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1000. INTRODUCTION

1100. CONTEXT AND PURPOSE

1. 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 that supports the agency's social service delivery system and provides administrative direction consistent with state and agency directives.
2. 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.

1220. Strategic Plan

1. 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:
 1. Family centered.
 2. Culturally relevant.
 3. Coordinated and collaborative.
 4. Locally planned.
 5. Community-based and preventive.
 6. Outcome-based.
 7. Creative.
 8. Customer service based.
2. 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:

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

1300. APPLICATION OF DEPARTMENT POLICY

1. Children's Administration staff are accountable for the following applicable department policy. The primary source documents include, but are not limited to:
 1. DSHS Administrative Policies;
 2. Case and Management Information System (CAMIS) Policies;
 3. Social Service Payment System (SSPS) Manual;
 4. DSHS Personnel Policies;
 5. DSHS Travel Manual;
 6. Paperwork Management Manual;
 7. Washington Management Service (WMS) Policies;
 8. Merit System Rules;
 9. Union Contract; and
 10. Agency Inventory System Manual
2. Each regional office and each local office can access current copies of each of the above manuals or policies on the Intranet/Internet. CA staff must also adhere to other directives that may be issued periodically by the Secretary or the Assistant Secretary.

1400. MANUAL MAINTENANCE AND POLICY ISSUANCE

1. Each Director, Division of Children and Family Services (DCFS) Regional Administrator, and Division of Licensed Resources (DLR) Regional Manager is responsible for ensuring that employees within their span of control have the ability to access the manuals on the Intranet or Internet.
2. The manuals are available electronically through assigned computers to all CA staff.
3. For guidelines regarding manual maintenance and policy issuance, see the CA Practices and Procedures Guide, Chapter 1000, section 1200

2000. ORGANIZATIONAL RESPONSIBILITIES

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

1. The Office of Information Services supports the Administration's personal computers (PC), networks, and the Case and Management Information System (CAMIS) applications.
2. 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.
3. 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, public disclosure, and department public relations and communications support.

2221. Office of Children's Administration Research

1. 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.
2. OCAR provides technical support and analysis to CA for management information and policy development.

2222. Office of Federal Funding

2223. Operations Support

Operations Support staff:

1. Plans and manages projects related to statewide CA issues and management initiatives; evaluates issues; and conducts evaluations on specific topics, as requested.
2. 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.
3. 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.
4. 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.
5. Assists the Division of Program and Policy Development and the Division of Licensed Resources (DLR) in developing and implementing management tracking systems.
6. Provides background check services, described in chapter 5000, section 5500.
7. Responds to requests for the public disclosure of information and documentation within required time frames.

2224. Fiscal and Budget Management

1. Fiscal Management staff are responsible for the following activities:
 1. Statewide fiscal, business, and contracts operation of CA to assure the effective and efficient use of federal and state general funds.
 2. Development and direction of fiscal operations and standards for the Administration.
 3. Development of strategies for allocating and monitoring resources.
 4. Development of Administration budget proposals and forecast assumptions to identify and justify resource needs.
 5. Coordination of statewide procurement, business management, facility management, and asset management activities.
2. Regional Business Managers work under the supervision of the Regional Administrators and have a matrix reporting relationship to the Director of Management Services.
3. Fiscal Management staff 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.

1. 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.
2. Staff in the contracts section of the Division of Management Services coordinates statewide contracting activities for the Division of Program and Policy Development, the Division of Children and Family Services (DCFS), and DLR.
3. The Division of Management Services contract management staff are the primary liaison with the department's contracts personnel in Central Contract Services (CCS).

2226. Diversity

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

2227. Quality Initiative

1. 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.
2. 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:
 1. Business process redesign, employee involvement (including involvement of recognized collective bargaining representatives), and other quality improvement techniques.
 2. Provision of training to employees to enable them to successfully implement and complete their efforts in quality improvement.
 3. Designation of a person in each agency to be responsible for improvement of the quality of the systems and work processes within the agency.
 4. Establishment of a Quality Steering Committee composed of appropriate senior management, mid-management, front line staff, and support staff organizations.
3. 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:

1. 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.
2. 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.
3. 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.
4. Write Washington Administrative Code (WAC) rules in consultation with stakeholders.
5. Provide uniform interpretation and clarification of program policies and procedures for headquarters and field staff.
6. 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.
7. Develop and design with regional staff and other department resources: pamphlets, brochures, and other materials necessary to improve the quality of programs and services.
8. Work with OCAR on the selection of research projects.
9. Provide information and program consultation to other department programs, regional staff, local offices, and community groups.
10. Perform public and community relations activities, in conjunction with other CA divisions.
11. 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.
12. In conjunction with the Regional Administrators and the headquarters management team, develop legislative proposals for Executive Management consideration.
13. Assign legislative bills for analysis, including those affecting other divisions and offices.
14. Coordinate requests from legislators and legislative staff to ensure that CA responses are timely and consistent.
15. Perform legislative bill analysis, analyze and comment on proposed regulations, and monitor legislation and legislative activity.

2231. Office of Quality Assurance and Training

The Office of Quality Assurance and Training:

1. 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.
2. Develops tools, guidelines, and program standards for evaluating practice and program implementation.
3. 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.
4. Conducts program reviews and provides ongoing assistance in implementing recommendations.
5. 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.
6. Provides Academy training for new social work staff, advanced social work skills, supervisory training, and training on special topics.
7. Edits and publishes a statewide Practice Digest that includes articles on practice strategies written by both CA staff and community sources.

2232. 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.

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), and a unit of investigators charged with investigation of allegations of child abuse and/or neglect in licensed child care homes and facilities.

2242. Office of Foster Care Licensing

1. 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
2. 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 and the DLR Child Abuse Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care.

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 OFCL functions, as applicable. Specific responsibilities include the following:

1. Implement regional performance expectations and communicate Administration expectations to all staff.
2. For the Regional Administrator, participate as a member of the CA Management Team.
3. Develop regional allocation plans and manage expenditures of dollars and Full Time Equivalent (FTE) positions against the approved budget and allotments.
4. Establish adequate management oversight systems to ensure appropriate resource management, policy compliance, and monitoring and tracking of audit findings.
5. 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.
6. Disseminate state and regional office program and policy information to field staff.
7. Communicate the Administration's mission, goals, and objectives to all staff.

8. Communicate agency and Administration information to all staff to ensure adequate understanding of policy and resource issues.
9. 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.
10. Work to achieve satisfactory compliance with state and regional policy and procedure by monitoring service delivery in the region.
11. Respond to inquiries and provide policy interpretation and clarification for staff.
12. Identify, research, and implement solutions to problems affecting service delivery.
13. Develop community resources to assist and complement service delivery in the region.
14. Manage regional contracts for service provision and fiscal integrity, as applicable.
15. Appoint and provide support for regional committees as authorized by law or the Secretary.
16. Provide staff to participate in CA committees requiring regional representation to maintain a field-oriented approach to procedure development.
17. 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.
18. 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

1. The department does not have the authority to waive provisions of the Revised Code of Washington (RCW) and federal laws and rules.
2. 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.
3. 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.
4. The Director, DLR, is required to report monthly to the Assistant Secretary on all waivers regarding licensed or certified child care facilities.

2330. Community Interagency Protocols

1. 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.
2. 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

1. Regional Administrators, Area Managers, and DLR Regional Managers are responsible for fiscal and resource oversight.
2. 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.
3. 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:

1. 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.
2. Facility planning and management and/or coordination if co-located with other Administrations or divisions of the department.
3. Equipment management and procurement, including inventory oversight.
4. Preparation and justification of operating and program budget information. Development, with the regional administrative team, of distribution of allotments.
5. 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.
6. 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.

7. 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.
8. Management and reporting on the monthly establishment of accruals, including review of the logic used, and accuracy of accruals.
9. 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.
10. Determination and development of reports that will meet regional management information reporting needs.
11. 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 must take direction from their own supervisor, or, in the supervisor's absence, through the established lines of reporting authority.

2410. Correspondence

1. 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.
2. 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.
3. 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 24 hours or the next business day of receipt to telephone calls within the staff's assigned responsibility, whether complaints or other types of calls. See DSHS Administrative Policy 14.18.

2422. Collect Telephone Calls

1. Purpose and Scope

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

2. Guidelines

1. The DCFS Area Administrator or DLR Regional Manager, as applicable, for field staff must 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:
 1. A child/youth in the custody of CA;
 2. A child/youth with a case open for services to CA;
 3. The incarcerated parent of a child who is a CA client;
 4. An individual with whom CA must make contact for case planning or investigative purposes; or
 5. 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:
 1. Providing clients with the toll-free number, where one is available, for his/her office;
 2. Offering to call the client back immediately after initial contact has been made, if this would not jeopardize contact with the client;
 3. Not accepting collect calls from individuals whose business would be expected to assume long distance telephone calls; and
 4. 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

3000. CUSTOMER RELATIONS AND COMMUNICATION

3100. COMMUNICATIONS

3110. Citizen Participation

The department's requirements for creating, terminating, ensuring coordination of, and limiting duplication of advisory groups are contained in DSHS Administrative Policy 2.05.

3120. Legislative Relations

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

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

1. 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.
 1. Constituent relations staff assists clients, foster parents, and other affected individuals in resolving complaints and grievances regarding Children's Administration (CA) policies and procedures, or the application of a policy or procedure related to CA programs. WAC 388-39-030
 2. Under RCW 74.13.045, constituent relations staff may inquire into, determine fact, and facilitate the resolution of disputes and complaints. The number for Constituent Relations is 1-800-723-4831.
2. 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

1. To facilitate informal review and resolution of issues, CA will follow the steps outlined in chapter 388-74 WAC, Complaint Resolution, and will comply with the requirements of RCW 74.13.045, Complaint Resolution Process.
2. 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 Children's Administration under RCW 26.44.050.
3. 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

1. 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.
2. Participation does not affect a complainant's ability to access confidential client records and information.
3. Confidential records or information shall not be disclosed to complainants or other participants in the complaint review process unless authorized by law.
4. 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

1. 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.
2. 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.
3. 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.
4. Membership is by application to the Assistant Secretary, and members may serve a maximum of two three-year terms.
5. 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.

4000. NON DISCRIMINATION - MINORITY AFFAIRS

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.

1. 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.
2. 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.
3. 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.
4. DSHS and CA policy are consistent with the Civil Rights Act of 1964, as amended; the Multi-Ethnic Placement Act (MEPA); the Inter-Ethnic Placement Act (IEPA); 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

1. 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.
2. 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 or race, color, national origin, or disability in every aspect of service delivery.

4310. Placement

1. For adoption and out-of-home case planning, see CA Case Services Policy Manual, Chapter 4000, section 4500.
2. 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.

3. CA must not deny any individual the opportunity to become an adoptive or a foster parent on the basis of 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.
4. 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. A foster or adoptive family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless CA staff identifies a compelling reason, the CA social worker will not match a child to a placement family on the basis of race of the child or family.
 1. The family's ability to cope with any forms of discrimination the child may encounter.
 2. The family's ability to care for or nurture self-esteem in a child of a different race or ethnicity.
 3. The family's ability to maintain the child's ties to another racial, ethnic, or cultural community.
 6. The family's ability to meet the child's educational, developmental, or psychological needs.
5. 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.
 9. Reasons for selection of a particular placement resource for a child. Unless CA staff identifies a compelling reason or ICWA applies, the CA social worker will not match children to a foster or adoptive family on the basis of race of the child or the family.

4320. Limited English Proficiency (LEP)

1. 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.

2. 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.
3. 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: 1-800-752-6096.
 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.
4. 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

1. 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.
2. 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.
3. 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)

1. 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.
 2. The act also imposes a Title IV-E State Plan requirement prohibiting delay or denial of 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.
2. 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 those dependent children are not subject to discrimination in their placement. 42 USC 671a
3. Children falling under the protections of the Indian Child Welfare Act of 1979 are exempt from the provisions of MEPA and IEPA.

4. 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 those dependent children are not subject to discrimination in their placements. This plan will include:

1. A description of the characteristics of waiting children.
2. Specific strategies to reach all parts of the community.
3. Diverse methods of disseminating both general and child specific information.
4. 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.
5. Strategies for training staff to work with diverse cultural, racial, and economic communities.
6. Strategies for dealing with diverse linguistic barriers.
7. Non-discriminatory fee structures.
8. 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.

5000. HEALTH AND SAFETY

5100. ADMINISTRATIVE INCIDENT REPORTING (AIRS)

5110. Purpose

This policy establishes uniform requirements for reporting and managing serious and emergent incidents involving the Children's Administration (CA). These incidents are defined as Administrative Incidents and must be reported through the Administrative Incident Reporting System (AIRS). This reporting system has been established to provide early notice and factual information for incidents requiring the immediate attention of the administration. Information from these reports will be used to identify issues, patterns and trends, and to determine if action is needed to improve the health and well being of children, families, and staff members.

For information beyond the scope of this policy see [AIRS Companion Guide, Appendix C of this manual](#).

5120. Scope

This policy's operating procedure applies to:

1. Children and families receiving services from CA.
2. Licensed and unlicensed facilities and providers.
3. Employees, interns, and volunteers of the Department of Social & Health Services (DSHS) as they relate to services CA provides.
4. Allegations of Employee Misconduct

Allegations of employee misconduct or criminal conduct are not documented in AIRS. If an allegation of misconduct or criminal conduct may potentially receive media or other high profile attention, notification through the chain of command is made as soon as possible by telephone up to the Office of the Assistant Secretary. Allegations of employee misconduct and/or criminal conduct are addressed by following DSHS Personnel Policy 545 and DSHS Administrative Policy No. 6.01. In addition to these policies, appointing authorities follow the Washington State Patrol (WSP) and DSHS Interagency Agreement and protocol for complying with Executive Order 96-01.

5130. Incidents Requiring an AIRS Report

1. Child Fatalities/Near Fatalities
Child fatalities and near-fatalities resulting from allegations of child abuse and/or neglect on

an open case are reported to the Office of Risk Management by telephone or by completing the Case and Management Information System (CAMIS) referral form within one hour from the time CA received notification of the incident. Child fatalities of Native American children also are reported to their respective tribe.

