 1) screen to verify client's social security number, birth date, and ethnicity.
4. Use the [F1] key to access additional screens explaining Race Code and Living Arrangement Code indicated on this screen.
5. To get this information for the other members of the Case Unit, first press the [F11] key to display the Client Pointer associated with each client in the Case Unit.

#### 13235 Birth Certificate

The birth certificate is used by clerical support staff when no information or data are found in PC-ITIS. After logging into the BIRTH CERTIFICATE screen, the employee accesses Birth system, then Simple Search. The employee then inputs data that are available on referral (must have birth date) and prints a copy of the Birth Certificate of the child.

#### 13236 CAMIS Input

##### A. CASSTART

1. Clerical staff uses CASSTART and inputs the referral number for cases. CAMIS generates the next sequential number. Clerical staff opens the case. The date of opening is the date the referral was accepted or date of placement, whichever is earlier. Clerical staff inputs the file folder status and creates a file folder.



2. Cases can be created from referrals for only the following types of programs: CPS, CWS, FRS, and Home Studies.

3. Case Program Codes:

- A - Adoptive Home Services
- C - CPS
- F - FRS
- H - Home Study
- I - Interstate Compact
- L - Licensing
- T - Adoption Support

The following two codes are not used to create cases, only for additional worker assignments on an existing, open case:

- U - Courtesy Supervision
- S - Service Inactive

3. Record Requests Without a Referral

- a. Using CASSTART to generate a case number without a CAMIS referral (e.g., Licensing, Adoptive Home Services, Interstate Compact, Adoption Support, etc.), clerical staff follow procedures regarding CPS/FRS status/opening and worker assignments. Either create or search for all family members and input data for clients, persons, etc., and input relationship codes. Follow procedures for updating/adding data in PRSNUP screen.

- b. Legally Free Children - see chapter 15000, section 15206.



- c. Courtesy Supervision - see chapter 15000, section 15213.
- d. Interstate Compact - see chapter 15000, section 15214.
- e. Federal Revenue File

For every child residing in department-paid substitute care more than 72 hours (Saturday, Sunday & holidays excluded), the Master File clerk creates the hard copy Federal Revenue file at time of creation of the social service file, for placement cases, and at the request of the FSS for non-placement. The Master File clerk indexes the file to the child receiving services and enters the appropriate data in CAMIS.

- B. CASWRKDAT checks social worker assignment and date. If the information is incorrect, assigned clerical staff or the unit supervisor updates or deletes data as necessary.
- C. CASERELS screen adds, deletes, updates status of clients and relationships of clients. If birth date and Social Security number are not already input, clerical staff adds the data taken from PC-ITIS/ACES. If all pertinent information is input, check for accuracy. Each person needs to be updated for language, ethnicity, LEP, and any corrections that need to be made to assure accuracy.



D. Dash Records

1. A dash number case is opened for each child in placement regardless of length of placement or for whom any legal action has been initiated, for hard copy and paperless files. If placement is less than 72 hours, excluding the weekend, a paperless file is generated in CAMIS. The status of the file will be pending. A hard copy federal revenue file will be made for each child in placements of over 72 hours excluding weekends and holidays.
2. For teen parents and infants residing in the same out-of-home care facility, a separate dash file IS NOT created for the infant. The infant is considered to be living with his/her teen parent, and a Placement Episode for the infant is not created in CAMIS. A legal authorization-to-place for the infant is not required when the teen parent and infant are residing together. The infant is eligible for Title XIX medical coupons, and the teen parent's maintenance payment, with approval of an Exceptional Cost Payment (ECP), is simply increased by an amount equal to the infant's maintenance payment. Should the teen parent and infant be placed apart, or the teen parent leaves the home, it is at that point that Placement Episode is created, and a legal authorization to place the infant is required.

E. Existing Records

To connect a new referral to an existing case, on the command line staff uses CAMIS procedure CASREFCD. Staff answers "yes" to the two questions on the following screen to bring over caseworker and address. On the CASEUP3 screen, the worker follows procedures as in new case openings.



**F. Case Closures**

1. Refer to chapter 15000, section 15202. The social worker completes a Summary Assessment form on each case receiving the high standard of investigation at the conclusion of the investigation. The narrative recording, when required, will document all activities and responses to the referral as well as the basis for the assignment of risk.
2. Completion of a Summary Assessment is required on all cases at closure that initiated as CPS.

**13300 ADMINISTRATIVE RECORDS**

- A. When personnel covered by the Public Assistance Bargaining Agreement or their family members are party to a CPS, FRS, CWS, child care license applicant or licensee, adoption applicant, or Participation Child Care referral or case other than as referrers, collateral contacts, or witnesses, an Administrative File may be created upon notice to the Regional Administrator. For personnel employed by CA, confidential administrative records are created.
- B. See chapter 15000, section 15204, for additional standards and procedures for establishment of administrative files.

**13400 COMPOSITION OF CLIENT RECORDS**

**13410 SOCIAL SERVICE RECORD MAKE-UP**

The service record contains separate sections placed in a folder and/or in CAMIS in the following order:



- A. Section 1 - **Narrative Recording Section** contains the Service Episode Record (SER), placed in chronological order. If the SER and Summary Assessment are completed in typed or word processing format rather than in CAMIS or on handwritten forms, the social worker must print and file them as they are completed.
- B. Section 2 - **Service Authorization/Payment Section** contains all forms documenting eligibility or authorizing services. The documents are placed in chronological order with the most current at the front.
- C. Section 3 - **Document Section** contains all program specific forms, other documents, and correspondence, placed in chronological order with the most current at the front.
- D. Section 4 - **Permanency Planning Section** contains the following:
  - 1. CAMIS Child Placement and Legal History (for placement and legal history prior to June 1994 not recorded in CAMIS-DSHS 15-192[X]), filed at the front of the section.
  - 2. Legal/court documents relative to juvenile custody/Child in Need of Services/dependency matters, including the Transfer of Custody form.
  - 3. Voluntary placement agreements.
  - 4. Individual Service Plans (ISP) in chronological order with the most recent on top, under the Child Placement and Legal History.
  - 5. Foster Care Administrative Review summary reports, DSHS 5-203.



6. Other case review recommendations such as Local Indian Child Welfare Advisory Committee (LICWAC) as it serves as the required administrative review, Child Protection Team (CPT), or Adoption Planning, constituting a review of permanent planning activity.

E. Section 5 - **Health and Education Record**

1. The Health and Education Record is a separate section in the child's service record, for each child in placement over 90 days, that records:
  - a. All medical, mental health, and dental information, including provider information;
  - b. A complete immunization history;
  - c. The child's birth records;
  - d. Any Supplemental Security Income (SSI) assessments;
  - e. Scholastic performance documents and reports, including Individual Education Plans (IEP) and report cards;
  - f. Daily activities, routines, and social information;
  - g. Copies of the child's *Health and Education Passports*, a summary document for the health, school, and social information that is provided to the child's caregiver at the initial placement, and upon each subsequent placement.



2. This section shall be divided into seven categories, with each category maintained in chronological order with the most recent entries on top. The sections shall be:
  - a. Medical Problems, with the most current *Health and Education Passport* serving as the face sheet for this section;
  - b. Psychological/Psychiatric Problems;
  - c. Healthy Kids Examinations and Findings;
  - d. Dental Problems;
  - e. Scholastic Performance;
  - f. Daily Routine/Social Information; and
  - g. Historical copies of the *Passport*.
3. Any information related to HIV/AIDS must be filed in the confidential envelope maintained in the record.
4. The social worker shall provide the current Health and Education Record, as appropriate, to the following:
  - a. The child's adoptive parent(s) for their permanent records, to help them plan for their adopted child's future medical and scholastic needs;
  - b. Upon the child's return home, the child's custodial parent;



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- c. Upon the child reaching the age of majority and subsequent emancipation from residential care and becoming responsible for their own medical care, to the child.
- F. Section 6 - **Indian Child Welfare Section**, for an Indian child eligible for Indian Child Welfare Services as described in the *Indian Child Welfare Manual*, contains those documents required by the *Indian Child Welfare Manual* and regional policy.

13411 Federal Revenue File

The Federal Revenue File contains separate sections placed in a single folder/jacket for each federal funding source; i.e., IV-E, Title XIX, and Title XVI/SSI.

- A. At a minimum, the child's Federal Revenue File contains:
  - 1. Copy of *Coordinated Benefits Referral*, DSHS 14-226, when necessary;
  - 2. Signed Statement of Medical Necessity form(s);
  - 3. Copy of ITIS/ACES inquiry;
  - 4. Document eligibility decision in either CASEACTN or PRSNACTN; and
  - 5. Copy of COPCR for Source of Funds (SOF) Correction of Payment Action(s).
- B. The IV-E Section

The contents of the IV-E section are placed as follows:



1. The left side of the jacket contains copies of all placement vendor licenses, CASEACTN/PRSNACTN narrative or notes (SER), copies of PLCHIST or DSHS 15-192, and the *Adoption Support Monitoring Schedule*, DSHS 14-319, all placed in chronological order with the oldest on the bottom.
2. The right side of the jacket contains all other documents in ascending order. See chapter 11000, section 11200, for minimum documentation/verification requirements.

C. The Title XIX Section

The Title XIX/Medicaid section is identified with a separate cover sheet.

1. The contents are assembled in chronological, ascending order with a prong paper fastener.
2. See chapter 11000, section 11200, for minimum documentation requirements.

D. The Title XVI/SSI section is identified with a separate cover sheet.

1. See chapter 11000, section 11200, for minimum documentation requirements.
2. The contents are assembled, as they are processed in the initial application, reapplication, and appeal processes, with a paper fastener.



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3. Once favorably adjudicated, award letters and recertification documentation are added chronologically on top. Following local protocol, the Child Placement and Legal History form is placed on top of the SSI section.

13412 Assembly of Folders

- A. CA Case Record Make-Up Clerks use only the Color-Coded Terminal Digit System.

1. Basic number contains six digits, plus a suffix.
2. The first digit in the secondary group determines the color of the case record folder(s). The Case Record Make-Up Clerk uses the following chart to determine the folder color needed.

Folder Number	Color
0	White
1	Red
2	Yellow
3	Pink
4	Green
5	Brown
6	Blue
7	Orange
8	Violet
9	Tan

If any region uses a different color coding system, the Regional Administrator must do a waiver.



3. The suffix, beginning with “dash 1,” is assigned to the child or sibling group following age chronology, except that, when a younger child is placed prior to older siblings, the child placed first receives the “dash 1,” suffix.
4. For in-home dependencies, see chapter 15000, section 15202.

**B. Folder Labels**

Support staff do the following when preparing folder labels:

1. Use red-bordered labels and numbered digits to identify Financial Resource folders. The region may display other identifiers consistent with local protocol.
2. Use purple-bordered labels for adoptive home and licensing records.
3. Use blue-bordered labels for facility child abuse and neglect investigation records.
4. Use green-bordered labels for all other CA files.
5. Type under the color border the custodial parent(s):
  - a. Last name in capital letters, first name, middle initial;
  - b. Basic number and suffix.



C. Folders

Support staff preparing folders, on the front of the folder, print the basic number, including the program letter code prefix, in two-digit columns down the right side, including the suffix on foster child folders. For LEP or Indian Child Welfare (ICW) cases, "LEP" or "ICW" must be clearly printed on the front of the case folder.

D. Routing Folders and Documents

Clerical staff forwards the case record folders and clearance documents to the assigned social worker or financial staff.

**13500 LICENSING RECORDS**

Each Regional Manager will require the maintenance of Family Foster Home, Rehabilitative Treatment Services/Group Care, Child Placing, and child day care home and center licensing files, as applicable, in standard sections to facilitate consistency and orderliness of files. The licenser maintains a separate file for each program license for every agency. See section 13712 for information relating to disclosure of information in licensing files.

**13510 FILE STRUCTURE**

- A. The Office of Child Care Policy (OCCP) shall establish its own standards for licensing file make-up. The following standards apply to residential and child placing licensing files.
- B. The Office of Foster Care Licensing (OFCL) shall use the standards contained in this section.



1. The OFCL licenser will file all documents in six-section folders as described below.
2. The documents in each section are to be attached to the folder.
3. If additional volumes are required, the order will continue by section order; e.g., Volume I contains sections A, B, and C, while Volume II has sections D, E, and F.
4. The licenser places current documentation on top of each section.

**13511 Section A - Licenses, Applications, and Related Documents**

This section contains the following materials in the order outlined:

- A. A signed copy of the current license and cover letters;
- B. The most recent application form, followed by prior applications. Attachments to the application are filed in Section E;
- C. Exception Requests;
- D. Waivers;
- E. Audits, Reviews, Monitoring Reports.

**13512 Section B - Service Episode Record (SER)**

- A. Ongoing narrative regarding contacts, problems, changes made in the home or facility, and other information, including renewal assessments, is added to this section chronologically, with the most recent on top.



- B. The home study and autobiography, placed chronologically within the SER.

13513 Section C - **Personnel Documentation**

Documentation related to licensee personnel, including references for the applicant/licensee and staff, resumes, and criminal history clearance documents.

13514 Section D - **Complaints and Corrective Actions**

This section contains documentation related to reports of incidents:

- A. Incident Reports;
- B. Complaints, Findings, Deficiencies, including copies of CPS and licensing allegations and results of investigations;
- C. Conclusions and/or Corrective Actions;
- D. License Letters of Modification, Suspension, Denial, Revocation.

13515 Section E - **Application Attachments and Inspection Reports**

This section includes items that accompany the application and other forms completed during the licensing process. The following are examples of documents appropriate for inclusion in this section:

- A. Discipline Policy, Evacuation Plan, Medical Plan, Statement on Religion, Training Plan, Articles of Incorporation if applicable, Personnel Policies.



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- B. For foster family homes: Confidentiality Statement, Child Care Agreement, Public Disclosure information, verification of TB tests, First Aid/CPR, documentation of attendance at HIV/AIDS classes.
- C. Fire Inspection, Health and Safety Inspection Reports, and Licensing Checklists, with the most current checklist placed at the beginning.

13516 Section F - **Miscellaneous Correspondence, Financial, and Training**

- A. Correspondence that does not properly fit into the other sections.
- B. Payment forms (Provider File requests, SSPS forms, respite payment forms, etc.).
- C. Documents that a licensee or the department provides to verify training.
- D. License Letters of Modification, Suspension, Denial, Revocation.

13600 **GENERAL RECORD MAINTENANCE**

13610 FILING RECORDS

Clerical staff in each CA office have a choice of using a numerical or alphabetical filing system. The filing of loose documents in a closed file is a clerical function, only after the file folder has been placed in closed files.



13620 CREATING ADDITIONAL VOLUMES

- A. Staff requests that clerical staff split a financial or social service record into additional folders (volumes) when the contents exceed the space allowance of the folder (approximately one inch). Clerical staff labels the original folder "Volume 1" and assigns the next chronological number to each additional folder; e.g., "Volume 2," "Volume 3," etc.
- B. Clerical staff enters status, type, name, and each additional volume in CAMIS and notes on the file folder the volume number.

13700 **RECORD ACCURACY, PRIVACY, AND DISCLOSURE**

This section addresses maintenance of accurate records, personal privacy, and disclosure and nondisclosure of CA records, including licensing records. These topics are inter-related, with accuracy of information being a significant element.

13710 EXPECTATIONS FOR ACCURACY

Information in social service records must be complete and accurate, to the best ability of assigned social work or other staff, and can be shared only with authorized representatives of public or private agencies having a legitimate need to be informed concerning clients whom they are actively serving. The Regional Administrator and the Regional Manager are responsible, in their respective areas, for the integrity of data in electronic and paper files.



13720 PUBLIC DISCLOSURE

- A. The Public Records Act, chapter 42.17 RCW, governs access to and disclosure of public records. CA is required to make identifiable public records promptly available for inspection and copying upon request by any person, unless nondisclosure is required or authorized by law. RCW 42.17.280
- B. CA and its employees are immune from liability for any loss or damage based upon the disclosure of a public record if the agency or employee acted in good faith in attempting to comply with the provisions of the law. RCW 42.17.258
- C. See Appendix A, DEFINITIONS, for the definition of "Public Record" and "Writing."

13721 Public Disclosure Responsibilities

- A. The Director, Division of Program and Policy Development, is the designated Public Disclosure Officer for Children's Administration.
- B. Each Regional Administrator and Regional Manager, as applicable, designates a public disclosure coordinator for the regional office and for each local office. The coordinator, upon request, assists the public or department staff in disclosure matters for that administrative unit.
- C. The regions will respond to all day-to-day or ordinary public disclosure requests. However, regional public disclosure coordinators shall not respond to the following requests and shall immediately route such requests to the headquarters public disclosure coordinator for response.



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1. Requests for reports collected at the state office; for example, statewide Health and Safety Report, CAMIS reports generated at the state office level.
  2. Requests for information from more than one region where consistency of information is necessary.
  3. Especially sensitive issues are best handled at Headquarters:
    - a. Requests from the media, including, newspapers, television, and radio;
    - b. Requests from attorneys, which may involve potential lawsuits;
    - c. Requests from legislators;
    - d. Requests which reference SSB 5770, Confidentiality of Child Welfare Records.
    - e. Requests involving “hot” cases or those generating controversy in the community; and
    - f. Other cases which may be of a hostile nature or where there is need for headquarters staff and Media Relations to be aware of the request.
- D. When there is a question about whether the preparation should be done at the regional or headquarters level, the regional public disclosure coordinator will consult with the headquarters public disclosure coordinator at (360) 902-7901.
- E. Public disclosure coordinators are to consult with assigned AAG whenever an issue regarding the release of information is not clear.



13722 Public Disclosure Guidelines

CA staff shall comply with the provisions of WAC 388-320-100 and DSHS Administrative Policy 6.14 to make available all disclosable public records. Staff are not required to create information or material. Among the requirements of the WAC are the following:

- A. When information is requested under chapter 42.17 RCW, the public disclosure coordinator must respond within five working days. Therefore, for the those requests described in section 13721, paragraph C, above, the regional public disclosure coordinator or other designated staff must be immediately faxed to the attention of the CA Headquarters Public Disclosure Coordinator at (360) 902-7903.
- B. The designated public disclosure coordinator's response may be to:
  - 1. Provide the requested material; or
  - 2. Provide the requester with an anticipated date when the division will provide the material.
  - 3. Deny the public record request.
- C. The public disclosure coordinator may require additional time to respond to a request, based upon the need to:
  - 1. Clarify the intent of the request;
  - 2. Locate and assemble the information requested;
  - 3. Notify third persons or agencies affected by the request; or



4. Determine whether any of the information requested is exempt and that a denial should be made as to all or part of the request.
- D. In acknowledging receipt of a public record request that is unclear, the public disclosure coordinator may ask the requester to clarify what information the requester is seeking. If the requester fails to clarify the request, the public disclosure coordinator need not respond to it.