1. Child fatalities must be reported in AIRS if:
 1. There is an open case on the family prior to the fatality incident or any CA history on the family within 12 months of the fatality, including information-only referrals.
 2. The fatality occurred in a CA or Division of Child Care and Early Learning (DCCEL) licensed, certified, or state operated facility.
2. A near-fatality is defined as an act that places the child in serious or critical condition (RCW 74.13.500). Child near-fatalities must be reported if:
 1. The near-fatality is a result of alleged child abuse and/or neglect on an open case or on a case with CA history within 12 months; or
 2. The near-fatality occurred in a CA or DCCEL licensed, certified, or state operated facility.
3. Child fatalities and near-fatalities must have a new referral created in CAMIS when:
 1. They meet the above criteria.
 2. The fatality or near-fatality is reported as being the possible result of child abuse or neglect regardless of whether or not the family has had prior contact with CA.
 3. A new referral is not required when a near-fatality later becomes a fatality due to the circumstances reported in the original referral. An update to AIRS and a note in the Service Episode Record (SER) will suffice.
4. The initial report of fatality or near-fatality is input into AIRS by the intake supervisor or Child Protective Services (CPS) program manager at the time of the report. Updates to the initial report are documented in AIRS by the local office assigned to the case or where the case was last opened if the referral is not accepted for services.

2. Client Related

For the purpose of completing an Administrative Incident Report, a child client is defined as a child (or youth up to age 21) in the care, custody, or supervision of CA (per RCW 26.10) or DSHS as it relates to services CA provides. An AIRS report must be made on the following client related incidents:

1. **Serious Injury:** Serious injury of a child client requiring professional medical treatment (beyond first aid treatment) alleged to be the result of (a) physical abuse, (b) unexplained injury or (c) an injury that is not consistent with caretaker(s) explanation. Note: If it is a life-threatening injury, report the incident as a near-fatality.
2. **Allegation of Molestation or Rape:** Allegations of molestation or rape by an adult caretaker of a child client who is in the care and supervision of the department, or incidents involving multiple victims or patterns of molestation or rape between child clients placed by the department. Identify if the incident involved two residents in a facility, siblings, the caretaker, or third party adult.
3. **Suicide Attempt:** Any suicide attempt that results in injuries requiring hospitalization of a child client.
4. **Placement Exceptions:** Child is placed in one of the following placements: a) an institution not designed for foster children, such as adult mental hospitals or

detoxification programs where children and adults are co-mingled; b) a foster home without specialized training and support to provide for the safety of children in the home where children reside who are sexually aggressive, physically assaultive or who have demonstrated a pattern of assaultive behavior; c) at DSHS offices due to no placement resources being available or at detention facilities once legal holds are eliminated; d) apartments or motels, unless an appropriate licensed foster home or relative caregiver is not available and only with approval from the Regional Administrator (RA) and a determination that adequate supervision is provided for the child.

5. Other: Any other client-related critical incident that does not fall into one of the previously identified categories that is believed to require administrative notification and/or attention.

3. Incidents Involving a Facility or Foster Home (Provider Incident)

1. An allegation of licensed provider misconduct is reported in AIRS by supervisors or management personnel. These include but are not limited to:
 1. Criminal activity that would disqualify a licensed provider from providing care to children (see WAC 388-06-0170 & 388-06-0180).
 2. Allegation of sexual abuse/sexual exploitation.
 3. A pattern of high-risk child abuse and/or neglect referrals.
2. When an administrative incident meets one of the reporting requirements mentioned above and occurred in or involved one of the residents or staff in a facility or foster home, the Facility-Foster Home Section in AIRS is completed. Definition of facilities and foster homes include:
 1. Foster homes, facilities, private agencies licensed by the Division of Licensed Resources (DLR).
 2. Licensed childcare facilities licensed by DCCEL or facilities that meet the criteria for child care licensing.
 3. Other licensed, certified, or state-operated facilities.
 4. A person or agency subject to licensing under RCW 74.15.

4. Staff Safety Incident or Potential Threat of Harm

(For additional information on staff safety, see Operations Manual 8600).

Individuals reporting a staff safety incident are required to indicate in AIRS whether or not the incident resulted in serious injury that required professional medical treatment. The following staff safety incidents require an AIRS report:

1. Serious Threat of Harm: A staff person or contracted provider feels their safety was/is in jeopardy, or they were/are at risk of harm as a result of receiving a threat.
2. Illness Serious/Communicable: Exposure to any blood borne pathogens, tuberculosis (TB), or any other serious/communicable illness (constituting a risk to others on the job) that is classified by the Department of Health (DOH) as requiring further evaluation, testing, and community education.
3. Environmental Hazard: Exposure of a staff person to any environmental hazard while in the course of carrying out job duties that require medical consultation to ensure the health of that person (e.g. exposure to methamphetamine manufacturing materials, etc.).
4. Traffic Accident: A traffic accident that occurs while a staff person is in the process of carrying out his or her job duties, whether in a personal or state-owned vehicle.
5. Physical Assault by Client: Assault of a staff person by a child, parent, or individual identified as a client receiving services from the department. Immediately notify law enforcement and document the jurisdiction and police report case number in the "Community" section of AIRS.

6. Physical Assault by Other: Assault of a staff person by any other person (non-client) that occurs during the course of the staff person carrying out his or her job duties. Immediately notify law enforcement and document the jurisdiction and police report case number in the "Community" section of AIRS.
 7. Other: Any other serious issue that threatens the safety of staff.
5. Theft/Vandalism/Property Damage
- Report incidents of theft, vandalism, damage, or loss of state or private property in excess of \$250.
6. High Profile
- These are incidents that may generate significant interest by the media, the legislature and/or the Governor's Office. Incidents reported as high profile, including those marked high profile by intake, are reported in AIRS and must include an explanation regarding the reason it is considered high profile.
7. Other
- AIRS reports are not limited to the incidents described above. If other types of critical incidents requiring the attention of the administration occur, consult with the CA Office of Risk Management.

5140. Administrative Incident Management and Reporting Procedures

1. Administrative incidents identified in Section III are entered into AIRS within 24 hours of receipt of the report. The initial report is to include information known to the department at the time of the report.
2. Intake supervisors and/or CPS program managers input the initial AIRS report on child fatality and near-fatality cases. CPS program managers update and close the AIRS reports on child fatality and near-fatality cases.
3. Unit supervisors input the initial AIRS report on worker, staff safety, client related, and property loss incidents. Other incidents are input by intake supervisors or unit supervisors as determined by the region.
4. The supervisor of the unit responsible for investigating the incident ensures an AIRS report was made, updated, and closed when the investigation is completed. If there is not an investigation, the intake supervisor or the supervisor of the unit reporting the incident makes an AIRS report, updates, and closes as appropriate.
5. When automated transmission using AIRS is not possible, report the incident by phone to the Office of Risk Management and report in AIRS as soon as transmission is possible.
6. Managers in the chain of command are automatically notified of the incident through AIRS and are required to review the incident report within 48 hours of receipt of the report.
7. All incident reports are completed and approved by the regional designated chain of command within 10 working days of receipt of a report.
8. Follow-up reports occur as additional information becomes available.
9. AIRS will be managed by CA Office of Risk Management.

5150. Reviews of Administrative Incident Aggregate Data

1. At least quarterly, statewide program managers designated responsible for management and oversight of administrative incidents conduct an internal review to evaluate occurrences, summarize findings, identify areas for further study, and make recommendations to strengthen practice, programs, and systems. Results of the quarterly statewide review are provided to the appropriate directors.
2. At least quarterly, an internal review of all administrative incidents is conducted by each region and local office. The Office of Risk Management and Division of Program and Practice Improvement provides support and consultation as needed. Summary reports from AIRS are used to evaluate practice and identify trends and strategies to improve outcomes. Results of the local office review are provided to the local office Continuous Quality Improvement (CQI) Standing Team. Results of the regional review are provided to the Regional Management Team.
3. Twice yearly, the Division of Program and Practice Improvement, in partnership with statewide program managers designated with responsibility for management and oversight of administrative incidents publishes a summary report for CA management review that identifies statewide and regional trends.

5160. Administrative Incident Reporting Timelines

Activity	Due
Child fatalities or near-fatalities resulting from alleged CA/N on open cases or on families receiving services within 12 months of fatality	Report to Office of Risk Management (ORM) by telephone within 1 hour of receiving information.
All Administrative Incident Reports	Report in AIRS within 24 hours of receiving information. When automated transmission in AIRS is not possible, report by phone to ORM or DLR as appropriate.
Regional Administrator (RA) or designee reviews administrative incident report	Review within 48 hours of receipt of AIRS email notification.
Completed Initial Administrative Incident Report, including follow-up in AIRS	Completed in AIRS within 10 working days .
Child Fatality	The Regional CPS Program Manager or designee reviews the case record within 14 calendar days of receiving notification of the child fatality.
Child Fatality	The Regional CPS Program Manager or designee provides the RA with a summary of the case within 45 days .
Child Fatality Review (CFR)	Final report is completed and documented in AIRS within 180 days of report of fatality.
Executive Child Fatality Review (ECFR)	Completion of the final report and documentation in AIRS within 180 days of the report of fatality.

CFR Work Plans	Work plans are completed and documented in AIRS within 30 days of the Child Fatality Review or Executive Child Fatality Review.
Quarterly reviews of all administrative incidents documented in AIRS	<p>Reviews occur quarterly*:</p> <ul style="list-style-type: none"> • Statewide program managers with responsibility for management of administrative incidents conduct an internal review to evaluate occurrences, potential trends and summarize findings, with recommendations. • Regions and each local office review administrative incidents occurring in their jurisdictions <p>*January-March; April-June; July-September; October-December</p>
Summary report of administrative incidents statewide to CA Management	Report provided twice yearly to CA Management by Office of Risk Management in partnership with program managers.
Alleged employee misconduct or criminal conduct that may potentially receive media or other high profile attention	<p>Notification through chain-of-command by telephone as soon as possible. Employee misconduct is not documented in AIRS. Follow:</p> <ul style="list-style-type: none"> • DSHS Personnel Policy 545 • DSHS Administrative Policy No. 6.01. • Executive Order 96-01 (WSP/DSHS Interagency Agreement)

5200. CRITICAL INCIDENT REVIEWS

1. Purpose

Critical Incident Reviews (CIRs) examine all information provided to the department regarding the child and his or her family. The goals of CIR teams are to:

1. Increase our understanding of the circumstances around a child's death.
2. Evaluate practice, programs and systems to improve the health and safety of children.

RCW 74.13.640

"The Department of Social and Health Services shall conduct a child fatality review in the event of an unexpected death of a minor in the state who is in the care of or receiving services described in chapter 74.13 RCW from the department or who has been in the care of or received services described in chapter 74.13 RCW from the department within one year preceding the minor's death.

Upon conclusion of the child fatality review required pursuant to subsection (1) of this section, the department shall issue a report on the results of the review to the appropriate committees of the legislature and shall make copies of the report available to the public upon request."

For information beyond the scope of this policy see AIRS Companion Guide, Appendix C of this manual.

- Child Fatality Manner of Death Definitions

1. Unknown/Undetermined: Nature of death is unknown or undetermined at the time of the report.
2. Natural/Medical: Alleged nature of death is Sudden Infant Death Syndrome (SIDS), or otherwise determined to be a natural/medical death, including attended or expected deaths.
3. Accidental: This includes, but is not limited to vehicle accidents, falls, drowning, overlay, and/or any other nature of death that is alleged to have been accidental in nature.
4. Suicidal: Any death alleged to have been suicide by the medical examiner, law enforcement, or attending physician.
5. Homicide by Abuse: Homicide alleged to have been committed by a parent or caretaker acting in loco parentis.
6. Homicide by Third Party: Homicide alleged to have been committed by anyone that was not a parent or acting in loco parentis.

- Requirements

A CIR is required for a child fatality, near fatality or serious injury when the child is under the age of 18 and one of the following conditions applies:

1. The child death, near fatality or serious injury is suspicious for abuse or neglect **and**
2. There is an open case on the family or any CA family history within 12 months prior to the fatality. This includes information-only referrals within 12 months preceding the death of the child. Cases only open for adoption support do not meet this criteria, unless there has been another active service provided to the family during the 12 months preceding the death of the child or the death is believed to be the result of child abuse or neglect **or**
3. The fatality occurred in a CA licensed, certified, or state-operated facility **or**
4. The fatality occurred in a home or facility licensed to provide childcare through DEL.

- Critical Incident Reviews

1. Child Fatality Review (CFR)

1. Protocols

1. A CFR is coordinated by the Child Fatality/Critical Incident Review Team (CIRT) Members.
 2. The Child Fatality/Critical Incident review team is a multidisciplinary team comprised of individuals who have not had involvement with the case.

3. Participants in the ECIR are selected by the Child Fatality/Critical Incident Review Team.
4. The Child Fatality/Critical Incident review must include professionals who represent the culture of the community in which the fatality occurred. This would include professionals who can address the specific issues of the case such as service providers, foster parent representatives, children advocates, medical professionals, law enforcement, CA staff persons and may include representatives from the legislature. It is important to have professionals who are representative of the client's ethnic and cultural background.

RCW 74.13.640

The department shall ensure that the fatality review team is made up of individuals who had no previous involvement in the case, including individuals whose professional expertise is pertinent to the dynamics of the case.

5. DCFS and DLR staff assigned to the case assists in gathering and providing case information to the CIRT leader for documentation in AIRS prior to the review.
6. The CIRT leader may arrange for interviews with any persons involved with the family or the deceased child as appropriate for the CIR.
7. All CIR participants must sign confidentiality statements before reviewing CA records or documents.
8. The Child Fatality/Critical Incident Review Team supervisor in coordination with the Office of Risk Management, is responsible for tracking the progress and completion of the CIR.
9. The Child Fatality/CIRT members review the case record within 14 calendar days of receiving notification of the child fatality and provides the RA with a verbal debriefing of the case within 45 calendar days of receipt of the report.
10. The Child Fatality/CIRT leader must complete the CIR and have the report posted on the public website within 180 days of the department receiving a report of the fatality. The CIR is documented in AIRS under the same incident number identified for the Administrative Incident Report.
11. The Governor may authorize an extension to the 180-day timeframe per RCW 74.13.640. When this authorization is provided, the justification is documented in the follow-up section of the initial incident report in AIRS.