WAC 388-320-100

#### 13723 Requests for Disclosure

A request for disclosure of a public record may be oral or written and must be made during customary business hours. WAC 388-320-130

#### 13724 Preserving Requested Records

If a public record request is made at a time when such record exists but is scheduled for destruction, the department shall retain possession of the record and may not destroy or erase the record until the request is resolved. WAC 388-320-132

#### 13725 Approval or Denial of Request

- A. The public disclosure coordinator shall grant a request for a record which does not contain exempt information and shall disclose the record.



- B. The public disclosure coordinator shall grant, in part, a request for a record which contains information that is exempt when the exempt information can be deleted so release of the remainder of the information does not violate privacy or “vital government interest,” as determined by the CA Public Disclosure Officer. When a record is released with exempt information deleted, the public disclosure coordinator will make notations so the nature of the deleted information is made known.
- C. The public disclosure coordinator will deny a request for a record which contains information that is exempt when the exempt information cannot be deleted and the remainder released without violating privacy or vital government interest.
- D. The public disclosure coordinator shall deny a request for a list of individuals requested for commercial purposes unless it is in an index available to the public, as authorized by RCW 42.17.260(6).
- E. The public disclosure coordinator shall accompany a denial of a request for disclosure with a written statement of the specific exemption authorizing the withholding of the record, or part of the record, and a brief explanation of how the exemption applies to the record withheld.

WAC 388-320-133

#### 13726 Disclosure to Client's Representative

- A. When a representative designated by a client requests the client's record, the request must be accompanied by a written release signed by the client, except when that representative is a legislator or an attorney for the client. The written release must include the following:



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1. The identity of the person(s) or organization(s) to whom disclosure is to be made;
  2. An identification of the record, or portion thereof, to be disclosed; and
  3. A statement of when the authorization for disclosure expires.
- B. The legal guardian of a client has any and all rights accorded to a client by this section.

WAC 388-320-135

13730 COST OF DISCLOSURE

13731 Inspection

Children's Administration shall charge no fee for the inspection of public records.

WAC 388-320-140

13732 Collection of Fees

The disclosing office shall collect the following fees to reimburse itself for costs incidental to providing copies of public records:

- A. The actual cost of printing manuals and manual revisions;
- B. The actual cost of copying blueprints and like materials involving an extraordinary expense;
- C. Twenty-five cents per page for black and white photocopies; and
- D. The cost of postage, if any.



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The requesting party must submit the required fees to the public disclosure coordinator within one work day of the request for disclosure and before the records are disclosed.

WAC 388-320-140; RCW 42.17.260

13733 Fee Waivers

- A. When the department is a party in an administrative hearing, the public disclosure coordinator shall authorize free copying of records from a department file when the records are demonstrated to be relevant and the client is indigent.
- B. The public disclosure coordinators are authorized to waive fees. Factors considered in deciding whether to waive fees include:
  - 1. Providing the copy will facilitate administering the program; and/or
  - 2. The expense of processing the payment exceeds the copying and postage cost.

WAC 388-320-140

- C. The disclosing office coordinator shall not charge for locating public documents and making them available for review or copying. RCW 42.17.300



13740 PROTECTION OF PUBLIC RECORDS

Public records shall be disclosed only in the presence of a public disclosure coordinator or his/her designee, who shall withdraw the records if the person requesting disclosure acts in a manner which will damage or substantially disorganize the records or interfere excessively with other essential functions of the department. WAC 388-320-170

13750 DISCLOSURE PROCEDURE

- A. The public disclosure coordinator reviews file materials prior to disclosure.
- B. If the file does not contain materials exempt from disclosure, the public disclosure coordinator ensures full disclosure.
- C. If the file does contain materials exempt from disclosure, the public disclosure coordinator denies disclosure of those exempt portions of the file and, at the time of the denial, clearly specifies in writing the reasons for the denial of disclosure, including a statement of the specific exemptions or the reasons authorizing the withholding of the record and a brief explanation of how the exemption or reason applies. The public disclosure coordinator full discloses the remaining non-exempt materials.

WAC 388-320-205

13760 REVIEW OF DENIAL OF DISCLOSURE

If the person requesting disclosure disagrees with the decision of a public disclosure coordinator, the person may petition the department's public records officer for review of the decision denying disclosure. The form or letter used by the public disclosure coordinator to deny disclosure shall clearly indicate this right of review.

RCW 42.17.320; WAC 388-320-210



13770 NON-DISCLOSABLE PUBLIC RECORDS

The following records are exempt from disclosure to the extent provided by the applicable statute:

- A. Personal information in any file maintained for clients of public institutions or welfare recipients. RCW 42.17.310(1)(a)
- B. Information regarding applicants and recipients of public assistance.
- C. Juvenile justice or juvenile care records. Chapter 13.50 RCW
- D. Alcohol and drug abuse patient records. 42 CFR 302.18
- D. Records concerning applicants or recipients of support enforcement activities. 45 CFR 302.18; RCW 74.13.121
- F. Adoption and voluntary termination of parent-child relationship records and financial information received from adoptive parents. Chapter 26.33 RCW; RCW 74.13.121
- F. Division of Child Support information regarding location of parents. RCW 74.20.280
- H. Mental illness and inebriacy records. RCW 71.05.390
- I. Records of patients and inmates of state institutions. RCW 72.01.290
- J. Records maintained by rape crisis centers. RCW 70.125.065
- K. Personal information in files maintained for an employee or volunteer of the department. RCW 42.17.310(1)(b) and (u)



- L. Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the Public Disclosure Commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant, victim, or witness indicates a desire for disclosure or nondisclosure, such desire will govern.

RCW 42.17.310(1)(e)

- M. Preliminary drafts, notes, recommendations, and intra-agency memoranda in which opinions are expressed or policies formulated or recommended, except that a specific record is not exempt when publicly cited by the department in connection with any action.

RCW 42.17.310(1)(i)

- N. Records relevant to a controversy to which the department is a party but which would not be available to another party under the rules of pretrial discovery for causes pending in superior courts.

RCW 42.17.310(1)(j)

- O. Information that identifies a person who, while an agency employee:

1. Seeks advice, under an informal process established by the employing agency, in order to ascertain his or her rights in connection with a possible unfair or discriminatory practice under chapter 49.60 RCW against the person; and
2. Requests such person's identity or any identifying information not be disclosed.



13780 QUALIFICATIONS ON DISCLOSURE

The following limitations are placed on disclosure of public records:

- A. To the extent that non-disclosable information can be deleted from the specific record sought, the remainder of the records is disclosable.
- D. Statistical information not descriptive of identifiable persons is disclosable.  
RCW 42.17.310(2)
- C. Inspection and copying of specific records otherwise non-disclosable is permissible pursuant to an order of the superior court or an order of the Office of Hearings enforcing a subpoena.  
RCW 42.17.310(3)
- D. Upon written request of a person properly identified as a law enforcement officer with a felony arrest warrant or a properly identified United States immigration official with a warrant for an illegal alien, the department shall disclose to such officer or official the current address and location of the person described in the warrant.  
RCW 74.04.062
- E. Any person may inquire of the department whether a named individual is a recipient of public assistance. RCW 74.04.060
- F. Any records of the department may be made available for research purposes provided that the research complies with the guidelines published by the department as Administrative Policy 12.01 in response to 45 CFR 46.103 and chapter 42.48 RCW. Any CA staff receiving a request for data or information for research purposes shall refer that person to the Director of Management Services.  
WAC 388-320-225



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13790 DISCLOSURE FOR PROGRAM AND OTHER PURPOSES

- A. For purposes directly related to the administration of department programs, information shall be disclosed between offices of the department, unless prohibited by 45 CFR 205.50 or other law.
- B. For purposes directly connected with the administration of department programs, information may be disclosed by the department to outside agencies, unless disclosure is prohibited by law. Agencies or individuals receiving such information are subject to the same standards of disclosure as are required of the department.
- C. To the extent not otherwise prohibited or authorized by law, inquiries from agencies outside the department will be honored only if written and only if the client's authorization is included in the request.

WAC 388-320-240

137100 DISCLOSURE AND PRIVACY

- A. If the public disclosure coordinator determines that a record falls within one or more of the exempt categories in RCW 42.17.310(1), information must nevertheless be disclosed unless disclosure would violate a person's right to privacy or impair vital government interests.
- B. A person's "right to privacy," "right of privacy," "privacy," or "personal privacy," as these terms are used in the statute, is invaded or violated only if disclosure of information about the person:
  - 1. Would be highly offensive to a reasonable person; and
  - 2. Is not of legitimate concern to the public.

RCW 42.17.255



- C. Both prongs of the above test must be met in order to deny disclosure of information or records on privacy grounds. Because individuals who are the subject of public records may not realize that the privacy rights protected under the law are so limited, the public disclosure coordinator may notify third parties who are the subject of a record prior to disclosure.
- D. Prior to releasing any record, the public disclosure coordinator has the option of notifying persons named in the record that release of a record has been requested. The coordinator must notify persons whose names appear in requested records if specifically required to do so by an applicable law. RCW 42.17.330

137110 PRACTICE CONSIDERATIONS

- A. The social worker provides, subject to the constraints outlined above, a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian, or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.
- B. Clients with proper identification have the right to look at their records if they request to do so. They also may challenge the accuracy, completeness, or relevance of statements. Sources of CPS complaints remain anonymous, and their names must be purged from the record prior to the client's review.



- C. The social worker offers language interpreter services to clients who are unable to read the case record information.
- D. All material presented at a dispute hearing is open to examination of the client and his/her representatives, even though such material would ordinarily be considered confidential.
- E. Staff subpoenaed to appear in court shall not take the social service record unless it is also subpoenaed, at which point the social worker consults with the assigned Assistant Attorney General.
- F. No individual shall make available outside the department a partial or complete list of service recipient names or address. Social Service Payment System (SSPS) reports containing client identifiers are confidential.
- G. For adoption records, after the petition for adoption is filed, information, except medical reports, in the child's record may be released only by written order of a Superior Court.
- H. With respect to the service records of children and youth who are under the jurisdiction of the court, the requirements outlined in the *Case Services Policy Manual*, Chapter 2000, section 2150, are to be followed.
- I. If a juvenile, his/her parents, or their attorney makes a written request asking the department about the existence and content of custody, or care records, the Area Manager completes the following steps.

RCW 13.50.100



1. Makes written response to the inquiry within 10 working days after its receipt. The department provides to the juvenile, the parents, or attorney making the inquiry information regarding the location, nature, and content of any records in the department's possession. A juvenile, the parents, or the attorney, wishing to challenge the information contained in the department records, must notify the department in writing, providing:
  - a. The name of the juvenile.
  - b. A statement of those portions of the record alleged to be inaccurate.
  - c. If retention of the record is being challenged, a statement as to why the record should be destroyed.
2. Reviews the notification of challenge and responds in writing within 30 calendar days. The response will indicate the corrections which have been or will be made or shall state the basis for denial of any requested corrections. If appropriate, the response will also include a statement indicating whether the records have been destroyed or transferred to another juvenile justice or child care agency.
3. Notifies the juvenile, the parents, or their attorney that, if they dispute the department's response, they may seek an administrative review of the decision as provided in the Administrative Procedure Act.



- J. CA staff removing records to an alternative work site must maintain security and confidentiality of information contained in records. To maintain security and confidentiality, information contained in CAMIS will be printed only at department work sites.

#### 137111 Client Records

- A. The following records are disclosable only to the client (the child's parent or legal designee, child or custodian-parent of a child under 18, legal representative of a child).
  - 1. The CPS record, except that the name and other identifiers of the referrer of alleged CA/N may be removed prior to disclosure.
  - 2. CWS or FRS records.
  - 3. Juvenile court records or juvenile court documents contained in DCFS files.

RCW 13.50.100

When a non-custodial parent requests information from a child or family record, the public disclosure coordinator consults with the Assistant Attorney General (AAG) prior to releasing the information to determine criteria for release.

- B. The information in paragraph A above may be shared with other public agencies subject to the same rules of confidentiality as CA. For example, information from a CPS or CWS record may be provided to a contractor who is providing counseling or evaluation of a child/ family or shared with Child Protection Teams (CPT) or Local Indian Child Welfare Advisory Committees (LICWAC).



137112 Licensing Files

- A. Unless non-disclosure of particular information is required or authorized by law, licensing record information must be disclosed upon request. Most information contained in licensing records is disclosable. However, licensing records frequently contain information that is confidential or exempt from disclosure requirements.
- B. The public disclosure coordinator or other designated staff will review requested licensing records and identify non-disclosable information in accordance with these guidelines. Staff will redact (remove) non-disclosable information from the record. The public disclosure coordinator will make remaining disclosable information available to the requester for inspection and copying or provide a copy to the requester.
- C. Whenever disclosure of information is denied, the public disclosure coordinator will provide a written explanation to the requester, identifying the information for which disclosure is denied and the specific statutory basis for the denial.
- D. The following table identifies disclosable and non-disclosable information in agency licensing files:



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Disclosable Information	Non-Disclosable Information
Relevant information regarding licensing action resulting from a CPS investigation	Medical reports, including counselor evaluations or reports and autopsy reports (RCW 70.02 RCW)
Self-reported information regarding criminal charges or convictions.	Criminal history and background checks (RCW 74.15.030; 43.43.832; 43.43.834; 43.43.838)
Fact that there was a CPS complaint and that it was determined to be unfounded	Content of unfounded CPS complaints (RCW 26.44.010)
Complaints/concerns other than CPS complaints and licensing actions taken in response	Attorney-client communications (RCW 5.60.060 and case law)
For founded CPS complaint, information regarding incident that led to licensing issue, along with documentation of licensing involvement/action	Actual CPS complaint/report. Information on false complaints if compiled in the course of investigation by DSHS or law enforcement and essential to protect any person's right of privacy (RCW 42.17.310(1)(d))
Incident reports, with identifying information regarding the youth removed	Addresses, Social Security numbers, telephone numbers, and income of licensees (RCW 42.17.310; 74.04.060)
Names, addresses, and telephone numbers of individuals providing references	Content of reference letters
Letters of revocation, following removal of identifying information regarding youth in the home and five-days written notice to the subject provider	Personal/private information that would be "highly offensive to a reasonable person," not of legitimate concern to the public, and is part of an investigative record, including information gathered in the course of the <u>initial</u> application process
Police reports, with names of youth deleted	Case history information regarding the youth or family of the youth placed in a home (RCW 13.50.100)



**E      Personal Information in Licensing Files**

The release of personal and private information is a sensitive issue, and decisions about releasing too much or too little information are difficult. When a question regarding the release of personal and private information arises, the coordinator needs to consult with the assigned AAG.

**F      Personal and Private Information**

The following table provides examples of personal and private information that CA has released and examples of such information that the agency has declined to release.

Information Released	Information Not Released
Generalized answers about the applicant's background	Fact that a foster mother had been raped and received extensive counseling
Experiences with raising children	Sexual orientation of applicant when of no concern to public
Description of foster parent relationships, marital relationships, individual strengths, etc.	Historical family background, such as applicant's parents' marital relationship, family conflict issues, etc.
Statements regarding desire to become licensed providers	Reports of abuse applicants suffered in the past
Description of physical home of applicant, medical and other services they utilize for children in their care	Criminal conviction of applicant's parents or children unless it directly relates to the application
Autobiographical information that does not seem private or offensive	Medical conditions of applicants or their family, such as a child with Down's Syndrome
Statements regarding licensees' willingness to work with parents and agency staff	
Statements about qualifications (experience with children) or attitudes and practices regarding discipline or religious practices	



G. Notice of Disclosure

The public disclosure coordinator provides notice of disclosure to individuals whose licensing files are being released prior to release of the file. The coordinator also provides notice to those named in the file who will be significantly impacted by release of the information. If a question arises regarding the need to notify an individual, the coordinator consults with the assigned AAG.

137113 Disclosure of Police Reports

When a request is received for a copy of a police report, the public disclosure coordinator needs to notify the police agency that CA has received a request for a copy of one of their reports in the agency file. The police agency must provide specific legal citations, within time-frames that will enable CA to meet legal deadlines for disclosure of information, if it wants CA to withhold the information. However, if disclosure of the information would interfere with an ongoing investigation or legal action (on the part of a prosecutor), CA can withhold the information when it receives such notice from the police or prosecutor in writing. Nevertheless, that information may be releasable once the investigation is completed.

137114 Information Subject to Challenge

- A. The social worker is to make reasonable efforts to review information about CA/N which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The social worker:
  - 1. Pursues new information or leads which might resolve the conflict.



2. Interviews additional persons identified as having relevant and direct knowledge about an incident.
- B. A parent or other party to a case may provide a written statement about contested information. The social worker files the written statement in the record in a proximate location to the contested information.

#### 137115 Expungement of Information

- A. The supervisor may expunge information from a case record when the following apply:
1. The information has been found to be untrue in a juvenile court proceeding on the matter; OR
  2. The Area Manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate; AND
  3. There is a written request for expungement from the party who is the subject of the erroneous statement.
- B. The supervisor documents the reasons for expungement in the record.
- C. The supervisor destroys, discards, or deletes expunged information from an existing report or document.



**13800 CASE ASSIGNMENT, TRANSFER, CLOSURE OF RECORDS**

See chapter 15000, section 15202, for CAMIS policy and procedure related to this topic.

**13810 ACTIVE CASES**

An active case, in CAMIS, is one in which the division is providing services to the family and/or child. Active cases have the social worker assignment coded to match the definitions for Service Codes contained in this chapter. If paperwork only is pending, the social worker assignment will be coded as “services inactive.”

**13820 CASE NUMBERS**

**13821 Case Files for Legally Free Children**

For requirements for legally free children, see chapter 15000, section 15206.

**13822 Family and Placement Cases**

For requirements for family cases, cases involving a child in placement or in-home dependency, and cases involving teen parents, see chapter 15000, section 15202.

**13830 CASE TRANSFER**

The Regional Administrator, for DCFS, the Regional Manager, for DLR licensing functions, and the DLR Manager for the Child Abuse & Neglect Section shall establish procedures for the transfer of case files consistent with chapter 15000, section 15202.



13831 Case Record Management

A. Social Service Files

For transfer of active social service cases between regions, the Regional Administrator will establish procedures consistent with the following minimum requirements:

1. Before the transfer is made, the transferring social worker reviews the service record for completeness. All documentation and recording must be current.
2. The transfer must be made within seven working days after receipt of the request with a notation in the record as to any additional material to be forwarded and the specific date it will be forwarded.
  - a. The receiving supervisor must agree to the transfer before the case is transferred; or
  - b. The responsible Area Managers(s) must agree to the transfer in advance of the transfer.
3. If the department purchases a service for the client being transferred and the provider or payee does not change, the transferring worker does not terminate payment on the *Change of Service Authorization*, DSHS 14-159. Within 15 days, the receiving worker submits a DSHS 14-159 form to change the worker ID and case number and update location and other information that has changed.



4. If the provider or payee changes, the transferring social worker terminates payment on *the Change of Service Authorization* prior to the transfer to the new office. The receiving worker submits a new authorization to update services upon receipt of the record.
5. If the client receives no purchased services, the sending social worker terminates any open service authorizations using the *Change of Service Authorization*.

B. Adoption Files

Because the agency file on a child is needed to facilitate an adoption and the adoption worker needs to complete paperwork, CA staff will adhere to the following procedures for transfer of adoptive case files for legally free children who are placed from one CA area to another:

1. The child's case file is transferred to the DCFS office/unit where the adoptive family is served. See paragraph h below if the adoptive family is supervised by a private agency. The case number will remain the same as the sending office's case number. Minimum documentation requirements to be included in the file before transfer are:
  - a. A certified copy of the order terminating parental rights (or documentation that it has been requested and will be forwarded upon receipt);
  - b. Complete documentation as to reasonable efforts to obtain information about the child and family medical and social background;



- c. The DSHS 13-041, signed by the child's social worker and the adoptive parent(s); and
  - d. Completed narrative recording.
- 2. A working file is maintained in the sending office for incidental documents; e.g., copies of the Individual Service Plan (ISP). Local procedures determine whether the child's worker or the local adoption unit maintains the working file.
- 3. The adoption worker prepares the ISP and the health and education form and sends them to the sending office worker for distribution to the parties and presentation at pre-adoption dependency review hearings.
- 4. The pre-adoption dependency reviews continue to be held in the juvenile court of original jurisdiction. Local procedures determine whether the child's CWS worker or an adoption worker files and presents reports to the court pending finalization.
- 5. When the adoptive family finalizes in Superior Court in the county of residence, a copy of the decree is sent to the sending office for presentation to the juvenile court along with a motion to dismiss and close the dependency case.
- 6. The dismissal is sent to the adoption worker.
- 7. Should the placement disrupt prior to finalization, the child and the case file are returned to the sending office for continued placement planning.



8. If the child is placed in a private agency adoptive home, the child's worker sends a case summary and copies of legal and pertinent medical documents to the private agency. The DCFS file will be maintained in the local office until finalization.

C. Federal Revenue File

Upon request for an inter-regional or inter-office transfer of a child's social service record through Master File or by a social service unit supervisor or worker, designated staff checks CAMIS for the existence of a Federal Revenue file.

1. Master File transfer clerk or other designated staff checks CASEUP3 for the presence and status of the Financial Revenue record.
2. Master File notifies the assigned Federal Funding Specialist (FFS) and Supplemental Security Income Facilitator (SSIF) that a case transfer has been requested, and the FFS or SSIF makes the Federal Revenue file available within three working days for transfer.
3. The FFS prepares the active/open Federal Revenue file for transfer and affixes the *Transfer Notice*, DSHS 01-194, to the Federal Revenue file designating the local or regional office to which the file is to be sent.
4. Once Master Files receives both the social service and the Federal Revenue files, the two case jackets are forwarded to the requesting DCFS office/region.



5. The Master File clerk or other designee notes in CASEUP3 the transfer status of both the social and federal revenue files.

D. Family Home Licensing Files

For transfer of active family home license files between offices or regions, the DLR Regional Manager will establish procedures consistent with the following minimum requirements:

1. When a family with a valid, active child care license moves from one address to another and wishes to remain licensed, the licensee must submit a new application for child care license for the category of care being provided reflecting the changed circumstances and new address to the appropriate DLR licenser.
2. The licenser or other designated staff must create a new CAMIS license record for the application at the new address.
3. For licensed foster family homes having an acceptable history of child care, the old license may remain in effect for two weeks after a move, except that this applies only if the family remains intact.
4. If the family applies for a new license in the new locale, the licenser or support staff in that office will contact the licenser in the former locale and request transfer of the licensing file.
5. Before the transfer is made, the transferring licenser reviews the license record for completeness. All documentation and recording must be current before transfer.



6. The transfer must be made within seven working days after receipt of the request with a notation in the record as to any additional material to be forwarded and the specified date it will be forwarded. The receiving Regional Manager or supervisor must agree to the transfer before the case is transferred.

#### 13840 PLACEMENT OUT OF AREA - RECORD MAINTENANCE

For requirements for courtesy supervision when a child is placed from one CA service area to another, see the *CA Practices and Procedures Guide*, chapter 4000, section 4430.

#### 13850 CASE CLOSURE

See chapter 15000, section 15202, for procedures regarding closure of cases.

### 13900 RECORD RETENTION AND ARCHIVING

#### 13910 CASE RECORD PURGING OR STORAGE

To allow maximum available filing space, offices periodically purge case records and send them to the Records Reference Center (RRC). RRC stores the case records until they are recalled or ready for destruction. This section instructs support staff how to correctly purge, ship, and recall case records through RRC.

- A. Office Request Coordinators are persons designated by the office as authorized to request records or obtain information from records stored at RRC.



- B. The Records Coordinator is the person designated in each office to have responsibility and authority for the retention/destruction of all files.

C. Purge Process

Once a year, the Olympia CA CAMIS programmer sends to each region a listing of all cases with no activity for a two year period. In addition, there is a procedure on-line in CAMIS that allows local office staff to call up a list of records that have had not activity in the past two years. CA clerical staff will use one of these sources to assist them in the purge process.

D. Retention Periods

1. All service and financial records are retained in each office for two years after closing. Files on unfounded CPS referrals are retained in RRC for four years, for a total of six years of inactivity before they are destroyed. Licensing case files are retained in the office for one year and three years in RRC for a total of four years. All other files are retained in the local office for two years and in RCC for a total of nine years, after which they are destroyed.
2. Any file for a license which has been revoked or denied will be retained permanently on the premises in an office retention file. See the DSHS Records Retention Schedule.

E. Preparing RRC Cartons

Support staff box and ship unneeded case records in specially designed cartons. When preparing an RRC carton for shipment, support staff:

1. Contacts the Financial Resource Unit to see if there is a financial record. If a financial record is found, it is included with the case record to be shipped.



2. Arrange the case records within an RRC carton in alphabetical or terminal-digit order;
3. Sign on to the terminal for RRATS program and to the printer with their user ID;
4. Select BOX ADD from the Selection Menu. When the BOX ADD menu appears, select "Closed Records";
5. Enter the appropriate data for each case record into the computer. RRATS will accept up to 100 case records per box. When entries are complete, two copies of the transmittal will automatically print;
6. Place a copy of PC-ITIS/UTS400 printout in each appropriate box, and retain the second copy for office records;
7. Complete and affix an RRC carton label, DSHS 2-227, under one the carton's hand grips so the case records are facing the labeled end; and
8. Secure the lid to the carton with monofilament tape.

F. Shipping Cartons to RRC

Offices ship cartons of case records to RRC by various methods, including regional office courier, state office courier, or parcel services. Staff determines the best method of shipping cartons from their office.



G. CAMIS Procedure for Record Retention

Assigned staff inputs information from the PC-ITIS/UTS400 printout by using CASEUP3. Staff changes file status to "R" and enters date sending, box number, and destroy date.

H. Recalling Case Records from RRC

When an office finds it necessary to recall records located at RRC, master files staff access CAMIS to locate the box number for the case record. Staff contacts RRC by use of Mapper and/or telephone. Upon receipt of requested records, clerical staff updates CAMIS to reflect current status of file.

I. Transfer Out Responsibilities for RRC

1. Clerical staff receives a request from a CA office to transfer a case record.
2. Clerical staff will access CAMIS to determine status and location of the record.
3. Clerical staff will contact RRC using Mapper and/or telephone and request the record be sent directly to the receiving office. Transfer out clerical staff will change the case status and file folder status to reflect transfer of the record to the receiving office.

J. Annual Destruction of Case Records at RRC

1. Once a year, RRC destroys those case records stored at their facility that have met the required retention period.



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2. Offices receive an *RRC Destruction Notice*, DSHS 1-100, from RRC each October notifying them of the cartons of case records scheduled for destruction the following January. Offices have until the end of December to:
  - a. Review the DSHS 1-100;
  - b. Identify and recall those case records they do not want destroyed; and
  - c. Authorize RRC to destroy the remaining case records.
3. On CASEUP3 screen, clerical staff inputs in the location or case notes that the record was destroyed and the date.

**13920 FEDERAL REVENUE RECORD ARCHIVING OR STORAGE**

Prior to any case being sent to adoption archives or the Record Retention Center, the child's social file shall be consolidated with the Federal Revenue File. Any Title IV-E, Title XIX, or SSI documentation shall be reviewed by the FFS and/or SSIF and shall be sent to Master File to be consolidated with the child's social service file.

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**13930 ARCHIVING OF RECORDS OF LEGALLY FREE CHILDREN**

- A. RCW 26.33.330 and 26.33.340 provide for the sealing of all adoption files and for the limited release of information from those files. Archiving ensures a permanent record of the child's past involvement with the agency. RCW 26.33.343 provides procedures for accessing of adoption records.

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- B. Prior to any case being sent to adoption archives, the child's social file is consolidated with the Federal Revenue File. See procedures outlined below. Any Title IV-E, Title XIX, or SSI documentation will be reviewed by the FFS and/or SSIF and will be consolidated with the child's social service file.
- C. Records of legally free children are archived upon the child's adoption or upon closure of a case after the child turns 18 years of age. The financial and service file are not archived while an SSI application is pending.
- D. When the adoption is final and all court orders, including the Order Dismissing Dependency, have been received by the child's social worker, the social worker prepares the social file for archiving and sends the file to regional or local Federal Funding IV-E Unit. The social worker or other assigned staff updates and closes CAMIS legal, placement, adoption and case modules.
- E. To prepare the file for archiving, the social worker or support staff, as applicable, removes all metal fasteners and prepares the file in the following sequential order:
  - 1. Cover memo listing the child's birth name, adoptive name, date of adoption decree, social worker's name, and the local office from which the file is being sent.
  - 2. Copy of final decree of adoption (need not be certified).



3. Child's *Medical and Family Background Report*, with adoptive parent(s) signature(s) and initials where appropriate. All other documents given to the adoptive parents with the DSHS 13-041 should be attached. (Copies of these documents need not be elsewhere included in the archived file.) Documentation of material given to the adoptive parents is made by listing the reports received on the DSHS 13-041 with the adoptive parents' initials beside the name, date, and number of pages included in the report provided. Adoptive parents shall be asked to initial all documents provided not listed on the DSHS 13-041 and a copy of these documents with their initials on every page shall be included in the archived case file as an attachment to the DSHS 13-041.
4. Narrative recording section.
5. Legal/placement document section, including court orders, reports to the court, Individual Service Plans (ISP), Preplacement and Post-Placement Reports, Voluntary Placement Agreements, custody orders, Adoption Planning Review Reports, Administrative Review Reports, and Permanency Planning staffing forms; relative home studies, and related documents.
6. Medical, psychological, psychiatric, developmental, and school reports on the child as well as psychiatric, psychological, and medical information on the birth parent(s) if in the child's file; documents pertaining to the parents' and/or child's functioning.
7. Copies or documentation of any disability benefits applied for or received.



8. Adoption documents, including a copy of the child's life book, WARE and NWAEE registration forms, Change of Status forms, and *Registry of Legally Free Child* forms.
  9. Copies of the financial section of the file are maintained in the file until the Federal Revenue file is reviewed and archived. Closure copies of payment (SSPS and A-19s, if any) forms, defined as those with a termination code, to provide a record of payments made on behalf of the child, remain in the archived file.
  10. Statement from Trust Funds Accounting regarding final dispersal of any conserved funds.
  11. A copy of the child's Social Security card.
  12. A copy of the Adoption Support program application, if applicable.
  13. Indian Child Welfare forms, including LICWAC staffing reports, verification of Native American status, Family Ancestry Chart, notices to Tribes or Canadian Bands, and other related documents.
- F. The social worker includes information provided to adoptive parents after they sign the DSHS 13-041 in the archived file. The adoptive parents initial each page of the provided document, and the social worker archives a copy, with the adoptive parents initials, and the date they were received.



- G. The social worker shall include documentation of efforts, including unsuccessful efforts, to obtain information about the child's family background and social history in the archived file. Efforts may include interviews with relatives; interviews with parents; and requests for information from treatment agencies, schools, and other sources from whom the parents received professional examination, evaluation, or treatment. The social worker obtains the parents' signatures on appropriate releases of information or obtains court orders for release of the information.
- H. If it comes to the attention of the IV-E Unit that a child in out-of-home care has been adopted, the assigned Federal Funding Specialist communicates to the worker's supervisor requesting that the file be prepared for archiving and forwarded to the IV-E Unit.
- I. The social worker's supervisor shall review the file for completeness prior to sending the file to the IV-E unit within 90 days of adoption finalization and dismissal of the dependency. The social work supervisor shall sign at the end of the narrative section confirming that the file has been reviewed and is ready to be sent to the IV-E unit and then archived.
- J. When the IV-E Unit receives the prepared file from the social worker or supervisor, the FFS includes as one section those parts of the IV-E file that are to be archived.
- K. The FFS checks the CAMIS files to ensure the legal, placement, adoption, and case modules have been closed and that SSPS authorizations, other than for the Adoption Support Program, have been terminated. If these modules have not been closed, the case will be returned to the adoption worker to complete the CAMIS documentation. The FFS checks to ensure federal funding information is correct. The child's record in the birth name is closed and secured by the Federal Funding Specialist.



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- L. The FFS maintains the closure copies of payment (SSPS and A-19s, if any) forms, defined as those with a termination code, to provide a record of payments made on behalf of the child, making sure that all documents from the Federal Revenue file have been incorporated with other payment forms.
- M. For legally free children who have not been adopted, case records are archived as outlined above after the child's 18<sup>th</sup> birthday and following case closure.
- N. The FFS sees that the archived file is sent to the Headquarters Adoptions Program Manager at MS 45710, P. O. Box 45710, Olympia, WA 98504-5710 for archiving and notifies the Master File clerk of the date the record has been sent to the state office for archiving.



CHAPTER 14000 --  
ADMINISTRATIVE SUPPORT







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## 14100 RECEPTION

### 14110 INTRODUCTION

Each Children's Administration (CA) office is to set aside a designated area for people who come into the office. Support staff provide services to people coming into the reception area. This section outlines the procedures receptionists or other CA staff follow when receiving, screening, and referring people who come into an office.

### 14111 Definitions

See Appendix A, Definitions.

### 14112 Posters and Brochures

A. The following posters must be displayed in each CA client reception area:

1. *Multilingual Interpreter Services*, DSHS 24-019(X).
2. Non-Discrimination posters in English, Cambodian, Chinese, Laotian, Spanish, and Vietnamese, DSHS 24-007.

B. The following brochures must be available for clients in each reception area:

1. Non-Discrimination Policy brochures in English, Cambodian, Chinese, Laotian, Spanish, and Vietnamese, DSHS 22-171(X).
2. Child Protective Services brochures in English, Cambodian, Laotian, Spanish, Vietnamese, and Hmong, DSHS 22-144(X).



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- C. Supplementary client information and brochures are available from the DSHS Forms and Publications Warehouse in a variety of languages.
1. Each CA office is to maintain a supply of bilingual information for clients that is reflective of the languages spoken in the local service area.
  2. Following is the Translation Color-Coded System used by the department:  
  
SPANISH ..... Goldenrod  
VIETNAMESE ..... Yellow  
CAMBODIAN ..... Light Blue  
LAOTIAN ..... Lime Green  
HMONG ..... Tan  
CHINESE ..... Orange
- D. The *Equal Employment Opportunity is the Law* poster is to be displayed in the employee work area of each office.

14120 RECEIVING CLIENTS

14121 Expectations

All people entering an office are entitled to fair and timely treatment. Receptionists and other CA staff shall:

- A. Treat people with dignity and courtesy;
- B. Give people sufficient opportunity to make their needs known;



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- C. Not discriminate against anyone on the basis of their political beliefs, race, color, national origin, creed, language, sexual orientation, religion, marital status, age, Vietnam era or veteran status, presence of any sensory, mental, or physical handicap, or illness.
- D. Assist people and process their requests as quickly as possible.

14122 Procedure

- A. Everyone coming into a CA office will complete a Reception Slip, DSHS 2-13(X), or for those offices that do not use Reception Slips, contact the receptionist to be logged in.
- B. Those offices using Reception Slips must maintain supplies of the DSHS 2-13(X) printed in Cambodian, Chinese, Laotian, Spanish, and Vietnamese.
- C. The receptionist:
  - 1. Determines why the person is in the office.
  - 2. Seeks clarification from the person if additional information is necessary.
  - 3. Takes appropriate action depending on the person's needs.



14130 REQUESTS FOR GENERAL INFORMATION

14131 Expectations

- A. Normally, receptionists only answer questions of a very general nature. They do not answer any questions about clients or program eligibility. If there is doubt about what information can be released, the receptionist checks with his or her supervisor.
- B. Types of questions answered by receptionists include, but are not necessarily limited to:
  - 1. Directions to the office and other agencies;
  - 2. Office hours;
  - 3. Verification of appointment times;
  - 4. CAMIS verification for assigned social worker as needed.

14132 Procedure

- A. If someone contacts the office and requests information, the receptionist:
  - 1. Provides the information, if disclosable;
  - 2. Refers the person to someone who can provide the requested information.



- B. If someone delivers documents to reception, the receptionist:
  - 1. Accepts and date stamps all documents received on an ongoing basis.
    - a. The receptionist will not date stamp original or notarized documents, such as birth certificates, but will date stamp a copy of the original and return the original to client.
    - b. The receptionist will not date stamp checks received over the counter, but will forward/give the document to the appropriate worker. See section 14140, below.
  - 2. Releases forms, pamphlets, or documents held at reception for pick-up as requested by staff.
  - 3. If requested, photo copies documents and returns originals to clients.

#### 14140 RECEIPT OF NEGOTIABLE ITEMS

- A. For those offices that do not receive cash, all payments must be received by check or money order or sent directly by the client to the Office of Financial Recovery, P. O. Box 45862, Olympia, WA 98504-5862.
- B. If the office accepts checks or money orders, the receptionist prepares a pre-numbered receipt and gives the original receipt to the person who brought in the check or money order.