2. Reviews

1. Reviews address practice, internal policy issues, contract issues, and system issues.
2. Reviews include recommended strategies and implementation steps.
3. Reviews are used to build community alliances, expertise, and commitments for program improvements, policy, and procedural changes, and improved multi-disciplinary collaboration.
4. Reviews may identify program and system strengths, communication issues, and specific information regarding child mortality.
5. Review recommendations may address the total community child protection system and need not be limited to CA or DSHS programs.
6. Reviews may address individual employee actions and decisions in the specific case under review. Reviews should not name the employee.

3. Reports

1. The Child Fatality/Critical Incident Review Team member ensures the issues/recommendations from the CIR are entered in AIRS under the CIR.
2. The report will not be released until the AIRS Review Report is locked

indicating that the report has been approved by the Office of Risk Management.

3. The Office of Risk Management in collaboration with the RA shares the report with the DSHS Secretary, CA Assistant Secretary, CA Division Directors, and RAs.
4. The Office of Risk Management provides a copy of all reports to the Office of the Family and Children Ombudsman.
5. The Office of Risk Management makes CIR reports available to legislative committees and the public, per RCW 74.13.6405:

"Upon conclusion of a child fatality review required pursuant to this section, the department shall within one hundred eighty days following the fatality issue a report on the results of the review, unless an extension has been granted by the governor.

Reports must be distributed to the appropriate committees of the legislature, and the department shall create a public web site where all child fatality review reports required under this section must be posted and maintained. A child fatality review report completed pursuant to this section is subject to public disclosure and must be posted on the public web site, except that confidential information may be redacted by the department•"

6. All reports of the CIR team are public record.
7. Release of information is subject to laws regarding public disclosure and confidentiality. Requests for CIR reports are processed through a disclosure program manager at CA headquarters.
8. Aggregate information with identifying data, including team recommendations, is disclosed to the public in the annual report.
9. The CA Office of Risk Management will:
 1. Make available CIR reports to all CA staff persons.
 2. Prepare and distribute a report summarizing team findings and recommendations.
 3. Publish child fatality information in the annual Children's Administration Performance Report.

4. Work Plans

1. Upon completion of the CIR, if there are practice and system issues identified during the review process, a CIR Work Plan will be developed and entered into the AIRS system within 30 days of completion of the review.
2. The Work Plan is based on issues identified in the review. The RA or designee in coordination with the Division of Program and Practice Improvement, and the CA Office of Risk Management develops, the draft Work Plan.
3. The Division of Program and Practice Improvement RA submits the draft Work Plan to the Assistant Secretary for approval.
4. The approved Work Plan is documented in AIRS by the Office of Risk Management in collaboration with the Regional CPS Program Manager.
5. Implementation, follow up and tracking of the Work Plan is done by the Division of Program and Practice Improvement in coordination with the CA Office of Risk Management.
6. The CA Office of Risk Management will:
 1. Provide regular reports from CIRs with summary data to increase social

- workers' understanding of risks to children.
- 2. Prepare and distribute a report summarizing team findings and recommendations.
- 3. Publish child fatality information in the annual Children's Administration Performance Report.

5220. Critical Incident Review Matrix

Type of Case Child Fatalities, Near Fatalities, Serious Injury	CIR	No Review Required
1. Open case, no placement, no CA/N alleged		X
2. Open case, no placement, CA/N alleged	X	
3. Open case, placement, no CA/N alleged	X	
4. Open case, placement, CA/N alleged	X	
5. Services within 12 months, no CA/N alleged		X
6. Licensed care (DLR/DEL), no CA/N alleged	X	
7. Licensed care (DLR/DEL), CA/N alleged	X	
8. Adoption support, services within 12 months, no CA/N alleged		X
9. Adoption support, services within 12 months, CA/N alleged	X	
10. Adoption support, no services within 12 months, no CA/N alleged		X
11. Adoption support, no services within 12 months, CA/N alleged		X
12. Case open for tribal payment only		X
13. No services within 12 months		X
14. Significant history prior to 12 months, CA/N alleged		X
15. Case open for tribal payment only		X

Cases with significant history beyond 12 months may require a review. RA has option to request review of any case

5230. Administrative Incident Review Activity

Case Status

- At time of child fatality or critical incident, services are active in Children's Administration (CA) programs.
- OR
- There was an open case that received services from any CA within 12 months prior to child's death or critical incident. Services include "information only" or low risk referrals.
 - Services were provided by a CA licensed, certified, state-operated facility or Division of Child Care & Early Learning (DCCEL) home or facility.

Unexpected
Child Abuse/Neglect (CA/N)
Fatality

Child Fatality Review (CFR), or Executive Child Fatality Review is Required

CFR:

- Participation by local/regional staff and/or others appointed by regional administrator (RA). CA may invite community partners who had involvement with and/or provided services to the child's family
- CFR prepared and coordinated by regional CPS program manager in Administrative Incident Reporting System (AIRS)
- Regional CPS program manager completes review within 180 days or RA may authorize extension

Executive CFR:

- Recommended by Director of Field Operations, RA & CA Office of Risk Management.
- Convened by Assistant Secretary
- Coordinated by ORM and regional CPS program manager or other RA designee
- The Executive CFR will include statewide, multidisciplinary participants with no direct involvement in services for the child's family. Executive CFR will determine timeline for completion of report.

<p>Unexpected Non-CA/N Fatality</p>	<p style="text-align: center;"><i>CFR is Required</i></p> <p>CFR:</p> <ul style="list-style-type: none"> • Participation by local/regional staff and/or others appointed by RA). CA may invite community partners who had involvement with and/or provided services to the child's family • CFR prepared and coordinated by regional CPS program manager in AIRS • Regional CPS program manager completes review within 180 days or RA may authorize extension
<p>Expected Non-CA/N Fatality (e.g. medically fragile, terminal illness)</p>	<p style="text-align: center;"><i>CFR (Optional)</i></p> <p>CFR:</p> <ul style="list-style-type: none"> • CFR on expected, non-CA/N fatalities are optional. • Participation by local/regional staff and/or others appointed by RA. CA may invite community partners who had involvement with and/or provided services to the child's family • CFR prepared and coordinated by regional CPS program manager in AIRS • Regional CPS program manager completes review within 180 days or RA may authorize extension

5300. INVESTIGATING ABUSE AND NEGLECT IN STATE REGULATED CARE

5310. Introduction

1. The Division of Licensed Resources (DLR) Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care is a "how-to" guide to be used by the facility investigators in the course of investigations of alleged abuse and neglect in state-regulated care.
2. The guide 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

1. 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.

2. 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:
 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.
3. 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.
4. 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.
5. 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.
6. See the DLR Child Abuse and Neglect Section Practice Guide - 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 must 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 must comply with the provisions of the CA Practices and Procedures Guide, chapter 4000, section 4421, Health and Safety of Children.

5500. Criminal History and Child Abuse and Neglect History Checks for Out-of-Home Placement

5510. Authority

1. As part of determining character, competence and suitability of prospective out-of-home caregivers and other individuals to have unsupervised access to children, Children's Administration (CA) is required to conduct background checks (including criminal history and Child Abuse and Neglect or CA/N history) pursuant to RCW 43.43, RCW 74.15.030, WAC 388-06 and PL 109-248.
2. For purposes of CPS investigations and emergent placement of children with unlicensed relatives and other suitable persons, CA has the authority to access criminal history information directly from the National Crime Information Center (NCIC) databases pursuant to RCW 26.44.030, RCW 74.15 and PL 109-248.

5511. Definition of Required Criminal History and CA/N Checks

1. A criminal history and CA/N check must be completed for anyone living in the home, age 16 and above, excluding youth in foster care:
 1. Prior to final approval of an out of home placement under the custody of CA with an unlicensed relative or other suitable person, or
 2. Prior to final approval of a foster home license, or
 3. Prior to final approval of an adoptive home study.
2. For all youth living in the home, ages 16 and 17 (excluding youth in foster care), and youth who age out of care and later voluntarily return to foster care, criminal history and CA/N history must include the following:
 1. A FamLink records check, and
 2. A background check conducted by DSHS Background Check Central Unit (BCCU).
3. For all adults living in the home, age 18 and above, criminal history and CA/N history must include the following:
 1. A FamLink records check,
 2. A background check conducted by BCCU,
 3. An FBI/WSP fingerprint based criminal history check processed by BCCU; unless the check is for renewal of a foster home license, and
 4. For persons who have lived outside of Washington State in the preceding five years, an out of state child abuse and neglect history check from all other states where the individual has lived during that time.

5512. Persons Subject to Criminal History and CA/N History Check Requirements

1. CA staff must complete the required background check, as defined in this section, of out-of-home caregivers and other adults who will have unsupervised access to a child in their home, including:
 1. Relative caregivers as defined in RCW 74.15
 2. Other suitable persons as defined in RCW 13.34.130
 3. Foster parents
 4. Adoptive parents approved by CA
 5. All adults living in the home, age 18 and above

6. All adults who move into the out of home placement after the child is placed or license approved
 7. All youth living in the home, ages 16 and 17 (excluding youth in foster care)
 8. Former foster youth who return to live with a caregiver upon exiting care
 9. Caregivers licensed by Washington State on behalf of child placing agencies and Tribes
 10. Caregivers who reapply for a license after their license has lapsed
 11. Licensed respite providers
 12. Unlicensed relative respite providers
 13. Individuals providing in-home child care for children being served by CA
2. CA is responsible for conducting the background check for children under the custody of another state who are placed with a foster or unlicensed relative caregiver in Washington State through the Interstate Compact on the Placement of Children (ICPC).
 3. Caregivers of children under the custody of Washington State who are placed in another state through ICPC will have their background check completed by the receiving state according to the receiving state's policy.
 4. Prior to a dependent child being returned to their parent's home, the social worker must conduct a criminal background check on all adults residing in the home.
 5. Complete for safety plan participants per Safety Plan Policy.

5513. BCCU Background Check

1. A background check conducted by BCCU is required for all adults, age 18 and above, and for all youth ages 16 and 17 living in the home. Youth in foster care are excluded from this requirement, however if a youth ages out of care and later voluntarily returns to foster care, a BCCU check is required.
2. Prior to a dependent child being returned to their parent's home, the social worker must conduct a BCCU check on all adults residing in the home.
3. BCCU background checks may be used to authorize unsupervised access to a child to facilitate a safety or service plan.
4. Each individual must complete and sign a Background Authorization Form (DSHS 09-653) prior to BCCU conducting a Washington State background check. For youth ages 16 and 17, a parent or guardian must also sign the authorization form.
5. The requesting CA staff must sign the completed Background Authorization Form prior to forwarding the request to BCCU.
6. A BCCU check is required at the time of re-licensing or if there is a change in the license.
7. A BCCU check is valid for one calendar year for purposes of the home study process. If it has been longer than one year since the background check was completed, the social worker must request another BCCU check.

5514. FBI Fingerprint Based Check

1. An FBI fingerprint based criminal history check is required for all adults, age 18 and above.
2. A completed Background Authorization Form (DSHS 09-653) with required signatures will be faxed to BCCU.
3. If fingerprints transmitted electronically require a BCCU tracking number (i.e. Originating Case Agency-OCA number) be documented on the Background Authorization form.
4. CA staff are not to contact the FBI or Washington State Patrol (WSP) for any purpose related

to the completion of a background check as this could further delay the process. All requests for status should be submitted through BCCU and they will provide results to CA staff.

5. CA is required to pay for the cost of processing the FBI/WSP fingerprint check for all persons subject to fingerprints as defined in Section 5512 (A).
6. Social workers will ensure documentation of one or more of the following notations, as applicable, for each person in the FamLink Person Management page within 3 calendar days of action and/or receipt of information. Additional information is to be documented in case/provider notes.
 - o OCA number (insert number) generated, client referred to fingerprint agency, and Background Authorization Form (BAF) faxed to BCCU
 - o No hits/no record
 - o No disqualifier
 - o Five year disqualifier - Include Name of Crime(s)/Negative Action
 - o Permanent disqualifier - Include Name of Crime(s) and/or Negative Action
 - o Fingerprints rejected, client referred to WSP (as applicable)
 - o Fingerprint Waiver: Alternate Approval to Fingerprinting "Approved" (as applicable)

5515. FamLink Records Check for Allegations of Abuse or Neglect

1. A FamLink records check is required for all individuals identified in Section 5512 of this policy.
2. Founded reports of child abuse or neglect must be considered in determining whether a person is disqualified from being authorized by the department to care for children. RCW 26.44.100
3. A FamLink check is required at the time of re-licensing or if there is a change in the license.
4. Social workers will ensure documentation of one or more of the following notations, as applicable, for each person in the FamLink Person Management page within 3 calendar days of action and/or receipt of information. Additional information is to be documented in case/provider notes.
 - o No Founded Finding
 - o Founding Finding of CA/N - Specify Type of CA/N (i.e. Physical Abuse, Sexual Abuse, etc)

5516. Out of State Child Abuse and Neglect History Check for Allegations of Child Abuse or Neglect (CA/N)

1. If an adult, age 18 and above, has lived in another state during the preceding five years, CA is required to make a request for out-of-state records for allegations of child abuse and neglect in each state the individual has lived during that time. This applies to all individuals identified in Section 5512 of this policy
2. The individual must sign an authorization of disclosure prior to conducting the out-of-state records check. If the other state does not have a required form, the Out of State Child Abuse and Neglect Information Request form located at:
<http://www.dshs.wa.gov/word/ca/OutofStateRequest.doc>
3. Social workers will ensure documentation of one or more of the following notations, as applicable, for each person in the FamLink Person Management page is completed within 3 calendar days of action and/or receipt of information. Additional information is to be documented in case/provider notes.
 - o Other state did not respond within 30 calendar days

- o No Founded Finding
- o Founding Finding of CA/N - Specify Type of CA/N (i.e. Physical Abuse, Sexual Abuse, etc)

5517. National Crime Information Center (NCIC) Checks for Emergent Placements - Purpose Code X

CA is authorized by the FBI to access the NCIC database "to check for criminal history in limited situations when emergent circumstances exist that do not reasonably allow for immediate fingerprinting prior to placement." In Washington State, emergency placement refers to those limited instances when the Department is placing a child in the home of private individuals, including neighbors, friends, or relatives, as a result of a sudden unavailability of the child's primary caregiver. This is known as a "Purpose Code X" access check. Purpose Code X checks are based on name and date-of-birth information and are a point in time check.

1. NCIC requests for emergent placement must be conducted under NCIC Purpose Code X in accordance with state and federal laws. (RCW 26.44.030 and PL 109-248)
2. NCIC checks for emergent placement will be conducted by the NCIC Unit staff at the request of the placing social worker.
3. NCIC Unit staff will complete a Criminal History Summary Form and provide results of the Purpose Code X check to the requesting social worker.
4. CA staff may not approve an emergent placement of a child with an unlicensed caregiver until the following has been completed:
 1. FamLink check on all adults in the home; and
 2. NCIC Purpose Code X check on all adults in the home.
5. A child may not be placed in the home if any adult in the household has a disqualifying event from the DSHS Secretary's List of Crimes and Negative Actions <http://dshs.wa.gov/bccu/bccucrimeslist.shtml>
6. When a placement is made, CA staff must ensure the following documents are submitted to BCCU within 10 calendar days of the NCIC Purpose Code X check:
 1. Background Authorization Form (DSHS 09-653)
 2. Fingerprints
7. The child must not remain in the home if fingerprints are not submitted or any adult in the home refuses to be fingerprinted.
8. The reason or circumstances why the fingerprints were not completed must be documented in FamLink Provider Notes
9. The emergent unlicensed placement is not considered final until all background check requirements results have been completed and all other assessments for character, competence and suitability have been completed, including the Relative Home Study.
10. Results of an NCIC Purpose Code X check for emergent unlicensed placements cannot be used for CPS investigation (Purpose Code C) (see procedures for NCIC Checks for CPS Investigations, Purpose Code C).
11. Requests for NCIC database access information are not permitted for any reason other than an emergent placement with an unlicensed caregiver (Purpose Code X) or CPS investigation (Purpose Code C).

12. Social workers will ensure documentation of the date and results of an NCIC Purpose Code X check on each person in the FamLink Person Management page is completed within 3 calendar days of the NCIC request, using the following notations as applicable:
 - o No hits/no record; or
 - o No disqualifier; or
 - o Five year disqualifier; or
 - o Permanent disqualifier
13. Information from NCIC Purpose Code X checks and summary forms may not be printed out, placed in case files, or shared with parties outside of DSHS.

5518. NCIC Checks for CPS Investigations - Purpose Code C

CA is authorized to access the NCIC database for subjects of CPS investigations and other adults related to the investigations. The Purpose Code C check allows the social worker to assess the safety of children in the home and the safety of CA staff conducting the investigation. Requests for NCIC checks for CPS investigations are made in accordance with state and federal laws. (RCW 26.44.030 and PL 109-248). Purpose Code C checks are based on name and date-of-birth information and are a point in time check. Purpose Code C checks are not required and are completed at the discretion of the investigating social worker.

1. NCIC requests for CPS investigation purposes are conducted under NCIC Purpose Code C.
2. NCIC checks for CPS investigations will be conducted by the NCIC Unit staff at the request of a CPS investigator or supervisor.
3. NCIC Unit staff will complete a Criminal History Summary Form and provide results of the Purpose Code C check to the requesting social worker.
4. If the social worker determines that a Purpose Code C check is needed, they will ensure documentation of the date and results of the check on each person in the FamLink Person Management page within 72 hours of the NCIC request is completed, using the following notations as applicable:
 1. No hits/no record; or
 2. No disqualifier; or
 3. Criminal history found; or
 4. Conviction history found
5. If necessary, (e.g. due to multiple people with the same common name and date-of-birth), the CPS investigator may follow up with a request for a fingerprint based criminal history check processed by BCCU.
6. Results of NCIC Purpose Code C checks for CPS investigations cannot be used for NCIC Purpose Code X placement purposes.
7. Requests for NCIC database access information are not permitted for any reason other than an emergent placement with an unlicensed caregiver (Purpose Code X) or CPS investigation (Purpose Code C).
8. Information from NCIC Purpose Code C checks and summary forms may not be printed out, placed in case files, or shared with parties outside of DSHS.

5519. Expedited Washington State Background Checks

Washington State criminal history background checks may be expedited through BCCU as approved by

the Area Administrator for the following purposes:

1. When a non-emergent placement move to a relative or other suitable person is determined to be in the best interest of a child and fingerprints have been submitted to BCCU and not yet received also known as urgent unlicensed placement.
2. To assess authorization of persons 16 years and older to have unsupervised access to children to facilitate a service or safety plan.
3. To assess youth 16 and 17 years of age living in a home seeking approval for emergency placement.

5520. Background Check Documentation

1. CA staff will document the following background check information as required in the FamLink Case or Provider Person Management page, Background Check tab:
 - o FamLink CA/N history
 - o Out-of-State CA/N history. in a Service Episode Record (SER).
 - o Washington State Background Check (BCCU)
 - o National Crime Information Center (NCIC) Purpose Code X and C search
 - o Fingerprints
 - o Administrative Review Request for Crime and/or Negative Action (DSHS 15-367)

* See FamLink Background Check Reference table for additional guidance

2. Background check request forms, result letters, and rap sheets are to be stored in the caregiver's file.
3. NCIC Access unit will provide view only summary forms. The NCIC summary forms will be purged 30 days from the request date.

5521. Information Sharing

1. All information received from the FBI or WSP is authorized for use by CA only for the purpose for which it was obtained; it cannot be used as documentation for other programs or administrations.
2. If there is a disqualifying event identified by the BCCU and/or the fingerprint check, CA staff must notify the individual of the disqualification in writing within 10 days after receipt of the information.
3. CA staff may provide a copy of conviction information from fingerprint results, e.g., "rap sheets," to the individual named in the inquiry, if the individual provides a request in writing along with proof of identity. A copy may also be obtained from the WSP. (WAC 388-06-0260)
4. CA staff must not disclose unfounded or inconclusive findings and related reports of child abuse or neglect as defined in RCW 26.44.020 to a child placing agency, a private adoption agency, or any other provider licensed under chapter 74.15 RCW.

5522. Evaluation and Disposition

CA staff must not license or authorize persons to provide care who has been convicted of or have charges pending for offenses (within the designated time frames) identified in the DSHS Secretary's

List of Disqualifying Crimes.

For a list of disqualifying crimes and negative actions, click on the following link:

[DSHS Secretary List of Disqualifying Crimes and Negative Actions](#)

[CA Reference info - DSHS Secretary's List of Disqualifying Crimes & Negative Actions](#)

1. No Record of Crime or Negative Action: If the background check reveals no criminal convictions, no founded finding of CA/N, no pending charges or no other negative actions, no further action is necessary.
2. Record of a conviction for a disqualifying crime or founded finding of CA/N: The social worker/licensor is required to deny the license or authorization to have unsupervised access to children, if the background check reveals the individual is/has:
 1. Convicted of a felony offense identified as a permanent disqualifying event, or
 2. Convicted of a crime identified as a 5 year disqualifying event and it is less than 5 years since conviction, or
 3. Convicted of an equivalent crime in another jurisdiction, or
 4. Pending charges for any of the above, or
 5. Founded finding of abuse, neglect, exploitation, or abandonment of a vulnerable adult, juvenile or child.
3. Record of non-disqualifying offense or other negative action, including charges pending longer than one year: requires documentation of Administrative Approval, including but not limited to scrutiny of the following factors:
 1. Amount of time since the conviction/negative action
 2. Seriousness of the crime/behavior that led to the conviction/negative action
 3. Number and types of other convictions/negative actions
 4. Age at time of incident
 5. Documentation of successful completion of court-ordered programs and restitutions
 6. Behavior since the conviction/negative action
 7. Vulnerability of child(ren) for whom the individual is authorized unsupervised contact

5523. Review and Decision-Making

1. Prior to making a decision to authorize unsupervised access to children or an individual with developmental disabilities, the social worker/licensor is required to review and scrutinize identified convictions.
2. The decision-making request and result is to be documented in the client and/or provider file and electronically in the FamLink Person Management page for the individual.
3. In rare circumstances, an administrative approval or waiver may be granted to authorize an exception for a person with a disqualifying crime or negative action.
 1. The requesting social worker/licensor must first determine that allowing the individual unsupervised access to a child will not jeopardize the child's health and safety.
 2. Requests for an administrative approval or waiver require written authorization using the statewide "Administrative Review for Crime and/or Negative Actions" (DSHS Form 15-367)
 3. Requests for Administrative Review and Approval are to be submitted according to the following parameters:
 1. Once for each disqualifying crime, set of crimes, and/or negative action for

each unlicensed placement. Requests are to be child(ren) specific

2. At the time of licensing
3. When a substantial change in circumstances occur, such as a subsequent arrest, conviction, CPS or Licensing referral, etc.
4. Requests that are denied may be re-submitted when new information or a substantial change in circumstances occur, such as the age of the child/youth, recommendations from a professional, evaluation results, significant progress achieved, etc

4. Definition of Administrative Approval and Waiver

1. Authorization of an Administrative Approval

An administrative approval is used for a disqualifying crime on the 5 Year List and it has been more than 5 years since conviction, for crimes not on the Permanent or 5 Year List, and negative actions.

2. Authorization of an Administrative Waiver

A waiver is used for a disqualifying crime on the Permanent List or the 5 Year List and it is less than 5 years since conviction. Administrative waivers require approval by the CA Assistant Secretary. CA can not claim IV-E or adoption support funds for any child placed in the home during the life of the waiver.

3. Social workers will document one or more of the following notations, as applicable, for each Administrative Approval/Waiver requested and granted in the FamLink Person Management page within 72 hours of action and/or receipt of information. Additional information is to be documented in case/provider notes.

- Administrative Approval: Requested
- Administrative Approval: Approved and/or Denied along with specific crime(s)/negative action approved

http://www.dshs.wa.gov/word/ms/forms/15_367.doc

5. Overview of Approval Process for Crimes & Negative Actions

Criminal Conviction and/or Negative Action	Type of Approval Required	Authorization Provided by
Permanent disqualifying crime	Administrative Waiver	CA Assistant Secretary Send Request to Director of Field Operations
Five year disqualifying crime & less than five years since conviction	Administrative Waiver	CA Assistant Secretary Send Request to Director of Field Operations

<p>Finding of abuse, neglect, exploitation, or abandonment of a vulnerable adult, juvenile or child</p>	<p>Administrative Approval</p>	<p>CA Assistant Secretary or Designee Send Request to Director of Field Operations</p>
<p>Five year disqualifying crime & more than five years since conviction</p>	<p>Administrative Approval</p>	<p>Regional Administrator or DLR Administrator</p>
<p>Other Types of Negative Actions, including:</p> <ul style="list-style-type: none"> o Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract. o Relinquishment of a license, certification, or contract in lieu of an agency negative action o Revocation, suspension, denial or restriction placed on a professional license o Department of Health disciplining authority findings 	<p>Administrative Approval</p>	<p>Regional Administrator or DLR Administrator</p>
<p>Crimes not on permanent or five year list</p>	<p>Administrative Approval</p>	<p>Area Administrator or Appointing Authority</p>

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.

5610. Purpose and Scope

1. Purpose:

To ensure Children's Administration (CA) is in compliance with the Department of Social and Health Services' (DSHS) Coordinated Special Needs Transportation Services Administrative Policy 8.09. Administrative Policy 8.09 requires all DSHS Administrations to support special needs coordinated transportation for persons with special transportation needs as outlined for non-emergent medical transportation (WAC 388-546-5000 through WAC 388-546-5500). CA will work cooperatively to coordinate transportation services to ensure all eligible DSHS and CA clients have access to covered services. Through cooperation and coordination with other Administrations, CA will ensure transportation services are:

1. Safe,
2. Efficient,
3. Cost effective, and
4. Appropriate to the needs of DSHS/CA clients.

2. Scope

1. This policy applies to all CA:
 1. Divisions, sections, and units; and
 2. Transportation services provided to and for persons with special transportation needs as defined by Chapter 47.06B RCW, whether those services are delivered by CA staff or by a CA contracted vendor.

5620. Background

1. Chapter 47.06B RCW was amended in 1999, and states in part:

"It is the intent of the legislature that...public agencies sponsoring programs that require transportation services coordinate those transportation services. Through coordination of services, programs will achieve increased efficiencies and will be able to provide more rides to a greater number of persons with special needs." RCW 47.06B.010
2. DSHS Administrative Policy 8.09 was adopted on July 1, 2001. Policy 8.09 requires all DSHS Administrations to adopt individual policies to ensure DSHS covered transportation services are coordinated for persons with special transportation needs.

5630. Definitions

1. The Agency Council on Coordinated Transportation (ACCT) - Was created by, authorized by and implements Chapter 47.06B RCW. ACCT is the formal decision making body that is charged with making regular reports to the legislature regarding compliance with Chapter 47.06B RCW.
2. Contractor - An individual or agency that enters a contractual agreement with the department to provide specific services for a fee or rate.
3. Department - Department of Social and Health Services.
4. The Program for Agency Coordinated Transportation (PACT) - Is authorized by RCW 47.06B.015. PACT is responsible for improving access to social and health services and increasing efficiencies of transportation services for persons with special transportation needs, through coordination of transportation services.
 - o PACT Forum - A forum for state agency representatives to discuss and resolve coordination and program policy issues that may impact transportation coordination for persons with special transportation needs. The PACT Forum serves as the formal work group for the ACCT.
5. Persons With Special Transportation Needs - Those persons who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation
6. Program - Any service unit of the department that designs, schedules, plans or administers services for department clients.
7. Service Provider - An individual or an agency:
 1. Contracted to provide the amount and kind of services requested by the department; and
 2. Providing services only to those individuals determined eligible by the department; or
 3. Providing services authorized by the department on a fee-for-service or per-unit basis.
8. Special Needs Coordinated Transportation - Transportation for persons with special transportation needs (and their personal attendants) that is developed through a collaborative community process involving transportation providers; human service programs and agencies; consumers; social, educational, and health service providers; employer and business representatives; employees and employee representatives; and other affected parties (RCW 47.06B.012.) . Medicaid recipients in need of medical transportation are eligible for coordinated transportation services.