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- C. The receptionist makes a copy of the check or money order for the worker and then the check is added to the *Daily Cash Items Mail Log*, DSHS 19-048(X). Support staff sends notice to the assigned social worker of receipt of negotiable items.
- D. Assigned support staff prepares a *Funds Transmittal* to OFR and receives a *Notice of Transmittal Received* from OFR in return.
- E. Each Regional Administrator/designee will determine the region's own policy on receipt of cash in compliance with accounting rules.

14150 LIMITED ENGLISH PROFICIENCY/DEAF, DEAF/BLIND AND HARD OF HEARING CLIENTS

14151 Expectations

- A. It is the intent of CA that no client is denied services because of a Limited English Proficiency (LEP)/Sensory Impaired (SI) communication barrier. The office will inform the LEP/SI client of the availability at no expense of interpreters or aids. The office will provide an interpreter in the appropriate language for LEP/SI services. Bilingual or auxiliary aids such as a qualified language interpreter or Telecommunication Device (TDD) for the Deaf will also be available.
- B. All offices will have a listing of bilingual staff, their specific language skills, and their availability. A separate listing of contracted interpreters is to be available for interpretive and translating purposes.

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## **14200 MAIL SYSTEM**

### **14210 INTRODUCTION**

- A. The CA mail system provides internal control and efficient processing of all incoming and outgoing mail.
- B. The mail clerk(s) is expected to have current directories of ZIP codes, DSHS address and mail stops, a roster of office employees, and pick-up/delivery schedules for the mail services available.

### **14211 Definitions**

See definitions relating to mail in Appendix A, Definitions.

### **14220 INCOMING MAIL**

The mail clerk processes the incoming mail as follows:

- A. Date stamps but does not open "Confidential" mail envelope; sets it aside.
- B. Opens, date stamps each piece of mail with the current date, and staples the envelope to its contents, but date stamps only the envelope for each of the following items:
  - 1. Original or notarized-copy documents; e.g., birth certificates, marriage licenses, etc.;
  - 2. Negotiable items;
  - 3. SSPS forms, DSHS 14-154(X)/159(X); and



4. Other items as specified by the Regional Manager or Area Manager or designee.
- C. Separates into the following categories:
1. Cash items and the Cash Items Log
    - a. Annotates each item to the Cash Items log, DSHS 19-48.
    - b. Takes log and cash item(s) to the Accounts Receivable Coordinator (ARC) for verification. After verification, the ARC initials and dates next to each entry.
    - c. Gives cash item(s) and the pink copy of DSHS 19-48 to the ARC.
    - d. Gives the yellow copy of the DSHS 19-48 to the Recording Clerk.
    - e. Retains the white (original) DSHS 19-48 in the Cash Items Mail Log file.
  2. Negotiable Documents

Distributes negotiable documents directly to the designated responsible individual(s) and keeps them in a secured area (e.g., locked filing cabinet) when unattended.
  3. All other mail per Regional Manager/Area Manager/designee instructions.



D. Distribute Mail

1. Confidential Mail - Deliver all mail marked "Confidential" to the addressees.
2. All Other Mail - Distribute all other mail as designated by the Regional Manager/Area Manager/designee.
3. Incorrectly Sent/Delivered Mail - Determine if address is correct. Make correction if necessary. Sort to outgoing mail.

14230 OUTGOING MAIL

Support staff will set a time that outgoing mail leaves the office. Preparation of outgoing mail will occur to correlate with the scheduled outgoing mail pick-up time. This schedule needs to accommodate processing of all accumulated mail and the time the mail leaves for the Post Office.

14231 Types of Mail Service

- A. Regional Courier service is available to offices in Regions 4 and 5, in conjunction with the State Office Courier, to distribute mail from and to all "N," "S," and Olympia-area mail stops.
- B. State Office Courier service is available to all offices with "N," "S," and Olympia-area mail stops to distribute mail to these stops.
- C. State courier service is to be used by all offices to which it is available.



14232 Special Instructions

A. Offices will establish local instructions to utilize courier mail as provided in their area.

B. Unique Shipping Instructions

1. Usage

Offices may establish other shipping arrangements as necessary and approved by the business office. A separate account will be established for this purpose.

2. Additional Instructions

a. CA offices need to contact United Parcel Service (UPS) or Federal Express (FedEx) for specific details regarding establishing a UPS or FedEx account, rates, pick-up/delivery times, etc.

b. Some offices have a UPS account specifically for shipping case records to the Records Reference Center. This account is not to be used for any other reason. A separate account must be established for unusual situations.

c. Shipping invoices are obtained from UPS.

3. United States Postal Service (USPS)

a. Usage - USPS can be used for all mail not sent by courier or other means.



b. Special Instructions

- i. The following forms can be obtained from the local post office:

- X PS Form 3533 - *Application and Voucher for Refund of Postage and Fees*,
- X PS Form 3602-A - *USPS Daily Record of Meter Register Readings*,
- X PS Form 3800 - *Receipt for Certified Mail*; and
- X PS Form 3811 - *Return Receipt*.

- ii. Offices contact the local Postmaster for additional information; e.g., rates, delivery/pick-up schedules, etc.

C. General Instructions

1. General Mail - Outgoing mail to be sent via USPS is to be prepared as described in the USPS publications *Addressing for Success* and *Postal Addressing Standards*.
2. Client Case Records - Regardless of mail services, support staff use the following procedures for mailing client case records to ensure protection of confidentiality and record content.

- a. Use a Tyvek envelope or a suitable box.



- b. Wrap the envelope/box as appropriate to keep contents from shifting and/or splitting open.
- c. Mark the package "Confidential."
- d. If the shipping method is to be USPS, utilize the certified mail service without return receipt to assure a method of tracking the shipment in case of loss.

3. Addressing

- a. All first class mail is to be addressed following the guidelines in the USPS publications *Addressing for Success* and *Postal Addressing Standards*.
- b. Mailing Address:
  - i. Courier Mail - Use the complete/correct mail stop. For courier mail, this is the only address needed.
  - ii. UPS - Use the street address rather than the Post Office. Box on UPS mail.
  - iii. USPS - Address as advised in *Addressing for Success* brochure.
- c. Return Address

Inter-Office Mail Envelopes (Courier Mail) - Ensure the enclosed material clearly identifies the sender and the sender's return address or attach a completed *Routing Slip*, DSHS 1-32, to provide sender information.



4. Specially Shipped Packages
  - a. Prepare packages as necessary utilizing proper packaging and addressing methods.
  - b. Maintain an invoice shipping copy for account charge reconciliation and payment.
5. USPS Mail
  - a. Certified Mail
    - i. Complete and attach *Receipt for Certified Mail*, PS Form 3800.
    - ii. Complete and attach *Return Receipt*, PS Form 3811, when needed. Ensure the return address is stamped/written on the back of PS Form 3811.
    - iii. Enter each certified item in a certified mail log.
  - b. Postage Stamping
    - i. Daily, prior to running the mail, change postage meter date and check moistener and ink supplies for adequacy to produce clear legible marking.
    - ii. Affix correct postage to items to be mailed.
    - iii. Separate mail as required by the local Post Office and band groups together.



14240 SPECIAL PROCEDURES

14241 Business Reply (BR) and Postage Due Accounts

A. Business Reply Accounts

When someone uses a BR envelope to mail information to an office, the USPS charges the mailing costs to that office's BR account.

1. Establishment of a BR Account

To establish a BR Account with the post office:

- a. Contact the DSHS Mail Room Supervisor to obtain a copy of the current BR permit fee receipt and information about the accounting fee amount (refer to c. below).
- b. Complete an *Invoice Voucher*, A-19, to request a warrant for payment of the annual accounting fee and sufficient funds to cover BR charges for three to six months;
- c. Process the A-19 in accordance with local office procedures.
- d. Upon receipt of the warrant, take it, a copy of the A-19, the Remittance Advice (RA), and the permit fee receipt (when received) to the local Post Office. Give these items to the postal employee, who:
  - X Issues a receipt for each payment, with the total equaling the warrant amount;



- X Signs the A-19;
  - X Date stamps the A-19 and the RA;
  - X Returns the A-19, RA, permit receipt, and warrant receipt(s).
  - e. Deliver these documents to the person responsible for maintaining the BR and Postage Due ledgers.
2. Replenishment of BR Account

Request additional funds for the BR Account about one month prior to the fund's depletion. To order funds:

- a. Complete an A-19 requesting enough money to last three to six months;
- b. Process the A-19 in accordance with local office procedures.
- c. Upon receipt of the warrant, take it, the A-19 copy, and RA to the local Post Office. Give the items to the postal employee who:
  - X Issues a receipt for the payment;
  - X Signs the A-19 copy;
  - X Date stamps the A-19 and RA; and
  - X Returns the A-19, RA, and payment receipt.



- d. Deliver these documents to the person responsible for maintaining the BR and Postage Due ledgers.
- 3. Payment of the Annual Accounting Fee
  - a. Prior to the end of the calendar year, the DSHS Mail Room buys a BR permit from the USPS. Each office using BR services must then pay the USPS an accounting fee.
  - b. The Mail Room sends a notice of the annual accounting fee due and a copy of the permit fee receipt to the affected offices. When the receipt and accounting fee notice are received:
    - i. Complete an A-19 for the accounting fee; and
    - ii. Follow the procedures in section 14240, paragraph A.1.b.
- B. Postage Due Accounts
  - 1. Each office receiving USPS mail can establish/maintain a Postage Due Account with the local Post Office or make specific arrangements with the local Post Office to handle postage due mail.
  - 2. To order/replenish Postage Due Account funds, follow the instructions in section 14241, paragraph A.2.



C. Maintenance of BR and Postage Due Account Ledgers

Each office will designate an individual to maintain accurate records (ledgers) of all debits/credits made to the BR and Postage Due Accounts.

D. A-19 Post Office Receipt

1. When a Post Office receipt and/or an A-19 and related documents are received, record the account debit in the corresponding ledger(s) as follows:
  - a. Enter the date from the Post Office receipt and the debit amount;
  - b. Add the debit amount to the previous balance and verify the new balance with the Post Office account balance; annotate ledger for verification. The BR accounting and permit fees do not change the BR Account Balance.
  - c. Attach related documents behind the A-19 and maintain the file in chronological order.
2. The local Post Office gives the office a *Postage Due Bill*, PS Form 3582-A, each day as charges are made against the account(s). The form shows each account's credit amount, the total credit amount, and the postage meter tape with the date and total credit amount.
3. When a PS Form 3582-A is received, credit the corresponding ledger as follows:



- a. Enter the credit date and applicable credit amount;
- b. Subtract the amount from the previous balance and enter the new account balance;
- c. File PS Form 3582-A in chronological order.

#### 14242 Certified Mail

Due to the reasons for using certified mail, assigned support staff in each office must maintain a record of each item sent certified. A certified mail log is used for this purpose.

- A. Each piece of certified mail is promptly recorded in the log on the day it is mailed. After receipt from the Post Office, PS Form 3800s are filed in numerical order.
- B. Each Return Receipt is recorded in the log when it is received from the Post Office. After logging in the Certified mail log, the PS Form 3811 is routed to the requester.

#### 14243 Express Mail

Occasionally, items may need to be mailed so they are received by the addressee the next day. This USPS service is called Express Mail. Each office coordinates Express Mail service usage with the building mail room or the Post Office as is appropriate to that facility.



14244 Ordering Postage

When requesting postage, request an amount sufficient to last for at least a one month period. For the Remote Meter Resetting System (RMRS) Meter, utilize the instructions as provided with the meter by Pitney Bowes.

14245 Security Procedures

- A. Keep the postage meter key in a secured area (e.g., locked cabinet) when not in use. Only authorized personnel are to access the key.
- B. Use postage for state business mail only.

14246 Unused Postage Reimbursement

- A. Envelopes and wrappings to which metered postage has been applied and subsequently not used are to be retained for reimbursement.
- B. A maximum of once per month, the mail person:
  - 1. Completes an *Application and Voucher for Refund of Postage and Fees*, PS Form 3533 and takes the completed form and envelopes/wrappings to the Post Office;
  - 2. Receives from the Post Office a 90 percent reimbursement of the total postage amount;
  - 3. Requests the Post Office to apply the reimbursement moneys amount to the office's BR or Postage Due account.



4. Upon application of funds to BR or Postage Due accounts, the receipt received from post office is given to individual who maintains the BR & Postage Due ledgers. If the BR or Postage Due account is not credited, the Post Office issues a reimbursement check. Upon receipt of this check, the office transmits it to OFR.

## **14300 RECORDS MANAGEMENT**

See chapter 13000, section 13200, for procedures related to initiating cases records.

### **14310 CASE RECORD TRANSFERS**

- A. See chapter 13000, section 13800, and chapter 15000, section 15202, for procedures.
- B. Clerical staff are to read CAMIS mail at least once a day for statewide record requests.

### **14320 CASE RECORD MANAGEMENT**

See Chapter 13000, section 13600, for general record maintenance and section 13900 for procedures regarding record retention and archiving.

### **14330 CAMISTRAINER**

The CAMIS trainer is responsible for alerting clerical staff to all CAMIS policy/procedures changes to maintain this chapter.



#### **14400 RANDOM MOMENT TIME STUDY**

For expectations regarding Random Moment Time Study (RMTS), see chapter 11000, section 111200.

#### **14500 REQUESTING A NOTARY**

Following are the steps to be taken by CA staff to become a notary through the Office of Risk Management's (ORM) Risk Management Services Section.

- A. The applicant completes an *Application for Appointment or Reappointment as a Notary Public*, #NP659-007 Notary Public App (R5/94), obtained from the Department of Licensing.
- B. Once the application is completed, the contact person sends a memorandum to ORM, P. O. Box 45844, MS 45844, Olympia, WA 98504-5844. The following elements are included in the memorandum:
  - 1. Whether it is an original or renewal application.
  - 2. Name of the employee.
  - 3. Notary stamp delivery address.
  - 4. Contact person: name, address, and telephone number.
  - 5. Funding code.
  - 6. Whether or not applicant wants a notary stamp.



- C. Once the applicant receives the certificate in the mail, and, if the applicant has requested the procurement of a notary stamp, the applicant gives a copy of the certificate to the contact person.
- D. The contact person faxes or mails a copy of the certificate to Kimura Insurance Agency, P. O. Box 3142, Seattle, WA 98114. Telephone number: (206) 323-4773; Fax number: (206) 324-7668.
- E. Kimura Insurance Agency will then send the stamp by United Parcel Service to the local or regional CA office's street address.
- F. If the applicant is renewing their notary, ORM needs to receive the renewal memorandum 45 days before the applicant's notary expires.
- G. Staff with questions may contact ORM at (360) 664-3249.



CHAPTER 15000 --  
INFORMATION SYSTEM  
STANDARDS







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## **15100 INTRODUCTION**

This chapter contains policies and procedures for the Case and Management Information System (CAMIS) and other electronic information systems used by Children's Administration (CA). These policies and procedures have been reviewed and endorsed by the CA management team. Each staff person in every office shall maintain a CAMIS manual, managers and supervisors are to ensure that all staff are aware of current policy and procedures.

## **15200 STANDARDS**

### **15201 INTEROFFICE REFERRALS (6/29/91)**

#### **152011 Purpose**

To establish a consistent statewide policy for handling intake referrals taken in one office which need to be referred for disposition to another office.

#### **152012 Procedure**

- A. Referrals will be taken by the office first contacted by the person with the Child Protective Services (CPS) or Family Reconciliation Services (FRS) complaint or concern.
- B. The intake worker shall complete a CAMIS Intake Referral, including completion of a statewide person search.
- C. The intake worker shall make an immediate decision to refer directly to another office or to their supervisor.
- D. The original intake worker or supervisor shall telephone an intake worker in the office to which the referral is being routed. Upon confirming the name of the intake staff and their worker ID number, the original intake worker or supervisor will advise the receiving office of the referral number and any other pertinent information regarding the referral.



- E. The original intake worker or supervisor will then, through WRKRAS (Worker Assignment) or REFUP (Referral Update), change the assigned worker to the receiving office's intake worker, closing out the original worker's assignment. The original office staff shall not fax the referral nor direct it to a printer in the receiving office.
- F. The new intake worker shall print out the Initial Referral Summary using REFSUMDR and initiate the appropriate response.



15202 CASE ASSIGNMENT, TRANSFER, AND CLOSURE (8/17/95)

152021 Purpose

To ensure consistency in CAMIS and to enable on-line tracking of case assignment and file location.

152022 Standard/Procedure

A. Referrals and Case Assignment

After a worker assignment is made, the supervisor or worker must record that assignment in CAMIS within two working days or as soon thereafter as possible.

A referral becomes a case when the referral meets one of the following criteria:

1. The CPS referral passes the sufficiency screen.
2. An FRS intake request is accepted for services or the intake/ assessment lasts more than 30 minutes.
3. A Child Welfare Services (CWS) referral for assessment or services is accepted.
4. A home study request is accepted.
5. A request for Interstate Compact supervision is accepted.
6. A request for services for any of the other programs listed in section 15211, below, is accepted for assignment or assessment.

The referral will be related to an existing case number for the family, if one exists, or a new case number will be created.



B. Case Numbers

1. Family Cases

Family case files will be issued case numbers in CAMIS with the last digit being a "0." Regions or offices may determine which case letter ("H," "L", or "D") they will use on the family service files.

2. Cases Involving a Child in Placement or In-Home Dependency

If any out-of-home placement occurs or a Dependency/Child in Need of Services (CHINS) petition is filed, a dash case number will be established in CAMIS for the child. Each child will have only one open case. Dash numbers for siblings will be issued in the order the children are placed. If an older sibling comes into care or has legal actions instituted at a later date, issue the next dash number in order. The letter used in the dash case number will be "D." There will be no dash "0" case numbers for child placement or Dependency/CHINS cases. The client/child and the "X" (reference person) shall be one and the same for the dash file. It is not necessary for a hard copy file to be made up for placements of less than 72 hours.

3. Cases Involving Teen Parent(s)

For cases in which the parent is under the age of 18 and the department is providing services to the teen parent and their infant, a family case number will be issued in the teen parent's name. (NOTE: If the teen parent is in care or is involved in current Dependency/CHINS proceedings, the teen parent will have two case numbers in their name; i.e., a dash number case open for the teen being a child in placement and a family case file with the teenager as the parent.



A dash file off the teen parent's family case number will be created for the infant if the department has the legal authority to place the infant through a court order, voluntary placement agreement, etc. Lacking authority to place, the infant would have no case number. With the authority to place, the infant would have a dash number whether in the same home as their teen parent or in a separate placement.

C. Case Transfers

1. Within a unit, the current social worker's assignment will be ended and the case reassigned in CAMIS to the new social worker. The reassignment on CAMIS will be recorded within two working days of the assignment or as soon as possible thereafter.
2. Between units within an office, the current social worker's assignment will be ended and the case reassigned to the social worker's supervisor for review. Upon completion of supervisory review, the case will be reassigned to the new unit's supervisor. The receiving supervisor will then reassign the case to the new social worker.