5640. Policy

1. To ensure administrative compliance by January 1, 2002 each division, section, and unit must make available information on special needs coordinated transportation to persons with special transportation needs when they access covered CA programs.
2. The Management Services Division (MSD) is the Lead Division and will fulfill the responsibilities of the Lead Division (see below).
3. Lead Division Responsibilities:
 1. Facilitate communication with all divisions regarding DSHS Policy 8.09.
 2. Consult with all divisions as necessary to ensure compliance with Policy 8.09.
 3. Assign a representative to participate in PACT Forum and work groups and ACCT work groups, as necessary.
 4. Establish and facilitate a management committee to cooperatively implement the requirements of the Special Needs Transportation Policy.
 5. Members of the management team will be from the Management Services Division, Division of Program and Policy Development, Division of Children and Family Services,

Division of Licensed Resources and other members as needed. The committee member will be appointed by the division director and will be responsible to:

1. Develop written protocols incorporating current client transportation grievance procedures.
 2. Ensure written procedures are available that provide information specifying how persons with special transportation needs may access coordinated transportation.
 3. Provide information for the initial report to the DSHS Deputy Secretary and yearly reports thereafter.
 4. Provide direct information to the committee member's Division Director for staff distribution or assignment.
4. Each Division's Responsibilities:
1. Follow Lead Division recommendations. If disputes occur, the management committee will attempt to resolve the differences. If the management committee is unable to resolve the dispute, Division Directors will facilitate solutions or refer to Assistant Secretary for final decision.
 2. Whenever possible, evaluate the potential effects on persons with special transportation needs when citing new facilities for programs (or when contracting with CA service providers) that directly provide services for persons with special transportation needs.
 3. To the extent practical, consider contractual incentives to help ensure transportation services are coordinated when contracting for services that will be available for persons with special transportation needs. Example: Giving bonus points to bidders that can document a history of providing coordinated transportation services or have a history of participation in coordination activities.
 4. Develop tracking mechanisms to report identified costs of providing transportation for persons with special transportation needs, according to parameters defined by the Office of Financial Management.
 5. Will assess the potential effects on persons with special transportation needs when making programmatic, policy, or service changes that may affect the ability of persons with special transportation needs to access CA services. Divisions should include transportation providers, service agencies, and stakeholders when assessing these potential effects.
5. Annual Reporting Requirements:
1. The lead agency will be responsible to produce the report consisting of information provided by the individual divisions. The management committee representative will be responsible for ensuring information is available. At a minimum, the initial report must include the following headings:
 1. Status of Compliance to Administrative Policy No. 8.09,
 2. Identified Barriers to Policy No. 8.09,
 3. Action Plan to Remove Barriers to Policy No. 8.09, and
 4. Comments.

5700. BLOOD BORNE DISEASES

5710. Blood Borne Pathogens Protection Plan

5711. Purpose and Scope

1. 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).

2. 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](#).

5713. Methods of Implementation

1. General-All employees will use Universal Precautions (see [Appendix A](#)) whenever there is reasonably anticipated contact with blood or other potentially infectious fluids.
2. 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.
 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.
3. 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.

4. 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.

5. 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.
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 "sharps" 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 "sharps" into containers that are leak-, spill- and cut-proof.

6. 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.
 4. The training shall address, at a minimum, the following subjects:
 1. Blood borne pathogens.
 2. Universal precautions.
 3. Safe first-aid practices.
 4. Blood borne Pathogens Protection Plan.
 5. All employees who have received training shall sign a S. F. 141, Developmental Training Report.
7. 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:
 1. Exposure to the eyes - Flush eyes with water and/or appropriate solution.
 2. Exposure to the nose - Blow nose and wipe inside of nostril.

3. Exposure to the mouth - Spit and rinse mouth.
4. 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
 1. 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.
 2. The employee will take the following to the health provider:
 1. A copy of the Report of Employee Personal Injury, DSHS 3-133.
 2. A post-exposure evaluation form for the health care professional's written opinion.
 3. A copy of the portion of WAC 296-62-08001(6) noting requirements for evaluation & follow-up.
 3. 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.
 4. 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.
 1. CA shall make available all post-exposure evaluation and follow-up, including hepatitis B vaccination, at no cost to the employee.
 2. Employees who decline to receive recommended HBV vaccination must sign a declination form.
 5. 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.
 6. 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
 1. The health care provider will report back to CA that appropriate post-exposure evaluation, prophylaxis, and follow-up has been offered.
 2. 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
 1. 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.
 2. The Regional Administrator or Director, Division of Management Services, as appropriate, shall determine the method of payment and include funding in the appropriate budget.
 3. 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

1. 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.
 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.
2. Regional HIV/BBP Coordinator
 1. Each Regional Administrator must 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:
 1. Provides information and consultation on CA policy.
 2. Provides consultation for case management.
 3. Serves as liaison with the health care community and AIDS service organizations.
 4. Convenes the HIV/BBP Advisory Team.
3. Regional HIV/BBP Advisory Team
 1. Each Regional Coordinator must develop an HIV/BBP Advisory Team to advise on issues related to HIV, HBV, and other BBP.
 2. The Regional HBV/BBP Advisory Team:
 1. Assists, as necessary, with development of regional guidelines on issues related to HIV/BBP.
 2. Provides case consultation, as needed.
4. Universal Precautions-All staff, out-of-home care providers, volunteers, licensees, and respite care providers must 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 5710, Blood Borne Pathogens Protection Plan.

5. HIV Testing

1. HIV testing of a child is a medical procedure and, therefore, must 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.
 1. 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.
 2. When parental rights have been terminated, the social worker of a child under the age of 14 may authorize HIV testing.
 3. 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.
 4. 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.
 1. 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.
 2. 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.

6. 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
 1. The social worker shall ensure that the child's current health care provider is aware of the child's exposure to HIV/HBV.
 2. 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.
 3. When the social worker or HIV/BBP coordinator provides written disclosure of HIV/BBP status information to someone outside of CA, the social worker or HIV/BBP Coordinator shall include the following statement on the Disclosure of Confidential HIV Information, DSHS 09-837:

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.

4. When the social worker or HIV/BBP coordinator provides HIV/BBP information regarding a parent or child is disclosed orally to someone outside of CA, the social worker shall send the Disclosure of Confidential HIV Information, DSHS 09-837, to the person(s) receiving the information within 10 days of the disclosure.
5. Documentation that a parent or child has been tested for HIV or other BBP shall be recorded and stored electronically in FamLink.

Document HIV/BBP status in the "Medical Problems" pop-up. Copies of medical records regarding the testing results or HIV/BBP related information will be scanned and stored in the FamLink "Filing Cabinet". Access to this information is secured and limited to the assigned social worker and their supervisor.

Copies of documents and medical records regarding HIV/BBP status or related information may also be kept 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/BBP information.

6. Social workers shall not disclose HIV/BBP information in written reports to the court without consultation with the assigned legal counsel.
7. When HIV/BBP 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.

7. 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.
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.

8. 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.
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 I infection may qualify a child for adoption support.

9. 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.

5800. ELECTRONIC MONITORING

5810. Purpose And Scope

1. This policy establishes guidelines for CA staff to ensure that the right of foster children to privacy in their homes is respected and that the use of electronic monitoring devices is limited to those situations where it is the least intrusive means of meeting the particular needs of the child whose behavior is being monitored.
2. This policy applies to all facilities licensed by the Division of Licensed Resources' (DLR) Office

of Foster Care Licensing (OFCL).

3. This policy covers the use of video cameras and auditory listening devices.
4. This policy does not include restrictions for door monitors, window alarms, or other motion detectors.

5820. Policy

1. Washington statutory (RCW 9.73.030) and constitutional law (U.S. Constitution Amendment 4; WA constitution, article 1, § 7) guarantee the right to privacy.
2. The statute (RCW 9.73.030) governing the use of electronic eavesdropping devices prohibits any person from intercepting or recording any private conversation by electronic or other device, unless all persons engaged in the conversation consent to the interception or recording. Violation of this statute may result in criminal and civil sanctions.
 1. The Washington Constitution protects a person from government intrusion into the individual's private affairs or home without authority of law.
 2. The constitutional right to privacy may be invaded only if:
 1. There is a necessary governmental purpose that justifies the intrusion; and
 2. There is no less restrictive means available to accomplish that purpose.
3. CA prohibits the use of video and auditory monitoring of a foster child in the child's foster/group homes unless (1) the Division of Licensed Resources (DLR) Director grants approval for the use of an electronic monitoring device in the specific foster home, and (2) the court approves implementation of the monitoring as part of the child's case plan.

5830. Definition

1. "Electronic monitoring" means video monitoring or recording and auditory listening or recording used to either watch or listen to children as a way to monitor their behavior. "Electronic monitoring" does not include the use of listening devices to monitor:
 1. Infants and toddlers;
 2. Medically fragile or sick children;
 3. Video recording equipment to document actions of a child as directed in writing by the child's physician;
 4. Video recording for special events such as birthday parties or vacations; or
 5. The use of door or window alarms or motion detectors.

5840. Procedures

1. In any case in which video or audio monitoring of a foster child is proposed, an exception to the Department's prohibition against electronic monitoring may be requested by the child's social worker.
2. The social worker must assess the need for electronic monitoring for a specific child in a specific home by using the following steps:
 1. If the child does not have a therapist the social worker will:
 1. Consult with supervisor to determine if there is sufficient evidence to justify obtaining the services of a therapist.
 2. The supervisor may convene a staffing meeting of key personnel to discuss the proposal and need for electronic monitoring in the foster home. Specifically the staffing:
 1. Evaluates the consequences of acquiring the services of a therapist; and

2. Determines if the child's circumstances require the need for electronic monitoring.
 3. If the supervisor and/or the staffing determine a therapist is justified, a therapist is obtained to assess the child.
 4. If it is determined the child's circumstances do not require the need for a therapist no further action is required.
2. The social worker will contact the child's therapist and convene a staffing of key personnel, including the therapist, to discuss the proposal and need for electronic monitoring in the foster home;
 1. The therapist will determine the best method to meet the needs of the child and if there is a need for electronic monitoring. The therapist will provide a written recommendation for the child.
 2. If the therapist determines electronic monitoring is unnecessary, no further action will be required.
 3. The social worker sends a notice to the guardian ad litem, appropriate service providers, and the child's parents when electronic monitoring is recommended.
3. Following receipt of the therapist's written recommendation of electronic monitoring of the child, the social worker, the recommending therapist, and the foster parents/group home staff must meet to consider and to document:
 1. The reason(s) and need for the electronic monitoring of the child in the foster home;
 2. Whether less restrictive means of meeting the needs of the child are available;
 3. The least intrusive method and means of using electronic monitoring equipment to monitor the child, addressing:
 1. A description of the equipment proposed to be used;
 2. The location in the home where the equipment will be placed;
 3. Who will monitor the child and how will the monitoring be accomplished.
 4. The impact of the electronic monitoring on any other children in the foster home.
 4. If the final recommendation is for approval of electronic monitoring, the social worker must forward written documentation to the licensor of the foster/group home designated for the child. The documents will explain the decision-making factors described in paragraph 3, above.
 1. The licensor must reply in writing to the child's social worker designating whether the home is appropriate for the plan established in the proposed policy waiver.
 2. The licensor will clarify any concerns the licensor has about implementing the proposal in the designated foster/group home.
 5. The request for approval of an exception to this policy will be forwarded to the Division Director for final approval. The approval for the use of electronic monitoring equipment applies to a specific child in a specific foster home or facility.
4. If the DLR Director approves electronic monitoring, the case plan for the child must include:
 1. The reasons for the electronic monitoring;
 2. The therapist's goals;
 3. The timeframe for review or removal of the electronic monitoring equipment; and
 4. A description of the type of equipment to be used, and the manner in which it will be used.
5. A court must make final approval of the use of electronic monitoring in a child's case plan.
6. Following DLR Director approval and following court approval of the case plan, the social worker and the out-of-home care provider may implement the electronic monitoring of the child as set forth in the case plan.
7. If a child moves to another foster/group home, the approval ends and the social worker must request another approval at the next home.

6000. ACCOUNTABILITY AND QUALITY ASSURANCE

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:

1. **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 wellbeing.
2. **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.
3. **Quality Management:** The success of CA managers is regularly measured against improvements in quality results.
4. **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.

6220. DCFS Field Responsibilities

6221. Regional Administrator

1. DCFS Regional Administrators establish systems and procedures designed to achieve regional expectations discussed in chapter 2000, section 2310, and to improve client outcomes.
2. 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

1. DCFS Area Managers are expected to review one case per unit supervised per month.
2. 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.
3. The Area Manager meets with each supervisor on a monthly basis to review casework supervision and practice.
4. 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.

1. 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:
 1. Notes on Service Episode Record (SER)/Narrative for the client
 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:
 1. Legal action has been terminated.
 2. All appropriate Social Service Payment System (SSPS) authorizations have been closed.
 3. The risk to the child is sufficiently low to justify closure.
 4. Further intervention is not warranted.

6230. DLR Responsibilities

1. 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.

2. The Supervisory staff will schedule a conference with each worker at least once a month.
 1. The details and thoroughness of each case review will vary from case to case as determined by the social worker and supervisor.
 2. Supervisors will be available on an as-needed-basis to workers regularly during the month for case consultation on issues of:
 1. health and safety of children;
 2. placement; and
 3. resource decisions.

6232. Office of Foster Care Licensing

1. 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.
2. The following is a guide for monthly meetings between supervisor and worker:
 1. Facility Incident Reports:
 1. Discuss all new and outstanding reports;
 2. Find out if all CAMIS licensing/incident Report Modules are up to date, and if not, what are the barriers and the plan for addressing the barriers.
 2. Health & Safety Concerns:
 1. Is any additional support needed to particular homes?
 2. Are any additional monitoring calls, visits and/or evaluations needed to determine quality home environment?
 3. Are there revocations or denials to be reviewed and considered?
 3. Health and Safety Reviews
 1. How many Health and Safety reviews have been conducted this month?
 2. What were the concerns, and did any child report not feeling safe?
 3. Was there a case in which there was serious professional disagreement, including disagreement by the foster parents(s), regarding:
 1. risk of death,;
 2. serious injury;
 3. out-of-home placement of a child; or
 4. child's return home as a result of a decision to leave a child in the home or to return the child to the home.
 4. Licensing/ Re-licensing
 1. Is there a backlog of applications over 90 days or pending re-licenses?
 2. Is there a backlog of Criminal History Background and FBI Clearance - average wait for licensing?
 3. Is there a plan for catching up on any backlog?
 5. Morale & Training needs
 1. Are there any problems or other issues of concern?
 2. Are there plans for employee development?
 6. Documentation:
 1. Supervisors will read 100% of files when the home is licensed/re-licensed to review for:
 1. any health and safety concerns;
 2. to track both individual worker and unit practice patterns;

3. record maintenance and written work.
2. Supervisors will read 100% of incident reports to review for risk factors and to track for completeness and closures within a timely manner.
3. Supervisors will document monthly case reviews. Forms of documentation may include:
 1. Pull a CAMIS list of cases & "com tics";
 2. Case lists in Word with conference notes entered; or
 3. Notes on Service Episode Record (SER) Narrative for the client; or
 4. Notes in the worker's file; and
 5. A log of cases discussed.
7. Supervisors must audit, with documentation, a minimum of one case per worker per month for audit compliance in addition to those reviewed for licensing/relicensing.
8. The supervisor will retain the audit review instrument in a Supervisor's desk to be used as a method to identify areas of training needs, clarification of policy, and practice issues for the individual workers and for the unit.
9. Supervisors are expected to monitor services and expenditures authorized by their staff.
10. Regional managers will review three records per month that the first line supervisor has reviewed, in addition to meeting the above requirements for the licensors they directly supervise.

6233. Child Abuse and Neglect Investigations

1. 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.
 1. Supervisors review 100% of case closures and transfers.
 2. Supervisors will complete a case file audit of at least one open case per month per worker.

6240. Division of Program and Policy Development Responsibilities

1. 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.
2. 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.

6241. Office of Quality Assurance and Training

1. 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.
2. 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."

6250. Management Services Division Responsibilities

Under the direction of the division director, Management Services staff coordinates statewide contract and accountability 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. Operations Support

1. 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. The managers provide feedback to regions regarding their performance.
2. Operations Support works with the Division of Program and Policy Development, DLR, 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.

6252. Office of Children's Administration Research

1. 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.
2. OCAR works with the Division of Program and Policy Development, DLR, 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.

1. An analysis of strengths and weaknesses of the program;
2. Implications to statewide structure, services, or training needs;
3. An evaluation of performance on client-based outcome measures concerning child safety, permanency planning, and child and family health and well-being; and
4. 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 that 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:

1. An analysis of strengths and weaknesses of the program;
2. An evaluation of performance on client-based outcome measures concerning child safety, permanency planning, and child and family health and well-being;
3. Recommendations for practice and management improvements in areas identified as problematic; and
4. Quarterly reporting on implementation of recommendations until completed.

6340. DLR Program Reviews

1. 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.
2. 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

1. 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 bench-marking.
2. 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

1. The Criminal History Record Inquiry (CHRI) Unit is subject to a Washington State Patrol (WSP) system audit every two years.
2. 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.
3. The Federal Bureau of Investigation (FBI) may, at its discretion, audit the CHRI Unit.

6520. Operations Review and Consultation Services

1. 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.
2. 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

1. 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.

2. 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. 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

1. 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.
2. 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.
3. The CA Quality Steering Committee (QSC) complies with Executive Order 97-03, including representatives of the employees' union. The QSC includes management, front line, and support staff. The Federation of State Employees appoints the participants from classes included in the bargaining unit.
4. 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:
 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

1. 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.
2. Every Quality Assurance Team will establish a charter that documents ground rules and clarifies roles and responsibilities. The major elements of the charter are:
 1. Vision;
 2. Organization;

3. Team structure and operation;
4. What teams can work on;
5. What teams cannot work on;
6. Support structure roles; and
7. Expectations for specific groups (managers, supervisors, employees).

7000. RESOURCE MANAGEMENT

7100. ACQUISITION AND INVENTORY MANAGEMENT

7110. Purpose and Scope

1. 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 CA's resources and maintain an audit trail for the ordering, receiving, returning, partial ordering, making full payment, inventory, and surplus of equipment and supplies.
2. See section 7400, below, for additional requirements for control of fixed assets.

7120. Standards

7121. Approval to Purchase

1. All equipment purchases must comply with the requirements and limitations of DSHS Administrative Policy 14.13, Equipment Purchases.
2. 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

1. 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.
2. In exercising these responsibilities, the designated staff must:
 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

1. Children's Administration staff must:
 1. Use property assigned to the staff only for official state purposes.
 2. Take precautions necessary to protect state property from theft and damage.
 3. Report lost or stolen property immediately to staff designated in regional or state

office procedures.

7130. Procedures

7131. Requesting a Purchase

1. 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.
2. 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:

1. Record items received, as required, in the automated inventory system, noting the item(s) location and assignee, if appropriate.
2. Tag items according to requirements in the AIS Manual.
3. Process the order for payment through regional or headquarters accounting staff, as applicable.
4. When surplusing 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.
5. 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

1. 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.
2. 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

1. CA shall co-locate with other DSHS and/or other state agencies whenever feasible.
2. Regional business managers are responsible for coordinating and/or projecting office-staffing levels based on staffing history and anticipated growth.
3. 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.
4. Space requests must be approved by the Director of Management Services before submittal to the DSHS Capital Facilities Section.
5. The CA management team will prioritize requests for new facilities.

7300. USE OF RESOURCES

7310. Electronic Files

1. 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.
2. 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. Use of state resources for private gain or benefit is specifically prohibited by RCW 42.52.160. 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 15205, 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). However, WAC 292-110-010 provides for the occasional use of state resources when:
 1. There is no actual cost to the state; or
 2. The cost to the state is de minimus; i. e., so small as to be insignificant or negligible.
3. 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:
 1. Discrimination on the basis of age, race, color, gender, creed, marital status, national origin, disability, or sexual orientation;

2. Harassment;
 3. Copyright infringement;
 4. An employee's personal political beliefs or personal business interests; or
 5. 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:
 1. Be marked private;
 2. 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:
 1. Compliance with applicable public disclosure laws, discovery rules, or pertinent law; or
 2. 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

1. 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.
2. Appropriate Use-Staff shall use department computers, peripheral equipment, and software only for official state purposes.

7323. Procedures

1. 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:
 1. Protect diskettes from excess cold, heat, direct sunlight, electromagnetic

sources such as telephones and static electricity, and from ball point pens and pencils.

2. 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 15212.
 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.
2. Security of Data
 1. Staff shall store confidential documents or data in accordance with chapter 15000, section 15203.
 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.
 3. 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.
 4. 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.

5. Accountability and Tracking of Laptop Computers

CA Directors and Regional Administrators are responsible for the accountability and tracking procedures. To assure accurate tracking and accounting for laptop computers, laptop computers must either be assigned to specific staff or signed out to staff following the procedures below.

1. For managing laptop inventory:
 1. Each CA office will designate one specific employee, plus one backup employee, to be responsible for tracking laptop computers.
 2. Any lost, stolen, or missing equipment must be reported immediately to the

designated staff, who will immediately report to the Regional Business Manager or headquarters property manager for reporting in the Tracks inventory system.

3. Designated staff for the office must send a lost, stolen, or missing equipment report to the Regional Administrator or applicable Director on a monthly basis.
2. Laptop Computers Signed Out by Staff
 1. All laptop computers will be kept in a locked cabinet or area unless checked out by staff.
 2. The designated staff responsible for tracking will ensure that each laptop has a sign-out log, which will be kept with the laptop in the locked area. When the equipment is signed out, the log sheet will remain in the locked area.
 3. Staff checking out the laptop will do so only through the designated staff. The designated staff will completely fill out the log sheet immediately upon a staff person checking out or returning the equipment.
 4. The staff person who signed out the equipment is responsible for the computer until it is returned to the designated staff and properly logged in and returned to the locked area.
3. Laptop Computers Permanently Assigned to Specific Staff
 1. The designated staff person will maintain a current list recording the name of the staff person assigned the equipment, the date assigned, and the equipment's make, model, and State Tag Number.
 2. The staff person assigned to the equipment is responsible for it.
 3. If staff assigned to the equipment allows other staff to use it, the staff person assigned remains responsible for the equipment.

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

1. 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.
2. 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.
 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 must follow local procedures for check-out of the vehicles.
3. When sub-assigning a vehicle (e.g., regional offices to local offices), the business manager must notify the Agency Transportation Officer, MS 45813.
 4. No CA staff may 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

1. Telephones provided to employees are state property, with usage paid by the state. Therefore, employees must use them only for official department business.
2. Each Regional Administrator, Regional Manager, or Director, as applicable, must ensure that a different SCAN authorization number is assigned to each individual staff member who may place long distance telephone calls.
3. CA staff conducting state business must place long distance telephone calls using the SCAN or SCAN-PLUS system. They must 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.
4. 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

1. 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.
2. RCW 42.52.160 provides that no state employee may employ or use any property under the employee's official control or direction, or in the employee's official custody, for the private benefit or gain of the employee.
3. This section prohibits the addition of personal lines of service to state-owned cellular telephones while continuing the practice of use of approved state telephone lines on private cellular telephones. Employees' use of state-paid telephone lines on the employees' personal cellular telephones is not an entitlement, and CA may rescind authorization for such use at any time.
4. CA staff must not install a personal cellular telephone line of service on a state telephone.
5. Any CA staff that has a second, personal line of service installed on a state-owned cellular

telephone must immediately remove the service from the state telephone. If the employee does not immediately remove the personal line, the applicable Director or Regional Administrator must take appropriate action under applicable department personnel policies.

6. Upon authorization by the applicable CA Director or Regional Administrator, a CA employee may have a state telephone line on the employee's private cellular telephone. The employee must use the state-paid telephone line only for official department business.
7. The applicable CA Director or Regional Administrator must implement a system to review all telephone charges to the state coming from use of state telephone lines to ensure that all billed charges are for department business and not for personal business.
8. If the employee uses the state telephone line for personal business, the applicable Director or Regional Administrator must recover from the employee any state funds improperly spent for the personal telephone calls.
9. The applicable Director or Regional Administrator may cancel an employee's use of a state telephone line on a private phone at any time because of employee's abuse of the privilege or for other reason based on the needs of the Administration.
10. Accountability and Tracking of Cellular Telephones

7360. Telefacsimile

7361. Standard

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

7362. Procedures

1. Each Regional Administrator and DLR Regional Manager must ensure that each of their respective local and regional offices develops and implements written procedures for use and maintenance of its FAX machines.
2. Staff must 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.

7400. CONTROL OF FIXED ASSETS

7410. Purpose And Scope

1. The purpose of this section is to establish guidelines and internal controls necessary to promote efficiency and accountability of fixed assets within the Children's Administration (CA) and to protect fixed assets against loss. This section applies to all organizational units within Children's Administration.
2. Assets covered in this policy include:
 1. All items with a total initial cost of \$5,000 or more;
 2. Software costing \$5,000 or more;
 3. All cellular telephones regardless of cost;
 4. "Small and attractive" (e.g. Pocket PCs, Cameras, and recording devices) items costing \$300 or more; and

5. All computer equipment considered vulnerable to loss according to the Office of Financial Management (OFM) Manual, Chapter 1, Part 3.1.2.2.8, and the Asset Management (AM) Manual, Appendix 1.
3. Purchase cost includes transportation charges, sales tax, installation costs, maintenance contracts, and costs required to place the asset in its intended state of operation.

7420. Policy

1. The Director, Management Services Division, for CA headquarters, or the applicable Division of Children and Family Services (DCFS) Regional Administrator or Division of Licensed Resources (DLR) Regional Manager must:
 1. Appoint an Asset Inventory Coordinator (AIC) to be responsible for the inventory control activities listed in the DSHS Asset Management Manual and TRACKS, the DSHS inventory system;
 2. Appoint an Asset Inventory Representative (AIR) to be responsible for the oversight of inventory at the regional and local levels;
 3. Ensure annual completion of a physical fixed asset inventory and reconciliation and that each inventory is documented by a signed "Certificate(s) of completion";
 4. Ensure that staff with no direct responsibility for assets subject to the inventory count performs physical inventories;
 5. Ensure the AIC is informed of any changes in the physical locations of the division or region's organizational units or their mailing addresses; and
 6. Attest to the completion of all biennial inventories by co-signing a "Certification of Completion" with the AIC.
2. The AIC must:
 1. Facilitate exchange of information between CA and the DSHS Asset Management Section;
 2. Return the quarterly TRACKS confirmation packet of location code information and other inventory data updates to Asset Management within 15 working days of issue;
 3. Provide guidance to the AIR's on implementing division or regional and TRACKS procedures;
 4. Conduct inventory training necessitated by staff turnover;
 5. Coordinate the annual and biennial physical inventories with the AIR's and Asset Management;
 6. Compile the CA Physical Inventories and attach a "Certificate of Completion," co-signed with the division director or regional administrator and send to Asset Management.
 7. Notify Asset Management in writing of any changes in the AIR's, locations, phone numbers, organization, and security levels for access to TRACKS; and
 8. Perform inventory control tasks, including timely computer input and reconciliation, according to the guidelines in the Asset Management Manual.
3. The AIR must:
 1. Account for the receipt, tagging, maintenance, and disposition of inventory according to the guidelines in the Asset Management Manual;
 2. Notify the AIC immediately of any changes in fixed assets, inventory staff, or the organization that might affect TRACKS; and
 3. Confirm the completion and reconciliation of the annual inventory by the signature of the regional administrator.
4. The Headquarters Local Area Network (LAN) Administrator and the regional Information Technology Application Specialist/Information Technology System Specialist (ITAS /ITSS) or designee must:
 1. Share with regional staff the responsibility of inventory control functions associated

- with the coordination of new equipment, transfers, equipment loans, surplus and the disposal of computers and related equipment;
- 2. Send the updated information to the AIC/AIR/RBM and update TRACKS; and
- 3. Assist in the annual physical inventories of all IT equipment.

7430. Procedures

7431. Purchasing Items Meeting Definition

1. CA staff must complete all purchases in compliance with the DSHS purchasing guidelines published annually by Purchased Service Contracts.
2. In addition to following other applicable DSHS guidelines, CA staff must request all IT purchases with the assistance of IT staff as follows:
 1. IT staff provide technical consultation during the entire purchasing processes for office automation hardware and software. This would include the following:
 1. Research products prior to the completion of an Information Technology Purchase Request (ITPR) to ensure compatibility with current systems and future upgrades.
 2. Provide recommendations to regional staff regarding products that would help resolve automation issues.
 3. Assist the Fiscal staff in locating vendors that will provide the right product at a competitive price with adequate post-purchase service.
 4. Ensure existing resources are exhausted prior to purchasing additional ones.
 2. Assigned staff must forward the completed Purchase Request with appropriate signatures to the CA Office Chief with proper justification and include the inventory location on the Purchase request to ensure accurate issuance of state tags on applicable equipment.
 3. The CA IT Office Chief will approve or disapprove the purchase. If disapproved, the IT Office Chief will send the ITPR back to the originator. If approved, the IT Office Chief will forward the ITPR to Purchase Services Contracts, where staff will complete the purchasing process and forward to the originator of the ITPR, a copy of the Field Order/Purchase Order (FO/PO). The Purchase Services Contracts staff will return the FO/PO with state tags, if applicable, for the item being purchased.