With supervisory approval, a worker in one unit may close their assignment and reassign directly to the receiving social worker. The reassignment on CAMIS will be recorded within two working days of the assignment or as soon thereafter as possible.

3. For transfers between offices, the following steps will be followed:
  - a. The current social worker will complete the necessary documentation for transfer of the case. The current social worker will end their assignment and reassign the case to their supervisor for review.
  - b. The sending office will contact the receiving office by telephone to notify responsible staff of the transfer and to obtain the Social Service Payment System (SSPS) ID of the receiving supervisor.



- c. The sending supervisor's assignment will be ended and the case assigned to the receiving supervisor. The transfer of the case will be recorded in CAMIS and the record forwarded to the receiving office.
  - d. The receiving office will issue a new case number if necessary and close the receiving supervisor's assignment on the old case number. Only one case number shall be open for a child at any time.
4. Following receipt of a request from another office for transfer out of closed files, Master Files will record the transfer of the record and assign the case to the receiving supervisor in CAMIS. The receiving office will issue a new case number if necessary and close the receiving supervisor's assignment on the old case number.

D. Case Closure

- 1. The case status will remain open during the entire period in which the case is open for services to the family/child and while any additional documentation is being done on the case. (Note: The family file will remain open even if a child is in placement.)
- 2. The dash case assignment will be closed when one of the following conditions is met:
  - a. When the child is returned home, and there is no CHINS order.
  - b. When the dependency or CHINS is dismissed, and there is no further legal authorization to place.

(NOTE: If the child has a Dependency Guardianship established, do not close the dash case. The placement event will remain open and the placement episode will be closed. The family file for these guardianships will be closed.)



3. An active case is one in which the division is providing services to the family and/or child. Active cases will have the social worker assignment coded to match the definitions in section 15211, below.
4. A Services Inactive/Paperwork Pending (S) program assignment for a social worker or supervisor will be made if services to the family/child are ended but the social worker or supervisor has paperwork or documentation to complete on the case. The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork.
5. Case closing shall be noted in CAMIS within two weeks of completion of all services, paperwork, and supervisory review.



RESERVED



15203 DEVELOPMENT AND/OR INSTALLATION OF PC BASED AND LAN BASED SYSTEMS FOR  
CHILDREN'S ADMINISTRATION (12/10/93)

152031 Purpose

The purpose of this standard is to eliminate duplicated effort in the development and/or installation of PC-based and LAN-based systems in CA. The standard will also ensure the ability to support and maintain these applications.

152032 Standard

Development and installation of PC-based and LAN-based systems will be accomplished through proper coordination, communication, and prioritization of these types of requests. Individuals, sections, or regions requesting that systems be developed or implemented on CA hardware must follow the procedures outlined in this document. This standard applies to any and all development and installation efforts intended for implementation on CA hardware.

152033 Procedure

A. Procedure for New Application Development

1. Anyone interested in requesting the development of an application, to be implemented in CA, must submit a request to the appropriate regional or headquarters automation committee. This committee will then bring it before the statewide implementation committee. This request should be in the form of a proposal stating the following:
  - The business requirement the application will target.
  - The current method of solving the business requirement.
  - The application end user(s).



2. The Regional Administrators and the management team will review the request and evaluate its need. Once accepted, the Information Services (IS) manager will determine who will complete the development.
3. When the development is complete, the system must go through the procedure for installation of an existing application.

**B. Procedure for Installation of an Existing Application**

1. Anyone interested in the installation of an existing application, to be implemented in CA, must submit a request to the appropriate regional or headquarters automation committee. This committee will then bring it before the statewide implementation committee. This request will be in the same form as that required in Procedure A.1.
2. All applications need to be thoroughly tested in an environment in which they are intended to be implemented before installation on any CA hardware. For LAN applications, this would normally be at IS, but can be at another office with coordination through IS. The application will be delivered to the test site with full technical documentation describing how it should be installed on the LAN and/or hard drive for proper performance and operation.
3. Once testing is complete, the system developer is required to submit full user documentation to IS.
4. The system developer is responsible for the submission of a full training schedule to IS one month prior to the first training. This training schedule will include the following:



- Dates when the application needs to be installed.
  - The staff who will need training on the system.
  - Who will be responsible for training.
  - How long training will take.
  - Any equipment needs required for training.
  - Any special requirements needed for training i.e. space, overheads, data displays, etc.
5. The application needs to be demonstrated to the IS field support staff prior to installation.
  6. Once the training is completed, any problems with the applications will be documented and forwarded to the individual responsible for on-going maintenance of the application.

C. Exceptions

Exception can be granted by the IS field support staff supervisor and the Regional Administrator if the following apply:

1. It is determined by the IS field support staff supervisor that the development effort is minimal.
2. The request is for one time *ad-hoc* type reports.

These exceptions apply only to the approval process. The request will still need to go through the process for informational purposes. This policy is not intended for applications that are purchased, such as Quatro PRO, Word, etc.



RESERVED



15204 CAMIS ADMINISTRATIVE FILES (1/10/95)

152041 Purpose

To establish a statewide policy for securing CAMIS files that require confidentiality and restricted access.

152042 Standard

- A. When personnel covered by the Public Assistance Bargaining Agreement or their family members are party to a CPS, FRS, CWS, or Participation Child Care referral or case other than as referrers, collateral contacts, or witnesses, an Administrative File may be created upon notice to CA. For personnel employed by CA, administrative files shall be created.

Within the context of Administrative Files, DSHS shall define "family" for personnel covered by the Public Assistance Bargaining Agreement as follows:

1. Members of the household of any employee.
2. Other relatives designated upon the written request of the employee, assigned social worker, or client, with the approval of the Regional Administrator or designee.

For all other DSHS employees, Administrative Files shall be created for facility referrals/cases directly involving the employee as a subject of Child Abuse/Neglect.

- B. Existing Merit System Rules shall be followed in cases involving Washington State employees.
- C. Legally Free Child's Case Record: Upon the Final Adoption Decree and archiving of a legally free child's case record, the child's pre-adoption record shall be made administrative.



- D. For any other person or family not covered in A, above, administrative discretion may be exercised by a Regional Administrator or designee to create and/or maintain an Administrative File.
- E. Files that are public record shall remain public record.
- F. The justification text for Administrative Files in CAMIS shall be completed by the Administrative File Manager specifying the person requesting administrative status and the reason for the request.
- G. Any Administrative File for a person qualifying in paragraph A, above, shall retain this status through the established retention period for hard copy files. If the qualifying circumstances no longer exist, administrative files may be discontinued. There will be a periodic review and purge not less than once annually.

#### 152043 Procedure

- A. Referral and other information related to persons covered under this policy will be secured when discovered. Persons responsible for securing data shall be defined by the Regional Administrator for the respective region or the appointing authority for headquarters.
- B. If a person is hired by CA, a person search through CAMIS shall be made. If the employee or a family member is currently in the CAMIS system and falls under the criteria in section 152042, the hiring supervisor shall inform the employee that a file exists and s/he may request that an Administrative File be created.
- C. All CA employees shall be designated as such in the person file of the CAMIS database for purposes of possible creation of Administrative Files. Other DSHS employees may contact the DCFS Regional Administrator to request that their names be entered into the person file of the CAMIS database and designated as employees. Appointing authorities shall identify the person responsible for data entry.
- D. A DCFS Regional Administrator has final authority to resolve disputes regarding administrative files.



RESERVED



15205 RESCINDED (11/30/96)



15206 FILES FOR LEGALLY FREE CHILDREN (8/17/95)

152061 Purpose

To establish a consistent statewide policy for establishing CAMIS case files for Legally Free - Adoptive Children

152062 Standard/Procedure

- A. When any child becomes Legally Free, the child continues to use the same CAMIS Person ID and case number until the child is adopted. A new volume of the case file folder will be created indicating that the new volume contains information on a legally free child. The address of the child will be changed to the local office of DCFS which has responsibility for the child's case (See section 15212).
- B. A case-to-case relationship between the child's pre-adoptive records and new adoptive records is NOT to be established.
- C. The child's pre-adoptive closed case relationship is NOT to be deleted from the child's original family case file. This information may be useful involving future referrals concerning the child's family of origin.
- D. Upon the final Adoption Decree, the child's dash case record shall be closed. A new CAMIS person ID is established using the child's new legal name with NO indication of the child's prior name. A new person-to-person relationship is established in the case relationship section of the adoptive family's case file.
- E. If the adoptive family continues to receive services or later returns for services, the family (including the adoptive child) will be provided services through the adoptive family's case file.



15207 ACCESS TO CAMIS (5/1/93)

152071 Purpose

To establish who has access to CAMIS.

152072 Standard

- A. The only persons having authorized access to CAMIS are CA staff and volunteers and work/study students given access by their Regional Administrator, Director, or Office Chief; internal or external auditors for limited audit purposes; and those persons, on an individual basis, whose access has been approved by the Office of Information Services Manager. Access to CAMIS shall be given on a need-to-know basis.
- B. Other persons requesting CAMIS access may receive authorization only after their request is reviewed by the applicable Regional Administrator, Director, or Office Chief and approved by the Office of Information Services Manager.

152073 Procedure

- A. All persons who have access, pre-approved or granted by exception, shall receive basic CAMIS training and training in the specific applications they will use prior to their use of the system. Additionally they shall acknowledge in writing that they:
  - 1. Understand the department's requirement for protecting certain information.
  - 2. Understand the penalties and sanctions associated with unauthorized information disclosure.
  - 3. Have read and understand applicable department policies and procedures governing information security.
- B. Requests to give persons access shall be submitted to the Office of Information Services Manager and shall include:



1. Person or persons desiring access.
  2. Agency for whom they work.
  3. Which modules are being requested and reason for needing access.
  4. Time-frame for which access is requested.
  5. Systems to which access is requested (LAN, WAN, CAMIS, etc.).
  6. Cost associated with their access and agreement on who pays those costs.
- C. Requests may be submitted using the ISSD *Information Technology Service Request*, DSHS 17-015, or in memorandum format.
- D. The Office of Information Services Manager, or designee, shall review the request with the CAMIS office and have authority to approve the request.
- E. Computer Information Consultants (CIC) and/or LAN Administrators shall review who previously has been given access to CAMIS. If there are persons not in the approved category of users, requests for approval are to be submitted immediately.



15208 SOCIAL SERVICE PAYMENT SYSTEM (11/8/94)

152081 Purpose

To establish consistent statewide practice regarding use of the Social Service Payment System (SSPS), which is the automated system used to authorize delivery and purchase of social services, collect program and federal statistical and management data, and initiate the payment process for purchased services.

152082 Procedure

The procedures to be followed are contained in Chapter 9000, section 9400, of this manual and the *CAMIS Users' Manual*.



**CHAPTER 15000—INFORMATION SYSTEM STANDARDS**

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## 15209 NETWORK EQUIPMENT RELOCATION AND CONNECTIONS (3/1/95)

## 152091 Purpose

To provide guidelines regarding the handling of network related computer equipment within offices of CA to:

- A. Assure networks continue to function properly.
- B. Minimize the number of system problems caused by users moving equipment and disturbing networks.
- C. Keep site documentation accurate.

## 152092 Applicability

To all CA employees.

## 152093 Standard

- A. All computer equipment attached to a Local Area Network (LAN) or Wide Area Network (WAN) is part of that network. Only CA Information Services personnel may authorize a change to the configuration of those networks. To connect or disconnect any equipment from that network, including a PC or moving patch cables, is to alter the configuration of that network.
- B. All LAN and WAN related equipment will be maintained and handled by the regional CIC. The equipment will be purchased, installed, and serviced only under the direction and coordination of the regional CIC. Non-technical field staff are not authorized to disconnect, reconfigure, or move LAN and WAN equipment except under the coordination and direction of the regional CIC or the CIC's Information Services supervisor.



152094 Procedure

In the event that an office within a region would like to relocate a piece of equipment (i.e., computer, printer, etc.) or change the configuration of the office LAN in some way, responsible staff are to contact their regional CIC for approval and follow the procedures as outlined by their region.



15210 STORAGE OF CONFIDENTIAL OR MISSION CRITICAL DATA (3/1/95)

152101 Purpose

To provide a policy for CA regarding the storage of confidential and mission critical data so that proper back-up may be made. Confidential information includes all personal information (e.g., name, birth date, SSN, etc.) and case data (e.g., case number, type, allegations, etc.) relating to CA clients. This policy is necessary to ensure that the administration is in compliance with the DSHS *Information Technology Security Manual*, Section 5.3.3.

152102 Applicability

This policy applies to all CA employees.

152103 Standard

- A. Due to the critical and confidential nature of the data used by CA, it is necessary that all data files that contain confidential information or are mission critical in nature be stored on the network file server and not on local hard drives. This would include all information that might need to be accessed by a co-worker or supervisor in a staff person's absence.
- B. Each file server within an office will be set up with a directory structure that users may access for the storage of these files.
- C. A back-up shall be made regularly, using suitable back-up media, of the information on the network file server, and these files will be part of this back-up. The regional CIC will be responsible to ensure that a back-up of the file server is done at least on a weekly basis.



152104 Procedure

The file server directory structure for users to store their files will be set up by the regional CIC. The regional CIC will publish the necessary information needed for staff to be able to access and use the directory structure for this data.



15211 PROGRAM CODE DEFINITIONS (11/22/96)

152111 Purpose

To establish consistent Program Code definitions in CAMIS.

152112 Standard

Program or Service/Activity Codes are entered in three different and unique places in CAMIS. There are Referral codes, Case codes, and File Folder codes. This standard specifically addresses referral codes and case codes.

A. CODES USED IN REFERRALS

- C Child Protective Services
- W Child Welfare Services
- F Family Reconciliation Services
- D Income Eligible Day Care Support
- L Licensing
- N Licensing Complaint (Non-CPS)
- H Home Studies
- I Interstate Compact

B. CODES USED IN CASES

- 1. Program Codes
  - C Child Protective Services
  - W Child Welfare Services
  - F Family Reconciliation Services
  - D Income Eligible Day Care Support Services



- L      Licensing
- A      Adoptive Home Services

2.      Service or Activity Codes

- H      Home Study
- I      Interstate Compact
- U      Courtesy Supervision
- T      Adoption Support
- S      Service Inactive

C.      The following definitions are to be used in determining which program codes are used in CAMIS for cases:

1.      C - Child Protective Services

A case assignment would be coded C - CHILD PROTECTIVE SERVICES in the following circumstances:

- a.      A referral is accepted for investigation. The case would be coded as CPS as long as the case is open for investigation, it has a service contract, or until dependency is established.
- b.      Cases already open for W - Child Welfare Services would also be coded C - CPS while the new referral is being investigated.



2. F - Family Reconciliation Services:

A case assignment will be coded as F - FAMILY RECONCILIATION SERVICES for cases in which a referral or request for services has been accepted for assignment which meets the definition of FRS services in RCW. The maximum length of time a child/family would qualify for FRS is 90 days. For a case to continue as an FRS case beyond the 90 days, supervisory approval is necessary. If a Child in Need of Services (CHINS) petition is filed, the case will remain an FRS case until the CHINS is approved or denied.

3. W - Child Welfare Services:

A case assignment will be coded W - CHILD WELFARE SERVICES when a case meets the following criteria:

- a. A case which initiates as CPS and has had a Dependency established. The case remains as a CWS case until the Dependency is dismissed, including legally free children placed in pre-adoptive homes.
- b. A case which initiates as FRS receiving continued services beyond the initial 90 days of FRS services or has had a CHINS approved by the court.
- c. Any request for services, accepted for assignment, from a family for a child that does not fit into any of the other categories.

4. D - Income Eligible Day Care Support

A case open for the provision of Employment Child Care only.

5. I - Interstate Compact

A case open for supervision of children from other states under the Interstate Compact on Placement of Children (ICPC).



6. H - Home Study

A case open for the purposes of assessing whether a placement resource is appropriate for a child. This code does not apply to Foster Care Home Studies or to Adoptive Home Studies.

7. U - Courtesy Supervision

A case in which the worker assigned is supervising the placement of a child from another office within the state. This case shall also be open in the sending office as a CPS, CWS, or FRS case.

8. A - Adoptive Home Services

A case which is open under the Adoption Services Program. This code is to be used for the prospective adoptive parent/s only. The child's case remains open as a CWS case. This includes the adoptive home study.

9. T - Adoption Support

This is only to be used by the state or regional Adoption Support program managers for cases involving children with approved adoption support subsidy agreements.

10. L - Licensing

This code is used for licensing and respite care provider cases only. This includes foster care home studies.



11. S - Service Inactive

- a. This code is used to designate a case in which the worker has finished providing direct services, and the case is waiting for completion of paper work. Additionally, this code is used for supervisory review when the supervisor is reviewing the case pending closure. If the case is being transferred or reassigned, the appropriate program code for the type of program/services the case is receiving is used.
- b. Upon completion of direct services, the program code is closed and S - Service Inactive code is opened to the assigned worker or supervisor. This code is not opened unless the related direct service code is closed.



152113 Procedure

Upon initial case assignment or assignment of additional workers to a case, one of the above program codes is used.



15212 RESIDENTIAL ADDRESS FOR CHILDREN SERVED BY CHILDREN'S ADMINISTRATION  
(8/17/95)

152121 Purpose

To establish a standard protocol for recording the address of children served by CA.

152122 Standard/Procedure

For children served by CA, the following criteria will be used for establishing the residential address in their person record.

- A. Children who reside with parent or legal guardian: Use the parent or guardian's address.
- B. Children who are in the department's custody: Use the parent or guardian's address.
- C. Legally free child: Use the office address of the DCFS office responsible for supervising the child. Code this address as a mailing address. Do not use the pre-adoptive or foster parent's address as a residential address.
- D. If the child's parent or guardian is homeless, the street address may be listed as HOMELESS with the city and county showing where the family is normally found.
- D. Children who are in care will have their current whereabouts recorded in their placement record.



15213 COURTESY SUPERVISION (11/22/96)

152131 Purpose

To establish uniform procedures for handling CA courtesy supervision cases.

152132 Standard

- A. Courtesy supervision is used when the child or family is already present in the area of the second office. If a potential placement is being investigated, a Home Study assignment is used.
- B. For courtesy supervision cases, the office with legal jurisdiction shall be responsible for documentation and maintenance in CAMIS of all case information such as case status, addresses, and persons related to a case, and for all placement and legal history. It is the responsibility of the office providing courtesy supervision to indicate the existence and location of a courtesy supervision file and to document the assigned social worker in CAMIS. Both offices will have responsibility for documentation of required Service Episode Records (SER) in CAMIS.