7432. Receipt And Payment

1. Upon receipt of the equipment and signing by the appropriate staff, the receiving copy of the PO will go to the staff responsible for payment.
2. Staff responsible for payment will send a copy of the received PO and invoice to the AIC/AIR.

7433. Issuance And Placement Of State Tag

The AIC/AIR will:

1. Verify the number of state tags issued;
2. Return excess tags to Asset Management for removal from inventory using the TRACKS disposal function;
3. Refer to the Asset Management Manual for recommended placement location of inventory tags.

4. Activate the state tag(s) in TRACKS. IT staff will update the state tag(s) in TRACKS for IT equipment.

7434. Equipment Returned To Vendor

The AIC/AIR must request disposal of state tags and new state tags upon receipt of the replacement product or prior to the return of equipment if not being replaced. The AIC/AIR may do both requests on the TRACKS disposal function. IT staff may submit a disposal request in TRACKS for IT equipment only. The department will maintain a history record electronically for six years. State Tags are not to be removed without the prior approval of DSHS Asset Management.

7435. Equipment Transfers

1. Transfer outside of CA Cost Center: Upon notification, the AIC or ITSS staff will initiate the request to transfer on TRACKS from present location to the new location across cost centers. IT staff may only initiate a transfer following notification of the RBM.
2. Transfer within CA Cost Center: Depending on the AIR's level of access, the AIR or ITSS staff for IT equipment only may have transfer authority to and from all locations and sub-locations in a given region.
3. Assigned staff must process and complete transfers as soon as possible. For CA IT equipment to be properly insured, the state tag's location must match the physical address of the location code where the equipment resides.

7436. Loaned Equipment

1. CA may loan an inventory item to another cost center location or state agency for a period not to exceed 90 working days by completing the Equipment Loan Agreement, DSHS 17-058 (X), subject to Asset Management approval.
2. The loaning location will notify Asset Management within 14 working days of the loan expiration date, if the borrowing location has not returned the inventory on time.
3. The borrowing location must certify that the borrowed inventory item will be returned in the same condition as received less normal wear and tear.

7437. Equipment Disposal

All equipment, whether or not it has a state tag, must be disposed of using the TRACKS disposal function. IT Staff must and will provide a list of surplus items to the RBM prior to disposal.

8000. HUMAN RESOURCE MANAGEMENT

8100. ETHICAL STANDARDS

8110. General Provisions

1. Legal provisions regarding standards of ethical conduct for employees are contained in chapter 42.52 RCW, Ethics in Public Service. In addition, Executive Order (EO) 93-02 addresses ethical conduct of state employees.
2. 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.
3. Children's Administration (CA) staff must 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

1. The CA Practices and Procedures Guide, chapter 5000, section 5138 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.
2. 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.

8200. TELECOMMUTING

8210. Purpose and Scope

1. Large employers are required to reduce single occupant vehicle commuting and to reduce employee commute trips.
2. Telecommuting, which involves working at home or at an alternative work site close to home, contributes toward achievement of these goals.
3. 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

1. 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:
 1. Selecting appropriate service codes
 2. Completing SSPS forms
 3. Obtaining provider numbers and updates
 4. Using SSPS worker reports
 5. Requesting duplicate invoices
 6. Using the SSPS manual
 7. Edit error corrections
 8. Input of DSHS 14-154A/159s
2. Training for support staff who will be undertaking SSPS duties includes:
 1. Input of DSHS 14-154A/159s
 2. Edit error procedures
 3. Distribution of DSHS 14-159 documents
 4. Obtaining provider numbers and updates
 5. Distribution of reports
2. The local SSPS coordinator, in conjunction with the regional SSPS coordinator, addresses training needs as requested and utilizes outside training resources as needed.
3. Training coordinators report training through the Human Resource Development Information System (HRDIS) and the CA training database.
4. Supervisors are responsible for assuring the accuracy and timeliness of SSPS payments.

8320. Staff Training

8321. Training Tuition Reimbursement for Staff

1. 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.
2. 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.
3. 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.
4. 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

1. 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.
2. 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.
3. The Regional Administrator or Director, as appropriate, will approve or disapprove the request.

8323. Mandatory Social Worker Training

In addition to New Employee Orientation, which is required for all new employees, all Children's Administration Social Work staff must participate in mandatory Academy training as outlined below.

1. Mandatory academy training for all case carrying DCFS social workers includes:
 1. All new CPS and CWS social work staff are required to attend six weeks of Academy training. New employees are required to attend Academy within 15 days of hire. Exceptions are requested through the Assistant Secretary of Children's Administration or through a prior learning assessment outlined in paragraph A-5.
 2. All new social workers in the areas of Intake, Adoptions, DLR-Licensing, DLR-CPS and FRS are required to attend the first available CA Basics Academy training following date of hire, as described in Paragraph C.
 3. All new social workers in the areas of Intake, Adoptions, DLR-Licensing, DLR-CPS, and FRS are required to attend specialized training weeks in their respective area. Social workers are required to attend the first available specialized week training following date of hire.
 4. All new social workers in the areas of Intake, Adoptions, DLR-Licensing, DLR-CPS, and FRS are required to complete the field component related to the specific area of practice. The field component is a structured training guide designed to teach social workers specific knowledge and skills relevant to their area of practice.
 5. New social workers with previous child welfare experience may not need to attend all six weeks of the Academy training program. A prior learning assessment (available on the CA Training Intranet site) will be completed by the social worker and submitted to the Office Chief of Training and Development. The Office Chief will evaluate the prior learning assessment and will determine specific learning needs to meet the required competencies and a strategy to meet these needs. Attendance at specialized Academy training specific to an employee's program area will be required.
 6. Social workers who are changing programs (e.g., transferring from Adoptions to CPS)

may not need to attend all six weeks of the Academy training program. A prior learning assessment will be completed to determine specific learning needs to meet the required competencies and a strategy to meet these needs will be developed. This strategy may include completing the field component (outlined in paragraph A-4) for the new program area or attending specific modules in Academy that provide education necessary to succeed in the new program area. Attendance at specialized Academy training specific to an employee's program area will be required.

7. Former CA social workers returning to service within three years will be required to complete training. This training will include a field component (outlined in paragraph A-4) as well as Academy training related to new legislation, policy or required training introduced after leaving CA service.
 8. Former CA social workers returning to service within three years, but re-entering service in a new program area, will be required to complete specialized Academy training specific to the new program area as outlined in Paragraph A.6.
 9. Former CA social workers returning to service after an absence of more than three years will be required to complete the Academy training program relevant to their current area of practice, which is previously outlined in paragraph A 1-4..
 10. New social workers who do not carry cases are not required to attend the six week academy training but will be required to participate in training relevant to their current area of practice, which is previously outlined in paragraph A-3.
2. New social workers cannot be assigned case carrying responsibilities until after successful completion of the six-week Academy training program. Exceptions to this policy will be referred to the Assistant Secretary of Children's Administration. If social workers are attending CA Basics Academy, they may carry cases after they have completed the field component in their respective program area.
 1. Supervisors of new employees are expected to arrange for complete coverage of work assigned to new staff during Academy weeks so that new staff can concentrate fully on training activities.
 2. This training structure requires that all 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. The DCFS Regional Administrator/DLR Director and the Assistant Secretary must approve exceptions to policy of temporary hires.
 3. CA Basics is an abbreviated Academy training program which will be offered four times per year and is appropriate for all social workers in the areas of Intake, Adoption, DLR-CPS, DLR-OFCL, and FRS. Academy training will be responsible for the cost of travel, per diem, and lodging for CA Basics attendees.
 4. Specialized Academy training weeks will be offered to social workers in the areas of Intake, Adoptions, DLR-CPS, DLR-OFCL, and FRS. Specialized weeks will be offered two- three times per year, depending on field demand. A minimum of eight attendees will be required to conduct a specialized week. The region will be responsible for the cost of travel, per diem, and lodging of attendees in specialized week.
 5. Tribal social workers are eligible to participate in the entire six-week Academy training program or the CA Basics Academy training program.
 6. CWTAP (IV-E) graduate students may register for the Academy training program within six months of completion of MSW degree requirements. Exceptions may be made for students within nine months of completion, if they are unable to attend any other Academy training session. CWTAP students will be responsible for the cost of their travel, per diem, and lodging while attending Academy.
 7. After completion of the academy training requirements, social workers hired prior to January

1, 2005 are required to complete the following trainings within their first year of hire.

1. Indian Child Welfare (ICW) Manual; 2 days
2. Basics on Substance Abuse; 1 day
3. Permanency Planning; 2 days
4. Harborview's Investigative and Interviewing Training ; 3 days (CPS ONLY)

Social workers hired after January 1, 2005, must complete the following training within their first year of hire:

1. Indian Child Welfare (ICW) Manual; 2 days
2. Basics on Substance Abuse; 1 day
3. Permanency Planning; 2 days
4. Harborview's Investigative and Interviewing Training ; 4 days (CPS ONLY)
5. Engagement- 1 day
6. Child Development- 1 day
7. Risk Assessment- 1 day

Social workers hired after January 1, 2005, must also complete the training outlined below prior to the end of their second year of hire, but the training can be completed at any point within the first two years of hire:

1. Mental Health; 1 day
 2. Domestic Violence; 1 day
 3. Diversity; 2 days
 4. ICW Cross Cultural Skills; 2 days
 5. Advanced Substance Abuse; 1 day
 6. Collaboration/Customer Service; 1 day
8. Social workers hired after January 1, 2005 will also be expected to attend an additional eight days of mandatory specialized training appropriate to their caseload or program area within the first two years of hire.
 9. Additional training may be required regarding regional policies and procedures, court rules, and local resources.
 10. As of January 1, 2005, all social workers within Children's Administration are required to complete 20 hours of mandatory ongoing training on an annual basis. This requirement can be fulfilled by participating in the following training opportunities
 1. Conferences and trainings related to Child Welfare and/or other human services relevant to the social worker's scope of duties
 2. Children's Administration post academy trainings
 3. Certification programs
 4. Other training opportunities as approved by supervisor.
 11. All mandatory training requirements will be tracked by the current Human Resources tracking system. Each region will be responsible for updating information pertaining to employees. Regular reports will be provided to supervisors for inclusion in the social worker's personnel evaluation process.

8324. New Employee Orientation

1. 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.

2. Supervisors and local offices are required to ensure that staff receive training on the following topics:
 1. Agency Mission and Philosophy;
 2. Children's Administration Policy and Procedures;
 3. Risk Assessment;
 4. AIDS;
 5. Diversity;
 6. Blood Borne Pathogens;
 7. Americans with Disabilities Act (ADA);
 8. First/Aid;
 9. Sexual Harassment;
 10. SSPS;
 11. CAMIS;
 12. Community Resources/Relations;
 13. Working With Local Court/Legal training;
 14. Homelessness; and
 15. Federal Revenue Requirements.

8325. Academy Training

1. Academy provides 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.
2. New social work staff must begin the Academy no more than eight workdays 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. The DCFS Regional Administrator or DLR Director and the Assistant Secretary must approve exceptions to policy on temporary hires.
3. Supervisors will have their staff attend job specific training, subject to availability, in the following topics after attending the Academy.
 1. Family Reconciliation Services;
 2. Child Welfare Services;
 3. Child Protective Services;
 4. Adoption Services; and
 5. Indian Child Welfare Services.
4. 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.

8326. Sex Abuse Investigation Training

1. CA must provide ongoing specialized training for CPS staff responsible for investigating child sexual abuse. Training participants must have the opportunity to practice interview skills and receive feedback from instructors.
2. The training must:
 1. Be based on research-based practices and standards;
 2. Minimize the trauma of all persons who are interviewed during abuse investigations;
 3. Provide methods of reducing the number of investigative interviews necessary whenever possible;
 4. Assure, to the extent possible, that investigative interviews are thorough, objective, and complete;
 5. Recognize needs of special populations, such as persons with developmental disabilities;
 6. Recognize the nature and consequences of victimization;
 7. Require investigative interviews to be conducted in a manner most likely to permit the interviewed persons the maximum emotional comfort under the circumstances;
 8. Address record retention and retrieval; and
 9. Documentation of investigative interviews. RCW 74.14B.010

8400. FLEXIBLE WORK HOURS

8410. Limited Scope

1. A Regional Administrator, Regional Manager, Director, or Office Chief may authorize an individual or group of employees to work an alternative workweek 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.
2. 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 to 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:
 1. 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.
 2. Use of a personal holiday equivalent to the employee's work shift on the day used. WAC 356-18-025
 3. 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:

1. The employee's job, or tasks on that job, can be readily accomplished in an alternate schedule.
2. 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 workweek without the presence of the alternate work week employee for the plan to be approved.
3. The supervisor considers the employee's performance to be satisfactory.
4. The supervisor and employee are willing to sign and abide by a mutually defined alternate work schedule agreement.

8500. STAFF IDENTIFICATION

8510. Identification Cards

1. 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.
2. 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 nametags for purposes of identification, the nametag shall identify staff persons as employees of Children's Administration, not the individual division.

8600. EMPLOYEE SAFETY

Preventing causes of accidents and reducing the impact of on-the-job injuries is a combined responsibility of managers (administrators, managers), supervisors and staff (employees and volunteers). Working together, managers, supervisors and staff will make efforts to maintain a safe working environment.

8610. Safety Committees

Each office will 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.