152133 Procedure

Courtesy supervision cases shall be managed in CAMIS in the following manner:

- A. The office with legal jurisdiction shall:
  - 1. Create and maintain CAMIS case file(s), indicate case and file folder status, the program code of their assigned worker, default address, and the worker assignment (CASWRDAT) for their office.



2. Be responsible for the maintenance of all persons and person information of those individuals related to the case(s).
  3. Enter all placement and legal history for all children.
  4. Document required SER for all cases to which they apply.
- B. The office providing courtesy supervision shall:
1. Using the same case number as the office with legal jurisdiction, indicate the existence of a courtesy supervision file folder, indicate the file name, and in "location notes" the office providing courtesy supervision.
  2. Input the assigned courtesy supervision worker with the program code H for home study or U for courtesy supervision, if or when the child is placed.
  3. Create a referral for the family to be assessed using an H program code and create a referral to case relationship using the case number from the sending county. Only HOME STUDIES should have referrals created. Do not create a referral if Courtesy Supervision only is requested.
  4. Create the person(s) to be studied in CAMIS and make a notation that person(s) is receiving home study services for a courtesy supervision case. Person(s) may or may not be added to the family case file in the sending county.
  5. Create a physical file folder using the case number from the office with legal jurisdiction.



6. Using the same case number(s) as the office with legal jurisdiction, document required SER.
  7. Send the physical file folder to the originating office upon closing of the courtesy supervision case assignment.
- C. If jurisdiction is transferred from the originating office to the office providing courtesy supervision, procedures for transfer of cases shall apply.



15214 INTERSTATE COMPACT CASES/REFERRALS (8/1/93)

152141 Purpose

The purpose of this policy is to establish uniform procedures for documentation of Children's Administration Interstate Compact in CAMIS.

152142 Standard

Interstate Compact on the Placement of Children (ICPC) cases involving children sent to another state shall be considered CWS cases. Interstate Compact cases involving children who are placed in Washington from another state shall be considered Interstate Compact. Interstate Compact requests for home studies shall be considered Home Study cases until the child is placed in a Washington home.

152143 Procedure

Interstate Compact cases shall be entered into the CAMIS data base in the following manner:

- A. Cases for which home studies have been requested in Washington homes shall be designated as "Home Study" program code H.
  - 1. The child(ren) to be placed may or may not be included in the case record at this time depending on the ICPC request.
  - 2. If the request specifies a home study prior to placement of children, children need not be included. If the request states a home study on a previously authorized home in another state and the family is moving with the children placed, include them in the case.



- B. Children placed in a Washington home from another state:
  - 1. Shall be designated as "Interstate Compact" cases. The child(ren) will be added to the case file.
  - 2. Person information for the child(ren) must include legal status of "dependent" and legal custody as "departmental" with an out-of-state jurisdiction flag and Washington state supervision flag.
  - 3. Placement and legal history need not be documented in CAMIS on these cases.
- C. Interstate Compact cases involving children placed from Washington in another state shall be:
  - 1. Designated as "Child Welfare Service" cases for the child(ren) placed under their case file number(s).
  - 2. All placement and legal history will be maintained in CAMIS for these children.

This policy does not address the creation of case numbers for Interstate Compact cases. See section 15202 for this information.



15215 USAGE OF STATE-OWNED EQUIPMENT AT HOME (3/10/95)

162151 Purpose

To provide a standard for CA regarding the use of state-owned computer hardware and software at home.

152152 Applicability

This policy applies to all CA employees.

152153 Standard

CA employees may use state owned equipment at home with the approval of the DCFS Regional Administrator, DLR Regional Manager, Director, or Office Chief, as applicable. This authority may be delegated. State owned equipment must only be used for CA business.

152154 Procedure

CA offices must establish procedures that include:

- A. If the equipment is to be used consistently at the employee's home more than two weeks, documentation to justify why the employee needs to have this equipment at home.
- B. A sign in/sign out sheet that includes a description of the item, state tag number, and a product serial number.
- C. A check in procedure, when the equipment is returned, which includes checking the hardware and software for computer viruses that may have been introduced while the equipment was outside the office.



- D. Employees must follow standard security procedures while the equipment is in their possession; e.g., locking doors, locating equipment away from windows, and securing the terminal while unattended. Confidential data may not be retained at an employee's home or shared with family members or other visitors to the home.



15216 STANDARDS FOR INPUT OF NAMES (4/14/94)

152161 Purpose

To provide a consistent standard for the entry of names in CAMIS for persons, businesses, contracts, licenses, and providers; to improve search procedures; and to improve data integrity.

152162 Standard

The following standards shall be used when entering names in the CAMIS system:

- A. No spaces are to be used in names; e.g., McDonald and MacDonald, not McDonald and Mac Donald.
- B. The only punctuation to be used will be the hyphen, "-"; as in Jones-Borland. Periods, commas, apostrophes, etc., will not be used.
- C. Use full names when known and nicknames or alternate spellings as aliases; e.g., Elizabeth G Johnson, AKA: Beth Johnson, Liz Johnson.
- D. The middle initial or name will be entered in the correct data field only. It will not be entered in the data field provided for the person's first name.
- E. Titles such as Jr, Sr, II, III, Dr, etc., will be entered in "Title" data field. The only exception is if a first name is not known at the time of intake.



- F. No "unknown" names will be entered for any reason, either first, last, or first and last. If there are allegations regarding an unidentified person or persons, any and all identifying information shall be entered in the allegation text; e.g., "presumed mother locked two female children, 5 to 8 years old, in the car and went into the bar. License # ABC123." If persons are later identified, complete information will be entered at that time.
- G. Contract Names: When contracts are created, the business ID and provider number will be created in the same format (last name space first name space initial or title with no punctuation). Facilities may be abbreviated identically for business and provider IDs. Once the business or provider number is pulled into the contract, it can be typed over to reflect the desired name format for the person/contract.
- H. Day Care and Foster Homes: The licensee will be created in the licensing module following the same format as the provider file (last name space first name/spouse or other name). Each facility will have a business ID created at the time the license application is entered into CAMIS if one does not already exist. The female's name, if any, will be listed first; spouse or other name will be listed second. At the time the facility is licensed, the licensor will request an SSPS provider number using the above naming format. The provider number will be related to the existing business. See examples below.
- I. Day Care Centers with Multiple Sites: A license will be created for each site, each with a separate business ID. The business ID for each site will be related to the appropriate SSPS provider number.



J. Private Agency Foster Homes: Private agency foster homes will be entered using the same naming format as for all other persons, business, licenses, contracts, and SSPS numbers (last name space female first name/male first name). Private agency foster homes will have business ID, license, and SSPS number, all listed the same. *The private agency foster home's address will be coded as the mailing address.* Under alternate name/address, type in the name and address of the agency that licensed them.

K. Examples of Name Formats

1. Contracts

- |    |                |  |
|----|----------------|--|
| a. | Provider File: | Jones James A  |
|    | Contract:      | James A Jones<br>DBA: Jones James A                        |
| b. | Provider File: | NWYS/ASSESS/WHATCOM  |
|    | Contract:      | Northwest Youth Services<br>DBA: NWYS/ASSESS/WHATCOM       |
| c. | Provider File: | NWYS/CRC/REGIONAL  |
|    | Contract:      | Northwest Youth Services<br>DBA: NWYS/CRC/REGIONAL         |
| d. | Provider File: | Catholic Community Services                                |
|    | Contract:      | Catholic Community Services<br>DBA: CCS/SNO CNTY/CRISIS DC |



## **CHAPTER 15000—INFORMATION SYSTEM STANDARDS**

## 2. Day Care and Foster Homes

- |    |                |                          |
|----|----------------|--------------------------|
| a. | Provider File  | Smith Mary A             |
|    | License:       | Smith Mary A             |
| b. | Provider File: | Smith Mary/John          |
|    | License:       | Smith Mary/John          |
| c. | Provider File: | Smith Mary/Jones Barbara |
|    | License:       | Smith Mary/Jones Barbara |

### 3. Day Care Centers with Multiple Sites:

- |    |                             |  |
|----|-----------------------------|--|
| a. | Provider File (UNYSIS):     | YMCA South County  |
|    | Provider File (CAMIS/SBUS): | YMCA SCNTY Main Site<br>YMCA SCNTY Lynndale                      |
|    | License:                    | YMCA SCNTY Main Site<br>YMCA SCNTY Lynndale                      |
| b. | Provider File (UNYSIS):     | YMCA Clark County<br>Daycare                                     |
|    | Provider File (CAMIS/SBUS): | YMCA Clark CNTY Hazel<br>Dell<br>YMCA Clark CNTY<br>Cascade Park |
|    | License:                    | YMCA Clark CNTY Hazel<br>Dell<br>YMCA Clark CNTY<br>Cascade Park |



- c.      Provider File (UNYSIS):                      YMCA Yakima Daycare
- Provider File (CAMIS/SBUS):              YMCA Yakima Naches Ave  
   YMCA Yakima Summitview
- License:    YMCA Yakima Naches Ave  
   YMCA Yakima Summitview
- d.      Provider File (UNYSIS):                      YMCA Spokane Daycare
- Provider File (CAMIS/SBUS):              YMCA Spokane (School  
   Name 1)  
   YMCA Spokane (School  
   Name 2)  
   YMCA Spokane (School  
   Name 3)
- License:    YMCA Spokane (School  
   Name 1)  
   YMCA Spokane (School  
   Name 2)  
   YMCA Spokane (School  
   Name 3)



15217 STATE LICENSED FACILITIES/PERSONS (7/19/94)

152171 Purpose

To establish consistent statewide policy regarding individuals or facilities licensed or certified by the Division of Licensed Resources (DLR) to provide care for children as required by chapter 74.15 RCW. These individuals or facilities shall have their current status documented, updated, and periodically reviewed within the CAMIS Licensing Module.

152172 Procedure

The procedures to be followed are contained within *A USER'S GUIDE TO THE CAMIS LICENSING MODULE*, and its subsequent revisions.



15218 CREATING/CHANGING LOG-IN ID'S FOR USERS (9/1/97)

152181 Purpose

This standard provides procedure for Children's Administration (CA) staff regarding the creation of system user ID's in the CAMIS system, on the NT Domain, and for electronic mail for better security for systems and a more timely approach for assigning security.

152182 Standard

- A. CA will identify individuals who are authorized to create and delete user ID's for the various computer systems used within the administration. These systems are currently the Case and Management Information System (CAMIS), the Windows NT domain, MAPPER, and the Groupwise electronic mail system. A user ID needs to be created in each of these systems in order for each user to access the information needed to perform his or her job functions.
- B. Security rights that allow a user to create system ID's shall be limited to a small number of staff.

152183 Procedure

- A. CA staff shall use the form *Information Systems Request Form for Children's Administration* to assist in authorizing and creating necessary security. The individual(s) creating system user ID's need to have this information two weeks before a staff person starts a new position in order to have security in place before the employee's first day on the job.



- B. This form shall be included in entrance and exit interviews, filled out by the Human Resource Assistant (HRA) or the supervisor of the new employee, and faxed or mailed to CA headquarters one week prior to the employee's first day and no more than one week after their last day of employment.
1. Creating a user new to the Administration
    - a. At least one week before the staff person's first day, a user ID needs to be created within the CAMIS system from CA headquarters. This will generate the seven character alphanumeric log-in ID that will be used with the other systems. The job classification and office information for the user is to be entered at the time this ID is created. If necessary, the user may need to have an SSPS worker number created at this time.
    - b. If the user is hired into a new position, using the ID generated in CAMIS, a new user profile will need to be created in the NT Domain by a CA headquarters staff person and a user directory created. Within this profile, the user will be added to the groups needed for them to access necessary information and printing capabilities. This will give the user access to the Local Area Networks (LAN) and, consequently, the mainframe where CAMIS resides.
    - c. If the person is an intern or work study student, only three months' access will be given.



- d. If the user is in an existing position that has been vacated, any files not relating to this position should be removed by the region's headquarters or exiting employee's supervisor. Any files that are related to the position should be transferred to the new employee by the region's headquarters or exiting employee's supervisor. Also using the ID generated in CAMIS, a new user ID will need to be created in the Groupwise e-mail system by the office's Groupwise domain administrator.
  - e. If the user has another ID created by another agency, that ID must be used only if that ID is available in the CAMIS system.
2. Moving a User From One Position to Another
- a. Since the user should already have a CAMIS user ID and NT domain ID, CA Headquarters staff needs to update the CAMIS and NT ID's by changing the office information.
  - b. An e-mail ID may need to be created if the user is moving to an office with a different e-mail domain.
3. Deleting a User From the Respective Systems
- a. CAMIS -- When a user is leaving CA, the respective HRA needs to notify the CA Help Desk within one week of the employee's departure.



- i. The CA Technical Help Desk will update the CAMIS account information by putting a date in the *Inactiv Dt* field. This will trigger the events to remove access security and ensure the security integrity of the CAMIS system.
  - ii. If the person is remaining with the administration, his or her CAMIS ID remains active.
- b. NT Domain -- When a user is leaving CA permanently, the NT domain ID is to be deleted. If the user is leaving the administration temporarily, the NT domain ID is to be inactivated until the user returns.
- c. MAPPER -- When a user is leaving the administration permanently, the MAPPER ID is to be deleted.
- d. Groupwise e-mail -- The Groupwise administrator also deletes the e-mail ID at this time.



15219 SECURING UNATTENDED COMPUTER TERMINALS (3/10/95)

152191 Purpose

To provide a policy for CA regarding the securing of terminals that provide access to confidential and mission critical data. Confidential information includes all personal information (e.g., name, birth date, SSN, etc.) and case data (e.g., case number, type, allegations, etc.) relating to CA clients. This policy is necessary to ensure that the administration is in compliance with the DSHS *Information Technology Security Manual*, Section 6.4.

152192 Applicability

This policy applies to all CA employees working in CA offices or in homes.

152193 Standard

- A. Due to the critical and confidential nature of the data used by the Administration, it is necessary that all data files and information that are confidential or mission critical in nature are secure when staff leave their terminals unattended.
- B. Employees who use computers that access the Local Area Network (LAN) or the division's CAMIS system are to either log off of their terminals or lock their terminals with a software that requires a password when they leave their terminals unattended.



- C. The CAMIS system and some screen savers allow this password protection. Users that operate in the Windows environment are to utilize the screen savers that use password protection when their terminal is on and unattended. For instructions on how to use these features, staff contacts their CIC.
- D. In addition, no computer terminal within CA is to be set up to automatically log into either the LAN or CAMIS system via a macro or program.



15220 UPDATES TO CAMIS FILES (11/30/95)

152201 Purpose

To ensure that CAMIS files represent the work of the person who originally entered it or the designated supervisor

152202 Applicability

All CA employees.

152203 Standards

All initial documentation in CAMIS shall remain a discrete representation of the information available at the time it was entered.

152204 Procedure

- A. No textual information shall be completed or edited after five working days of initial input. CAMIS text shall be updated by the person who created it or by the designated supervisor. A designee shall indicate for whom he or she is inputting the text.
- B. For licensing, case, referral, and facility complaint SERs, any new or corrected text information shall be documented in a **separate, subsequent SER**.
- C. For Risk Tags any changes to the risk tag shall be added below the original risk tag text. It shall be dated and the person making the addition shall sign by typing their name at the end.
- D. Summary assessment text corrections must be made within 5 days of the initial input. Any changes needing to be made subsequently will need to be recorded in a **new summary assessment**.



15221 DOCUMENTATION OF LEGAL ACTIONS (11/30/95)

152211 Purpose

The purpose of this policy is to require the documentation in CAMIS of legal actions on behalf of children for whom CA has legal custody or is making payment. This policy also clarifies which legal actions must be documented.

152212 Standard

A. Information Which Must Be Recorded

Legal actions must be recorded for all children for whom DCFS has legal custody or has filed a petition. There are five types of legal data that need to be recorded in CAMIS. These are:

1. Legal actions are date specific and include all legal actions taken in regards to the child which establish custody, authority to place, legal status, or which meet review requirements.
2. Legal status refers to the type of custody the department has for the child. Legal status will be derived from the legal actions entered. Dates will be defaulted according to the legal action dates entered (may be overridden).
3. Custody refers to the agency(s) which has custody of the child. [If DCFS has no custody of the child (either alone or jointly), on-going legal actions need not be entered. Events may still be documented as DCFS may have payment responsibility.] Dates will be defaulted according to the legal action dates entered (may be overridden).



4. Court of Jurisdiction refers to the type of court in which the legal proceeding occurs (county/superior court, court of another state, or tribal court). If a tribal court has jurisdiction, the specific court is required to be documented.
5. Permanency Plan must be documented within the first 60 days of placement. A primary permanency plan is required and an alternate plan is optional.

B. Timeliness for Data Entry

Authority to place must be input prior to recording a placement in CAMIS. Ongoing legal actions must be documented in CAMIS within 14 days of receipt of the order.

C. Children for Whom DCFS Does Not Have Custody

In legal actions, the worker must document custody. In placement the worker documents events in order for payment to be authorized. As CA does not have responsibility for these children but does make payment, there is no ongoing requirement to enter legal actions.



15222 DOCUMENTING THE PLACEMENT OF CHILDREN IN THE LEGAL CUSTODY OF CHILDREN'S ADMINISTRATION (11/30/95)

152221 Purpose

To ensure consistency in the CAMIS system for documenting the whereabouts of children who are in the custody of CA.

152222 Standard/Procedure

All children for whom CA has responsibility through a court order, protective custody, or Voluntary Placement Agreement (VPA) shall have their whereabouts documented. This shall be done in the "Placement" module of CAMIS.

A. Requirements for Timeliness of Data Entry

Children, upon initial removal from their parent's or guardian's physical custody, shall have their placement documented within five days of placement. All other placement changes must be documented within 10 days of the change or the SSPS deadline, whichever comes first.

B. Documentation of Placement Episodes and Events

Each episode of out-of-home placement will be documented by the entry of the Original Placement Date (OPD). Closure of the placement episode will be generated automatically when a placement event with a birth/adoptive parent is documented or a dependency guardianship order (as to both parents) or adoption finalization is documented in legal actions. Any other episode closure must be done by the social worker or designee.



Each placement event will be documented in CAMIS. The moving of a child from one out-of-home placement to another out-of-home placement does not interrupt the placement episode.

C. Temporary Placements

1. A temporary placement is one which is not intended to interrupt the current placement event.
  - a. Examples include respite care; a child's hospitalization with intention to return to the prior placement; a child's running away with the intention of returning to the prior placement; a receiving care placement which may occur during a run if the intention is to return the child to the prior placement.
  - b. It is also possible to place a child at home in a trial home visit without the intention of interrupting the placement episode. For example, the child has been in placement and is returned home for a short period waiting for a group care bed to become available or a child visits in the home of the parents for a period of time to prepare for a return to the parents' home.
2. All of these "Temporary" (TMP) placements are designated in CAMIS by marking a "Y" under the "TMP" column for that placement. Continued payment is allowed to both the placement from which the child was placed and to the temporary placement. Double payment is allowed for a period of up to 15 days without an exception to policy (DSHS 5-210X).



D. In-Home Dependencies

1. In-home dependencies will be documented in both the placement and legal modules.
  - a. First, in the legal module, a permanency planning code of AN≡ (no plan: child placed with birth/adoptive parent) shall be entered any time a child is placed with a birth/adoptive parent. This code shall be used whether or not that parent has custody through a family court order.
  - b. In placement, the worker shall update the address and list the primary caretaker. This will not open an episode; it will document the whereabouts of the child. Events not indicating a placement may be recorded here (they are not required), including respite, detention, hospital, Juvenile Rehabilitation Administration (JRA) placement, or runaway.
2. When a dependent child is returned home from a placement, the worker will document placement with a birth/adoptive parent (either custodial or non-custodial). The worker will need to then update the primary caretaker and address.
3. Any time the child is placed with a birth/adoptive parent (ABA≡ or ABN≡ codes) from an out-of-home placement, the child\*s episode will be closed with the reason defaulted as Areturned to birth/adoptive parent.”



E. Documentation of Family Structure

When placing a child with a relative or court-ordered unlicensed placement, the worker must document the family structure. This will be done through creation of a business ID for the family in which family structure, primary caretaker, and address will be identified.

F. Respite Care

1. Respite care from a birth/adoptive parent\*s home will not be opened as a placement episode as long as the department does not have custody of the child. If a voluntary placement consent has been taken, then placement episode must be opened as the department has assumed custody of the child.
2. When a child is placed in respite from an out-of-home placement, there is no state-wide requirement to document these temporary placements in the placement module.

G. Situations When Payment Continues but the Episode Is Closed

There are two situations in which the permanent plan is completed but payment remains open. These are:



1. Guardianship

- a. Entry of a legal action of dependency guardianship as to both parents derives closure of the placement episode as the permanent plan is established. The placement event remains open allowing for continued payment to dependency guardians and for services to the child. Those in guardianship status over 18 years of age with open events will have those events automatically terminated annually unless a voluntary consent is documented in legal actions.
- b. When a superior court guardianship (chapter 11.88 RCW) is established, the episode and event shall be closed upon the date of the guardianship order. Dependency dismissal is also required and must be documented in the legal actions.

2. Adoption

When an adoption finalization is documented in legal actions, this will derive the closure of the episode and event with the reason code of adoption. A dismissal of dependency must also be documented when entered in Juvenile Court. Payment may continue to the end of the month in which the adoption is finalized.



15223 FACILITY COMPLAINTS (2/1/98)

152231 Purpose

To establish consistent statewide CAMIS standard regarding all referrals/complaints made about:

- A. Facilities licensed or certified, or facilities required to be licensed or certified, by the Division of Licensed Resources (DLR), or
- B. State regulated care facilities.

152232 Definition

- A. Facility Referral -- A referral received by Children's Administration (CA) regarding:
  - 1. A DSHS state regulated facility providing care to children that involves allegations of abuse/neglect; or
  - 2. A facility required to be licensed under chapter 74.12, 74.13, 74.15, or 34.04 RCW that involves possible licensing violations, or allegations of abuse/neglect at the facility or by the provider or a staff member.
- B. Facility Complaint Record – A CAMIS record that is created from a CAMIS Facility referral which is used to generate critical incident reports and track licensing issues, actions and resolutions.

Revision #1 - 6/25/98



152233 Standard

Facility Referrals/Complaints shall be documented, investigated, updated with actions taken, and reviewed. Referral notification will be given to appropriate workers and managers. Critical incident reports and workload management reports will be produced. Investigations of referrals/complaints against CA licensed or state regulated care facilities for children shall coordinate with specific procedures detailed in the *CA Operations Manual*, chapter 5000, section 5100, CRITICAL INCIDENT MANAGEMENT, and section 5300, FACILITY INVESTIGATIONS.

152234 Procedure

The CAMIS procedures to be followed are contained within *Section XII Facility Complaint* of the *CAMIS Users Manual*, and its subsequent revisions.

A. Documentation

1. CA Intake social workers and licensors are responsible for ensuring that all documentation regarding facility referrals/complaints, including allegations, investigation and resolution of complaints, is completed in CAMIS, following procedures found in *Section XII Facility Complaint* of the *CAMIS Users Manual* and its subsequent revisions.
2. DLR/CPS Facility Investigators are responsible for ensuring that CPS Summary Assessments on facility complaints are completed in CAMIS, using the referral number, for accepted CPS referrals.

B. Primary Caretaker

If the facility complaint referral is in regard to a child's former placement resource, the referral/complaint record will be created on the former placement provider.

Revision #1 - 6/25/98



1. The provider **shall** be designated as the primary caretaker when recording a facility complaint regarding a family child care home or a family foster home.
2. A primary caretaker **shall not** be designated when recording a facility complaint regarding any other type of facility; e. g., Child Placing Agency, Crisis Residential Center, Day Care Center, Day Treatment, Group Home, Juvenile Detention Center, Maternity Home, Mini-Center, Regional CRC, Special Programs, etc.

C. Deleting Complaint Records

In cases where a complaint record is incorrectly created for a facility, the complaint record may be deleted after supervisory review and management concurrence. This does not delete the referral. Examples of situations where a complaint record may need to be deleted include:

1. A facility that is not required to be licensed and is not a state regulated care facility;
2. A former staff member is involved in a referral not related to the facility;
3. A licensee or staff member was involved in a referral where there are no licensing or child abuse/neglect issues concerning the facility or a facility's staff member.
4. A referral shows licensing issues only because the people associated on the business record for a license inaccurately contains the name of a person who is identified as a victim or subject in the referral; e. g., a foster child is listed in the BUSRELS of a foster home and a report is received in which the child is listed as a victim or subject, but the alleged CA/N did not occur in any facility.



D. Public Disclosure

Licensing staff may release information regarding complaints on a licensed facility consistent with the *CA Operations Manual*, Chapter 13000, section 13700, RECORD ACCURACY, PRIVACY, AND DISCLOSURE.



15224 INTERNET ACCESS (11/1/96)

152241 Purpose

To provide a policy for CA regarding the use of the Internet, also known as the World Wide Web (WWW), for state business purposes.

152242 Applicability

This standard applies to all employees of CA working in CA offices or in homes using state resources for Internet access.

152243 Standard

CA will provide access to some Internet sites through the administration's intra-net server. This should be sufficient access for the majority of the administration's staff. For those that need a greater ability to search for new resources, the Internet can be used by CA staff under the following governing factors:

- A. Staff are to limit their access to Internet sites that can provide resource information for CA business. CA staff may not access the Internet using state resources for buying or selling of personal items or for personal entertainment and/or business.

- 1. WAC 292-110-010, Use of State Resources, states in part:

*"A state officer or employee may not make private use of state computers or other equipment to access computer networks or other databases including, but not limited to, electronic mail and electronic bulletin boards for personal use unrelated to an official business purpose."*



2. Inappropriate use of the Internet by CA staff may result in disciplinary action.
- B. Access to the Internet using CA equipment will be randomly monitored. This will provide information as to what site was accessed by which computer.
- C. Before downloading information from the Internet to the local network, staff will consult with their regional CIC to ensure there will not be a negative impact on the Local Area Network (LAN) or the file server.
- D. Internet electronic mail is also available to all staff through the Groupwise e-mail system. Internet mail is also to be used only for state business purposes. Internet e-mail provided to staff at work is not to be used for personal business.



# APPENDIX A -- DEFINITIONS







The following definitions apply to the Children's Administration (CA) *Operations Manual*.

"ACQUIRED IMMUNE DEFICIENCY SYNDROME" (AIDS) - a diagnosis given if an individual is infected with Human Immunodeficiency Virus (HIV) and has an AIDS defining condition or laboratory evidence of severely impaired immunity. These conditions in adults include pneumocystis carinii pneumonia (PCP), invasive cervical cancer, and tuberculosis. In children, symptomatic infection (Class P-2) might include PCP, bacterial infections, neurologic disease, or cytomegalovirus.

"AUTHORIZING A PLACEMENT" is any situation where CA staff are called upon to make a recommendation about the suitability of a placement resource for a child.

"BLOOD BORNE PATHOGENS" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and HIV.

"CASE FILE MAKE-UP" - For Case File Make-up, the following definitions apply:

- A. Case Number: A case number consists of a two-digit office number, a one-letter program code, a six-digit basic number, and a one-digit suffix number.
- B. Case Record: The folder(s) containing forms and documents related to a person or family group of CA clients.
- C. Client: Any person requesting or receiving services in a CA office.
- D. Master File Clearances: The research of initial information received by intake is verified and updated/input. This consists of a statewide CAMIS search, ITIS/ACES check, and birth certificate search.
- E. Basic Number: The basic number is a six-digit number unique within a CA office. The basic number is assigned upon opening a case. The basic number immediately follows the program code.
- F. Suffix: A suffix is a one-digit number used to distinguish between a family record and a child's placement record (dash record).



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“CHILD DAY CARE PAYMENTS” The following definitions apply to the Child Day Care Payments Program.

- A. “APPROVING WORKER/AUTHORIZING WORKER” means the approving worker is the representative of DSHS who establishes that the client is eligible to receive child care benefits. The authorizing worker is the representative of DSHS who authorizes child care payment through the Social Service Payment System (SSPS). The approving worker is often the authorizing worker also.
- B. “CHILD” is a person 12 years of age or younger. Special needs child care may be authorized for a child 19 years of age or younger.
- C. “FAMILY” means two or more persons related by blood, marriage, or adoption residing in the same household.
  - 1. Related adults residing together, other than spouses, are each considered a separate family. Unmarried parents living together are considered a family for purposes of determining income eligibility.
  - 2. A child living with legally non-responsible relatives, a minor living independently, and a child living under the care of unrelated persons are also considered one-person families.
  - 3. A school-age parent residing in her/his parent's home with her/his child is considered a separate family unit for purposes of determining family income for eligibility for the Teen Parent Child Care Program.
  - 4. Only members of the immediate family residing in the same household are included in family size.
  - 5. Only members of the immediate family currently residing in the same household are included in family size for the military family whose mother or father is on active duty overseas or out of state.
- D. “GROSS INCOME” is both earned and unearned income. Earned income includes wages, overtime, tips, etc. Unearned income includes TANF grants (children's only), Social Security, Supplemental Security Income (SSI), child support, pensions, etc.



- E. "IN-HOME CARE" means child care given by:
1. A relative in the child's own home. "RELATIVE" means a grandmother, grandfather, aunt, uncle, cousin, or an adult sibling who lives outside the family home. See definition of "Relative Care-Giver," below. Or
  2. An unrelated person in the child's own home.

In-home care is exempt from licensing.

- F. "OUT-OF-HOME CARE" means child care provided outside the child's home, including licensed family child care homes and licensed child care centers. Agencies or programs exempt from licensing, which may include but are not limited to the military, public schools, and Tribal Nations, request that DSHS, through OCCP, certify them as meeting licensing standards. Exempt agencies or programs must be certified to be eligible to participate in a state child care subsidy program.

- G. "OVERPAYMENT," for child care payments, means:

1. Client Overpayment
  - a. Payment is greater than the client is eligible to receive; or
  - b. Payment is made for in-home or relative child care (child care exempt from licensing) services not provided.
2. Vendor Overpayment
  - a. Payment made to the vendor for services not provided; or
  - b. Payment made to the vendor exceeds the amount due. For example: The vendor's customary rate is less than the amount paid or the vendor billed in excess of the time the child attended, including the allowable absence days.



3. Disputes

An overpayment dispute arises when an individual disagrees with the overpayment determination. Clients, contracted vendors, and non-contracted vendors each have a different process for appealing the overpayment.

H. "RELATIVE CARE GIVER" means a child care provider who is 18 years of age or older who provides child care services to children who are, by marriage, blood relationship, or court decree, the grandchild, niece, nephew, or first cousin of the provider. Authorizations for other degrees of relationship, including but not limited to great and great-great, are approved through an Exception to Policy (ETP).

1. The department shall allow no payment for child care given by the following relatives: father, mother, brother, sister, stepfather, stepmother, stepbrother, or stepsister.

2. The department does pay adult siblings living outside the family home. Authorizing workers may use their discretion to determine eligible degrees of relationship where the family's culture would define relative in a broader way.

I. "RELATIVE - RELATIVE'S HOME CARE" means child care given by the child's relative in the relative's home. Relative-relative's home care is exempt from licensing. See the definition of "Relative Care Giver," above.

"COMPLAINANT" means a CA client, foster parent, or other individual filing a complaint.

"COMPLAINT" means a formally expressed dissatisfaction about the application of a CA standard or procedure or about an action or failure to act by CA; it does not apply to an inquiry for information.

"CONSULATE" is a foreign governmental office with a designated official appointed to live in the host country, looking after that foreign country's citizen and business interests.

"CONTAMINATED" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.



"CRIMES RELATING TO DRUGS" means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance. **RCW 43.43.830(6)**

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"CRITICAL INCIDENT" includes serious and emergent incidents as defined by DSHS Administrative Policy 9.01 and other incidents requiring reporting or review, including but not limited to:

- A. Serious injury or death of a child in a CA active case or a case that has been closed within the last 12 months.
- B. Serious injury or death of a child in a Division of Licensed Resource (DLR) licensed facility.
- C. A case alleging client abuse or client neglect by a CA employee, volunteer, licensee, contractor, or another client.
- D. Conditions which present a substantial threat to CA operations or client safety, such as: a) work-related physical assault, serious injury, or death of a CA employee in the line of regular work activity; b) threat of physical violence to an employee or co-worker; c) bomb threat, hostage situation, break-in or burglary; or property damage.
- E. Vehicle accidents involving CA staff, foster parents, or child day care providers with clients when there is an injury or death.
- F. Runaway of child in CA care when there is serious threat to the child or community.
- G. Any other unusual event or situation of special concern to CA or that may elicit a request for information from the news media, families, or community.

"EXPOSURE" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"FOREIGN NATIONAL" is anyone in the boundaries of the United States who is not a citizen of the United States.



FOSTER PARENT LIABILITY PLAN - for the plan, the following definitions apply:

- A. BODILY INJURY - Tangible physical injury to the body of any third party person for which the foster parent is or may be held legally liable, sustained as the result of an action(s) of their foster/respite care child(ren). Does not include sickness, disease, death, shock, mental anguish, mental injury, humiliation, or other such conditions.
- B. CLAIM - A written demand for payment pursuant to the terms of the Liability Plan. To be considered a claim the demand must be:
  - 1. On the appropriate form;
  - 2. Received by their social worker within 30 days of notice of property damage or personal/bodily injury; and
  - 3. Received by ORM within 90 days of notice of property damage or personal/bodily injury.
- C. 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.
- 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 or DSHS-approved child placing agency.
- E. FOSTER PARENT - A person licensed by DSHS to provide care on a 24-hour-a-day basis to one or more assigned foster children in the foster parent residence.
- F. FOSTER PARENT HOUSEHOLD MEMBERS - Any spouse, minor child(ren), or dependent member of the foster parent who is a permanent resident of the foster parent home. For purposes of the Plan, household members do not include other foster children.
- G. GROSS NEGLIGENCE - The intentional failure to perform a manifest duty in reckless disregard of the consequences as affecting the life or property of another.



- H. *GUARDIAN AD LITEM* - A special guardian appointed by the court to represent the best interests of the minor child.
- I. *LEGAL GUARDIAN* - Person(s) lawfully invested with the power, and charged with the duty, of taking care of the person and managing the property and rights of a minor child (or one who is considered incapable of administering their own affairs).
- J. *OCCURRENCE* - A tangible identifiable incident, or series of incidents occurring in a manner so as to be deemed a single occurrence, that results in personal/bodily injury, or property damage, to any third party, that was intentionally, negligently, or otherwise caused by the foster parent or their foster/respice care child(ren).
- K. *OWNED AIRCRAFT* - Serviceable/operable aircraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.
- L. *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 a third party or foster parent for their private or business use.
- M. *OWNED WATERCRAFT* - Serviceable/operable powered or non-powered water craft, including permanently attached devices/ equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.
- N. *PERSONAL INJURY* - Any injury which is an invasion of personal rights which may include such injuries to the person as libel or slander, criminal conversation, malicious prosecution, false imprisonment, and mental suffering.
- O. *PREMISES* - The owned/rented/leased/occupied 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.



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- P. PROPERTY DAMAGE - Physical damage or loss to tangible property of a third party caused by the action(s) of a foster/respice care child(ren) for which the foster parent is or may be held legally liable.
- Q. RESPITE CARE - The temporary provision of care by foster parents for the maintenance, health, and safety of any eligible foster child.
- R. THIRD PARTY - Any person other than the foster parent or foster parent household members as defined in this Liability Plan.

FOSTER PARENT REIMBURSEMENT PLAN - As used in the Reimbursement Plan, the following definitions apply:

- A. CLAIM - A written demand made by a foster parent for reimbursement available pursuant to the Plan for property damages, losses, and emergency medical treatment costs incurred because of an act of their foster/respice care child(ren). Payments made under the Plan are made directly to the foster parent, including claims filed by the foster parent on behalf of their household members. The *Foster Parent Reimbursement Plan Claim* form, DSHS 18-400(X), must be used by foster parents to file claims under the Plan. Written correspondence or telephone conversations between the foster parent and DSHS employees does not constitute a valid claim.
- B. DDD CHILD - A developmentally disabled child, not a foster child, who requires extraordinary care.
- C. DDD RESPITE CARE - For DDD participation in the Plan: The temporary provision of care by licensed foster parents for a developmentally disabled child who is not a foster child and who requires extraordinary care. This short-term care in the foster parent's home is approved/authorized by DDD Case Management Services to provide out-of-home relief to the parents of the child.
- D. DEPRECIATED VALUE - The dollar amount determined to be the worth or value of an item at the time of a property damage or loss occurrence because of wear and tear, its age, or other causes applied, based on accepted depreciation methodology.



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- E. EMERGENCY MEDICAL TREATMENT EXPENSES - Costs which the foster parent or household member incurred from receiving emergency medical treatment because of a personal bodily injury sustained as a result of an action of their foster/respice care child(ren). Emergency medical treatment is defined as treatment necessary to sustain life or prevent further injury which is provided immediately following an injury occurrence. It does not include follow-up medical treatment expenses.
- F. FOSTER CHILD - A child who is under the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS or a DSHS-approved child placing agency.
- G. FOSTER PARENT - A person licensed to provide for the care and supervision of foster/respice care children in their foster family home.
- H. FOSTER PARENT HOUSEHOLD MEMBER - Any spouse, minor child, or dependent relative of the foster parent who is a permanent resident of the foster parent home. For purposes of the Plan, a property damage, loss, or personal injury sustained by a household member is considered a foster parent damage, loss, or injury. Foster parents file claims on behalf of their household members. Household members do not include foster/respice care children in the foster parent home.
- I. OCCURRENCE - A tangible, identifiable incident which results in a personal bodily injury, property loss, or property damage; or a series of incidents occurring in such a manner as to be deemed a single damage occurrence to a property item, sustained by a foster parent or household member caused by their foster/respice care child(ren).
- J. OWNED AIRCRAFT/WATERCRAFT - Serviceable/operable aircraft, or powered or non-powered water craft, including permanently attached devices/equipment and mechanical controls, which are owned, rented, or leased by the foster parent for their private or business use.



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- K. OWNED MOTOR VEHICLE - Serviceable/operable automobiles, and trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, which are owned, rented, or leased by the foster parent for their private or business use.
- L. PERSONAL BODILY INJURY - Tangible physical injury to the body of a foster parent or their household member sustained as the result of an action of their foster/respite care child(ren).
- M. PROPERTY DAMAGE/LOSS - Physical damage or loss of tangible property belonging to the foster parent or their household member caused by their foster/respite care child(ren).
- N. RESIDENCE - The occupied dwelling of the foster parent (owned, rented, or leased) including attached structures, and the surrounding land and structures located on the premises such as garages, green houses, and sheds.
- O. THIRD PARTY - Any person other than the foster parent or their household member.

"HEPATITIS B VIRUS" (HBV) - a virus spread by exposure to blood, semen, vaginal secretions, and, rarely, breast milk of an HBV infected individual. It can cause inflammation and damage to the liver, occasionally leading to chronic illness and death.

"HUMAN IMMUNODEFICIENCY VIRUS" (HIV) - the virus that causes AIDS. HIV is spread by exposure to blood, semen, vaginal secretions, and, rarely, breast milk of an HIV infected individual.

"IMMIGRATION AND NATURALIZATION SERVICE (INS)" is the federal agency responsible for all policies and procedures related to the presence of foreign nationals in the United States. The INS is the only organization capable of establishing an individual's legal immigration status.

"INTERPRETER" is a person who speaks English and another language fluently. An interpreter enables clients and staff to communicate with each other.

"LAWFULLY ADMITTED ALIEN" is anyone admitted for permanent or temporary visitation or residence who has not been granted citizenship.



"LEP CASE" is a family unit wherein any person requests services in a language other than English.

"LEP FAMILY UNIT" consists of parent(s), children, other significant household members, or extended family being provided services.

"LICENSED HEALTHCARE PROFESSIONAL" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for post-exposure evaluation and follow-up, such as physicians and dentists.

"LIMITED ENGLISH PROFICIENCY (LEP)" includes individuals who are unable to speak, read, and/or write English well enough to communicate effectively.

"LIMITED ENGLISH SPEAKING (LES)" are those individuals whose primary language is not English and who are not sufficiently fluent in English to convey and receive effectively the information needed to apply for and benefit fully from Children's Administration services. LEP and LES are frequently used interchangeably.

"MAIL" - Definitions relating to office mail include:

- A. Business Reply (BR) Mail: A service by which Children's Administration offices provide clients and other individuals with specially printed envelopes which allow people to send mail postage free to DSHS organizations.
- B. Business Reply (BR) Account: The account each Children's Administration office has with the local post office to pay postage on items mailed to Children's Administration in the Business Reply envelopes.
- C. Cash Items: For purposes of this chapter, cash items include currency, endorsed warrants, personal or cashier's checks, and commercial, bank, or postal money orders.
- D. Classes of Mail:
  - 1. First Class Mail - Consists of material weighing 12 ounces or less. First Class mail may not be opened for postal inspection.



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2. Priority Mail - Consists of First Class mail weighing more than 12 ounces. Maximum weight is 70 pounds and maximum size is 100 inches in length/girth combined.
  - a. Certified Mail - Consists of First Class or Priority mail of no intrinsic value and provides the sender with proof of posting. A record of delivery is maintained at the addressee's Post Office. The charge for Certified mail is in addition to the First Class or Priority mail charge. Certified mail does not insure the item against loss or damage.
  - b. The following services are available for additional fees and provide the sender with a return receipt:
    - i. Show To Whom and Date Delivered - Provides the sender with this information.
    - ii. Restricted Delivery - Mail will only be delivered to the addressee or the representative named in writing and on file at the Post Office.
    - iii. Show To Whom, Date, and Address of Delivery - Provides the sender with this information.
- E. Confidential Mail: Marked as "confidential" and is opened only by the addressee or that person's supervisor/designee.
- F. Incoming Mail: For purposes of this chapter, incoming mail consists of any envelope or package delivered to the office or staff member.
- F. Mail Clerk: For purposes of this chapter, an individual responsible for opening incoming mail, listing cash items in the Cash Items mail log, and/or preparing outgoing mail.
- G. Negotiable Items: All items defined as "Cash Items" and "State Office (SO) Negotiables."
- H. Outgoing Mail: For purposes of this chapter, outgoing mail consists of any envelope or package going from the office to another location.



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- I. Postage Due Account: The account a DCFS office has with the local Post Office to pay postage due for items mailed to that office with insufficient postage.
- J. Remote Meter Resetting System (RMSR) Meter: The type of meter for the postage machine which allows the office to purchase additional postage for their meter by telephone/electronic means, on the day the postage is needed and without taking the meter to the Post Office.
- K. State Office Negotiables: For purposes of this chapter, SO negotiables consist of the following items:
  - 1. Warrants - State of Washington checks issued to providers of services to clients (commonly called Vendor Warrants);
  - 2. Medical Coupons - A document issued by State Office, DSHS 6-28, or local offices, DSHS 13-030PC, and presented by eligible clients to pay for medical services.

"MANAGEMENT TEAM" includes, for CA, the Assistant Secretary, Division Directors, Office Chiefs, and Regional Administrators.

"MUCOUS MEMBRANE" is the moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.

"OTHER POTENTIALLY INFECTIOUS MATERIALS" means:

- A. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- C. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.



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"PANEL REVIEW" means a review by a panel consisting of members appointed by a DCFS Regional Administrator.

"PARENTERAL" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"PERSONAL PROTECTIVE EQUIPMENT" is specialized clothing or equipment worn by an employee for protection against a hazard; e. g., latex gloves, protective eye wear, CPR 1-way valves, protective gowns/aprons.

"PRIMARY LANGUAGE" is that identified by the client as the language in which the client chooses to communicate.

"PROPHYLAXIS" is any substance or steps taken to prevent something from happening.

"PUBLIC RECORD," for the purpose of public disclosure, includes any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. RCW

42.17.020(29)

"RECEPTION," For the purposes of Reception, the following definitions apply:

- A. CLIENT - Any person requesting or receiving services in CA offices.
- B. FINANCIAL SERVICE - Any inquiry for financial, medical, and/or food stamp benefits will be referred to the appropriate Community Services Office (CSO). Exception: A request for medical coverage for a child receiving adoption support or foster care payment from another state is referred to a social worker.
- C. LIMITED ENGLISH PROFICIENCY (LEP) - A person who speaks or reads little or no English.
- D. SENSORY IMPAIRED (SI) - A person who has little or no sight and/or little or no hearing.
- E. SOCIAL SERVICE - A service provided by the agency to meet a client's need; e.g., foster home licensing, Child Protective Services (CPS), Child Welfare Services (CWS), Child Day Care financial support, adoptions, Family Reconciliation Services (FRS), licensing for private agencies.



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"REGULATED WASTE" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"SENSORY IMPAIRED" means hard-of-hearing, deaf, partially sighted, or blind.

"SEXUALLY TRANSMITTED DISEASE" (STD) - a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact. A list of STDs appears in WAC 246.100.011(33).

"SHARPS" means any object that can penetrate the skin including, needles, broken glass, etc.

"SUBRECIPIENT" means any person, governmental organization, or non-profit agency receiving qualified federal financial assistance from DSHS and to whom DSHS delegates the federal program policy and authorization responsibility.

"TRANSLATOR" is a person highly competent in reading and writing English and other languages.

"UNDOCUMENTED INDIVIDUAL" is anyone in the boundaries of the United States without a visa, work permit, alien status documentation (such as status granted by the Immigration Reform and Control Act) that grants temporary or extended visitation or residence.

"UNIVERSAL PRECAUTIONS" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit unless they contain visible blood.



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“WRITING,” for purposes of public disclosure, means handwriting, typewriting, printing, photostating, photographing, and every other means of recording any form of communication or representation, including, but not limited to, letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, motion picture, film or video recordings, magnetic or punched cards, discs, drums, diskettes, sound recordings, and other documents including existing data compilations from which information may be obtained or translated. RCW 42.17.020(29)



# **APPENDIX B – ACRONYMS**







The following acronyms are used in the Children's Administration (CA) *Case Services Policy Manual*, the CA *Practices and Procedures Guide*, and this CA *Operations Manual*.

ACES	-	Automated Client Eligibility System
ACF	-	Administration for Children and Families
ACYF	-	HHS Administration for Children, Youth, and Families
ADATSA	-	Alcohol and Drug Abuse Treatment Services Act
AFDC	-	Aid to Families with Dependent Children
AFDC-FC	-	Aid to Families with Dependent Children - Foster Care
AAG	-	Assistant Attorney General
AG	-	State Attorney General
AIDC	-	American Indian Data Commission
AIDS	-	Acquired Immune Deficiency Syndrome
AIS	-	Agency Inventory System
AM	-	Area Manager
ANA	-	Administration for Native Americans
APS	-	Adult Protective Services
ARC	-	Accounts Receivable Coordinator
ARS	-	Alternative Response System
ARY	-	At-Risk Youth
ASCII	-	American Standard Code for Information Exchange
ASL	-	American Sign Language
BBP	-	Blood Borne Pathogens



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BIA	-	Bureau of Indian Affairs
BR	-	Business Reply
BRS/GC	-	Behavior Rehabilitation Services/Group Care
CA	-	Children's Administration
CAMIS	-	Case and Management Information System
CA/N	-	Child Abuse and Neglect
CE	-	Consultative Examination
CCDBG	-	Child Care and Development Block Grant
CCS		Central Contracts Services, formerly OCAM
CEAP	-	Consolidated Emergency Assistance Program
CFR	-	Code of Federal Regulations
CHINS-		Child in Need of Services
CHRI	-	Criminal History Record Inquiry
CIC	-	Computer Information Consultant
COBRA	-	Consolidated Omnibus Budget Reconciliation Act
CPR	-	Cardiopulmonary Resuscitation
CPA	-	Child Placing Agency
CPS	-	Child Protective Services
CPT	-	Child Protection Team
CRC	-	Crisis Residential Center or Care
CSE	-	Community Service Employment
CSO	-	Community Services Office



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CTED	-	Department of Community, Trade, & Economic Development
CWS	-	Child Welfare Services
DAC	-	Disabled Adult Child
DASA	-	Division of Alcohol and Substance Abuse
DCFS	-	Division of Children and Family Services
DCS	-	DSHS Division of Child Support
DD	-	Developmentally Disabled
DDD	-	Division of Developmental Disabilities
DDDS -		Division of Disability Determination Services
DHHS -		Department of Health and Human Services
DIS	-	Department of Information Services
DLR	-	Division of Licensed Resources
DOH	-	Department of Health
DOL	-	Department of Labor
DOL	-	Department of Licensing
DSHS	-	Department of Social and Health Services
DVR	-	DSHS Division of Vocational Rehabilitation
ECP	-	Exceptional Cost Plan
EFAP	-	Emergency Food Assistance Program
EMFS	-	Economic and Medical Field Services
ENCC	-	Exceptional Needs Care Coordination



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EO	-	Executive Order
EPSDT	-	Early and Periodic Screening, Diagnosis, & Treatment
ESA	-	DSHS Economic Services Administration
ETP	-	Exception to Policy
FAX	-	Telefacsimile
FBI	-	Federal Bureau of Investigation
FEMA	-	Federal Emergency Management Agency
FCMU -		Foster Care Medicaid Unit

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FFPC	-	Free Federal Commodities Program
FFS	-	Federal Funding Specialist
FFU	-	Federal Funding Unit
FHSS	-	Family Home Support Services
FICA	-	Federal Insurance Contribution Act
FIRST	-	Foster Intervention/Retention Support Team
FPAWS	-	Foster Parents Association of Washington State
FPS	-	Family Preservation Services
FRS	-	Family Reconciliation Services
FTE	-	Full Time Equivalent
GA	-	General Assistance
GAAP	-	Generally Accepted Accounting Principles
GAL	-	<i>Guardian Ad Litem</i>



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GA-U	-	General Assistance -Unemployable
GED	-	General Equivalency Development Certificate
HBS	-	Home Based Services
HBV	-	Hepatitis B Virus
HHS	-	Federal Department of Health and Human Services
HIV	-	Human Immunodeficiency Virus
HRDIS-		Human Resource Development Information System
HSS	-	Home Support Specialist
IAR	-	Interim Assistance Reimbursement Agreement
ICAMA	-	Interstate Compact for Adoption and Medical Assistance
ICPC	-	Interstate Compact on the Placement of Children
ICW	-	Indian Child Welfare
ICWA	-	Indian Child Welfare Act of 1978
ICWAC	-	Indian Child Welfare Advisory Committee
ID	-	Identification
IEP	-	Individualized Education Plan
IEPA	-	Inter-Ethnic Placement Act

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IFPS	-	Intensive Family Preservation Services
IHDT	-	Indian Health Design Team
IHS	-	Indian Health Service
ILP	-	Independent Living Program



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ILS	-	Independent Living Skills
INS	-	Immigration and Naturalization Service
IPAC	-	Indian Policy Advisory Committee
IPSS	-	Indian Policy and Support Services
IRS	-	Internal Revenue Service
IS	-	Information Services
ISM	-	Interrupted Service Month
ISP	-	Individual Services Plan
ISSD	-	Information Systems Services Division
ITA	-	Involuntary Treatment Act
ITIS	-	Interactive Terminal Information System
ITO	-	Indian Tribal Organizations
I&R	-	Information and Referral
JOBS	-	Job Opportunities and Basic Skills
JRA	-	Juvenile Rehabilitation Administration
JTPA	-	Federal Job Training Partnership Act
LAN	-	Local Area Network
L&I	-	Department of Labor and Industries
LE	-	Law Enforcement
LEP	-	Limited English Proficiency
LES	-	Limited English Speaking
LICWAC	-	Local Indian Child Welfare Advisory Committee



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LIHEAP	-	Low Income Home Energy Assistance Program
LIST	-	DSHS Office of Language Interpreter Services and Translations
MAA	-	Medical Assistance Administration
MAPPER	-	Maintaining, Preparing, and Producing Executive Reports
MCH	-	Maternal/Child Health
MEPA	-	Multi-Ethnic Placement Act (42 USC 5115a)
MER	-	Medical Evidence Records
MEVS-		Medical Eligibility Verification System
MHD	-	Mental Health Division
MLR	-	Minimum Licensing Requirements
MPC	-	Medicaid Personal Care
MS	-	Mail Stop
MWBE	-	Minority and Women's Business Enterprise
N.A.D	-	National Association of the Deaf
NCAI	-	National Congress of American Indians
NEO	-	New Employee Orientation
NIHB	-	National Indian Health Board
NPAIHB	-	Northwest Portland Area Indian Health Board
NWAE	-	Northwest Adoption Exchange
OAS	-	DSHS Office of Accounting Services
OASI	-	Old Age and Survivors Insurance



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OCAM	-	Office of Contracts and Asset Management, now CCS
OCAR	-	CA Office of Children's Administration Research
OCCP	-	Office of Child Care Policy
OCR	-	CA Office of Community or Constituent Relations
OCR	-	HHS Office of Civil Rights
OFCL	-	Office of Foster Care Licensing
OFM	-	Office of Financial Management
OFR	-	DSHS Office of Financial Recovery
OMB	-	Office of Management and Budget
OPD	-	Original Placement Date
ORC	-	Objective Review Committee
ORCS	-	Operations Review and Consultation Services
ORM	-	DSHS Office of Risk Management
OSHA	-	Occupational Safety and Health Administration
OSI	-	DSHS Office of Special Investigations
PC	-	Personal Computer
PCS	-	Medicaid Personal Care Services
PIC	-	Private Industry Council
PS	-	Postal Service
QA	-	CA Office of Quality Assurance and Training
RA	-	Regional Administrator



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RCW	-	Revised Code of Washington
RID	-	Registry of Interpreters for the Deaf
RM	-	Regional Manager
RMRS-		Remote Meter Resetting System
RMSS	-	ORM Risk Management Services Section
RMTS	-	Random Moment Time Study
RRC	-	Records Reference Center
RSDI	-	Retirement, Survivors, and Disability Insurance
RSN	-	Regional Support Network
RTS/BRS	-	Rehabilitative Treatment Services/ Behavior Rehabilitation Services
R&R	-	Research and Referral
SAY	-	Sexually Aggressive Youth
SCAN	-	State Controlled Area Network
SER	-	Service Episode Record
SF	-	State Form
SI	-	Sensory Impaired
SIDS	-	Sudden Infant Death Syndrome
SMIAFS	-	State Median Income Adjusted for Family Size
SSA	-	Social Security Administration
SSA	-	Social Service Authorization
SSI	-	Supplemental Security Income



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SSIF	-	Supplemental Security Income Facilitator
SSN	-	Social Security Number
SSPS	-	Social Service Payment System
SSODA	-	Special Sex Offender Disposition Alternative Program
STD	-	Sexually Transmitted Disease
SW	-	Social Worker
TANF	-	Temporary Assistance for Needy Families
TB	-	Tuberculosis
TCC	-	Therapeutic Child Care. See TCD
TCD	-	Therapeutic Child Development
TDD	-	Telecommunications Devices for the Deaf
TPA	-	Tribal Priority Allocation
TTY	-	Teletypewriter
TWEP	-	Tribal Work Experience Program
UPS	-	United Parcel Services
USC	-	United States Code
USPS	-	United States Postal Service
VA	-	Federal Veterans Administration
VPA	-	Voluntary Placement Agreement
WAC	-	Washington Administrative Code
WAN	-	Wide Area Network
WARE-		Washington Adoption Resource Exchange



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WIC	-	Women, Infants, and Children Program
WISHA	-	Washington Industrial Safety and Health Act
WMS	-	Washington Management Service
WSP	-	Washington State Patrol
WWIETP	-	Western Washington Indian Education Training Program
WWW	-	World Wide Web







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