1. The manager of each office is required to establish and operate a safety committee for that office which is to meet regularly. 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) <http://www.lni.wa.gov/Safety/KeepSafe/About/default.asp>. The manager will make clear to the employees and their supervisors the expectations for participation. Sufficient time off from regular duties will be authorized to facilitate employee participation. The agenda for these meetings will include, but not be limited to, the following:
 1. Monitoring and discussing safety inspections and investigations of job sites, materials, and equipment alleged to be unsafe.
 2. Discussing appropriate operating procedures relative to maintaining a safe work environment including, but not limited to, fire, earthquake, bomb threat and client threat.
 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.
 5. Safety committee meeting minutes will be posted on the office safety bulletin board.
2. The manager may obtain a waiver from authorizing regular safety committee meetings if justified by office size and/or safety record. Waivers may be obtained from Safety and Health Claims Management, Loss Prevention and Risk Management, P. O. Box 45882, Olympia, WA 98504 or Mail Stop: 45882.

8611. Agency Responsibility

In a threatening situation, staff safety and well-being are primary. The agency will provide:

1. Awareness of job-related safety precautions and the importance of attitude and professionalism as it relates to personal safety.
2. Annual training on work-related and personal self-protection skills.
3. Guidelines for worker safety posted on the Intranet.
4. Cell phones for workers to check out when going into the field.
5. A check in/out procedure for staff when conducting field visits.
6. Tracking and reporting in the aggregate the number and nature of incidents using the Administrative Incident Reporting System (AIRS).
7. Debriefing and support for staff as follow-up to trauma suffered as a result of serious incidents when safety has been jeopardized, such as a personal threat or an assault.
8. Support for staff to request law enforcement assistance when using court orders to remove children from their families, regardless of known risk factors.

8612. Personal Safety During Client Contact

Within the scope of their job duties, CA employees and volunteers will take precautions to prevent or avoid dangerous situations and property damage.

1. Initial Personal Safety Risk Assessment

1. Before making client contact, staff will make ongoing assessments of situations based on the nature of the allegation(s) or changing case characteristics and risk factors. The following are issues for social workers and supervisors to consider before making field visits:
 1. Are firearms or other weapons noted in the referral or record?
 2. Is there a previous history of domestic violence or other violent behavior towards others (this includes adults and youth)?
 3. Is there a history of criminal activity, mental illness, substance abuse, and ritualistic abuse or cult practices?
 4. Is the family's geographic location isolated or dangerous and is there cell phone coverage in that location?
 5. Is the contact scheduled after normal working hours?
 6. Are there aggressive animals on or near the premises?
 7. Is there a "danger to worker" notification screen on the referral?
 8. Is there lack of available information?
2. If the initial assessment reveals possible risk to the staff person, the following could be considered as part of a safety plan:
 1. Call upon law enforcement and/or another staff person for accompaniment.
 2. Carry a cell phone.
 3. Use a state car rather than personal vehicle (or visa versa).
 4. Carry personal safety equipment, such as a whistle or personal alarm.
 5. Conduct a criminal history check before making contact.
 6. Consult with other informal sources, such as local law enforcement, previous social workers, collateral contacts, coworkers or colleagues from other agencies.

2. Maintaining Safety

1. Be aware of your surroundings and identify potential safety risks.
2. Do not allow a client to get between you and the door.
3. If you feel unsafe, end the visit and seek assistance. Leave immediately.

3. After an Incident

In spite of precautions, threats and other incidents may occur. Staff will immediately notify his/her supervisor, another supervisor in the office, or other person in the chain of command following an incident, such as assault, a threat of serious harm to staff and/or family members or property damage. The manager and/or supervisor or designee will:

1. Provide the opportunity to debrief and offer counseling for staff involved in incidents.
2. When warranted, report to law enforcement and request restraining orders for individuals and/or offices.
3. Report the incident to the chain of command and make a report in the Administrative Incident Reporting System (AIRS). Give the staff involved in the incident the opportunity to provide information so that all necessary details are included in the report. Provide a copy of the report to the Safety Committee representative.
4. Note the circumstances in the SER and update the "danger to worker" person screen.

4. Methamphetamine Labs

1. Any staff who suspects he/she has entered an area where methamphetamine is manufactured will exit the residence and the property immediately and call 911 to request law enforcement response to address the safety of the children.
2. Any staff person suspected of methamphetamine exposure should consult with his/her personal physician within two hours of exposure.

8700. DISASTER RESPONSE

8710. Purpose and scope

1. Disaster response, preparedness, and recovery plans are the responsibility of all supervisors and management staff.
2. 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.
3. Each office is responsible to train their staff in emergency and disaster recovery procedures.

8720. Standards

8721. Planning for Disaster Recovery

1. 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.
2. There are three levels of disaster:
 1. Water damage, contaminant damage (food, dust, etc.) to equipment or to a workstation 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

1. 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.
2. 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.
3. Local Operational Coordinator's Responsibilities:
4. Identify and select work site, telecommunication methods, and the recovery of social services programs that are necessary to carry out:

1. Emergency mission, and
 2. Resume normal operations following an emergency.
5. 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.
 6. Yearly, review the Operational Recovery Schedule. If needed, update and get the required approval.

8723. Essential Records

1. 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.
2. 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.
3. Local Office Records Coordinator's responsibilities include:
 1. Identification and selection of essential records for the office that are necessary to carry out:
 1. Emergency mission, and
 2. 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

1. 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.
2. 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.

3. Local LAN/WAN Coordinator's responsibilities include:
 1. Identification and selection of facility based and alternative computer systems to carry out:
 1. Emergency mission, and
 2. 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

1. 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.
2. 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.

8920. Standard and Procedure

1. Division of Licensed Resources (DLR) adverse licensing action constitutes a decision by the department that the licensee is not suitable to care for children.
2. 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.
3. 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 licensor or other responsible CA employee, as applicable. When contacted by opposing counsel, the CA employee will also notify the assigned Assistant Attorney General (AAG).
4. 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.

5. 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.
 1. "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.
6. 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.
7. 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.
8. 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.

9000. PAYMENTS AND ACCOUNTS

9100. FOSTER CARE PAYMENTS

Revisions to the sections regarding foster care payments are currently under revision to reflect the new Foster Care Rate Structure, which was effective January 1, 2001.

9110. Payments Above Base Rates

9111. Purposes

1. Additional funding beyond basic rates may be necessary to maintain a child in foster family care or a relative placement.
2. 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

1. Additional funding beyond basic rates is an exception and not an entitlement to all children in care who have extraordinary needs.
2. The Division of Children and Family Services (DCFS) social worker, the supervisor, and/or the Area Administrator must determine that the need is critical and that funding is available within regional allotments.
3. 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

See the interim Foster Care Redesign Handbook for requirements, instructions, and tasks for implementation of Foster Care rate restructuring. Restructuring of foster care rates will be phased in through June 2001.

9121. Justification and Approval

1. 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.
2. 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.

3. Documentation contained in the child's Health & Education database of the child's behavior, emotional, intellectual, and/or physical problems is sufficient justification for a special rate.

9122. Training Requirement

To be eligible to receive the special rate on behalf of a child in their care, the foster parent(s) are not required to complete Foster Parent Scope training provided by the Division of Licensed Resources (DLR).

9123. Children with Behavioral/Emotional Problems

1. 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 Behavior Issues section of the child's CAMIS Health & Education database:
 1. Recurring use of illicit drugs;
 2. Regular overuse of alcohol;
 3. Poor school adjustment and/or truancy;
 4. Sexual acting out;
 5. Frequent shoplifting and/or other theft;
 6. Chronic running away;;
 7. Demonstrated property destruction in own home and/or foster home
 8. Regular, frequent peer conflict which may require action by foster parent;
 9. Significant sleep problems which may cause disruption in the normal sleep patterns of the foster parent(s);
 10. Destructive attention-seeking behavior which may demand extra attention by foster parent(s);
 11. Frequent noncompliance with requests of parent(s), foster parent(s), teacher, or other authority figures;
 12. Failure to use normal cautions in using potentially flammable substances;
 13. Soiling and enuresis over age six; and
 14. Extremely bizarre behavior, reflecting psychosis or other severe mental disorder.

9124. Intellectually/Physically Challenged Children

1. To be eligible for special rate foster care, intellectually and/or physically challenged children need to exhibit at least two of the criteria listed below, which are documented in the child's record. If Foster Care Passport Program (FCPP) staff has constructed a Passport for the child, the child's social worker must have documented any of the following dysfunctions, except "awaiting institutional placement," in the child's Health & Education database:
 1. Requires physical assistance, inappropriate to the child's age, of foster parent in feeding, dressing, bathing, or toileting;
 2. Needs the physical help of foster parent in order to be mobile;
 3. Needs regular and organized physical therapy by foster parent under the orders/ direction of a professional;
 4. Needs medication administered by foster parent on a regular basis per physician's orders;
 5. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy;
 6. Requires suctioning, mist tent, etc., care which is provided by a foster parent;
 7. Non-ambulatory;
 8. Epileptic child who has uncontrollable seizures;

9. Awaiting institutionalization placement;
10. Habitually wanders unless closely supervised;
11. Failure to thrive below third percentile; and
12. Born addicted to drugs requiring additional care and support during the withdrawal period.

9130. EXCEPTIONAL COST PLANS

See the interim Foster Care Redesign Handbook for requirements, instructions, and tasks for implementation of Foster Care rate restructuring. Restructuring of foster care rates will be phased in through June 2001.

9131. Standards

1. CA uses Exceptional Cost funds to enable children with highly individual needs to be cared for in the least restrictive setting.
2. CA staff must use the funds only after all other potential sources of financial and other support for the needed services have been exhausted.
3. 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 the foster parents provide and for purchase of special services or supplies.
4. CA always considers purchase of a foster parent's time/activities an exceptional cost plan (ECP).

9132. Training Requirement

To be eligible to receive Exceptional Cost Payments (ECP) on behalf of a child in their care, the foster parent(s) are not required to complete Foster Parent Scope training provided by the Division of Licensed Resources (DLR).

9133. Appropriate Uses

1. 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 may be met only through an ECP.
2. The social worker must document the plan and appropriate approvals in the child's case record before payment is made. For children enrolled in FCPP, the social worker must attach a copy of the child's current Passport, including the current Health Recommendations Letter, to the ECP.
3. The social worker and the supervisor must review the ECP at a minimum of once every six months and obtain approval of the Area Administrator or other regional designee for continuation of the plan and payment.

4. For more than one child in the home to receive ECP, the Area Administrator and the Regional Administrator or designee must, as an expenditure accountability measure, review the proposed plans for each child to ensure that each child is in need of and will receive all authorized services, without duplication of payments to the foster parent.

9134. Regional Expectations

1. The Regional Administrator determines the procedures by which the social worker authorizes these funds. The procedures will address the following:
 1. The prescribed form or format for documentation.
 2. The rationale/justification for additional funding for a specific child.
 3. The specific services being requested through the ECP and the rate levels for each service. The social worker must categorize services as either Maintenance (direct care/supervision of child) or Non-Maintenance in order to obtain federal matching funds.
 4. Exploration of alternative resources, including services or funds that community agencies and DSHS divisions may contribute toward the plan of care.
 5. The total amount of additional funds and the period of time such plans may cover.
 6. The delegated approval level, if not the Regional Administrator.

9140. LIMITATIONS ON OUT-OF-HOME CARE PAYMENTS

1. 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.
2. CA shall pay for temporary absences of children from foster family and group care only in compliance with WAC 388-25-0180. 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:
 1. Planned visitation;
 2. Hospitalizations;
 3. Attendance at summer camps and similar activities;
 4. Respite placements;
 5. Temporary placement while foster parent(s) is vacationing or receiving medical treatment;
 6. Juvenile detention placement of youth; or
 7. 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.
3. 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.

4. 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.
5. 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.
6. 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.

1. 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.
2. 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 be repaid or forgiven. The Program Manager uses as the basis of the decision information provided by the social worker, OFR, and the care provider.
3. DCFS regional staff shall respond promptly and completely to all requests for additional information from the Foster Care Program Manager.

9142. Dual Payment Limitations

1. 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.
2. 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.
3. 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.
4. 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:

1. 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.
2. Mails the original affidavit to DSHS, Disbursements Section, MS 45843, Olympia, WA 98504.
3. 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.
4. 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

1. 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).
2. 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.
3. The Regional Administrator and the Regional Manager see that the following are done:
 1. Current written SSPS procedures are available to staff, and staff are aware of their location.
 2. Appropriate staff have a copy at their desk.

3. Each office has at least one current copy of the SSPS Manual.
 4. Staff are appropriately trained in using SSPS.
 5. SSPS payments are adequately monitored.
4. 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.
 5. The Regional Administrator and the Regional Managers establish procedures to retain the following reports in the regional and local offices:

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

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

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

9411. Regional SSPS Coordinator

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

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

9420. Area Manager Responsibilities

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

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

1. The use of each form is described in SSPS Manual, Section 99.
2. Area Manager Reports
 1. The Area Manager uses the following reports to monitor local office and unit activity on a monthly basis:

REPORTS	NUMBER	RETENTION
Administrative Report	SSPS015-1	5 months
Worker/Supervisor Activity Reports	SSPS014-1 SSPS014-2	6 months
Authorization in Error Weeks Elapsed without Correction	SSPS057-A SSPS057-B	1 month

3. 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 conducts 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.
4. 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 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 years.

9430. Local Office Responsibilities

9431. Expectations and Procedure

1. 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.
2. 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

1. 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.
2. 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.
3. Social Worker Reports-Social workers or other designated staff shall use the following reports to monitor services and to track status:

REPORTS	NUMBER	RETENTION
Worker Service Report	SSPS032	1 month
Expired & Expiring Service Tickler	SSPS013	1 month
Birthday Tickler	SSPS039	1 month

4. Social workers initiate and maintain CAMIS placement information.
5. 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.
6. 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.

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

9433. Input Staff Responsibilities

1. 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: 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.
2. Staff doing input must verify current enrollment for medical coverage before inputting medical authorizations.
3. 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.
4. 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.
5. 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

1. 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.
2. 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.
3. A designated staff is responsible for ordering and distributing all SSPS manuals and policies required to support program operations.
4. 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

1. SPSS 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:
 1. Employee's name;
 2. SSPS Worker ID (old and new if being changed);
 3. Position number;
 4. Worker telephone number; and
 5. 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.
2. 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."
3. 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.
4. 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.
5. The supervisor reviews SSPS reports received from support staff within five working days, then immediately distributes to social workers.
6. Reports for Supervisory Use in Monitoring-Supervisors use the following reports as part of their monitoring of social workers' activities:

REPORTS	NUMBER	RETENTION
Expired & Expiring Service Tickler	SSPS013	1 year
Local Office Client listing by Service	SSPS041	1 year
Provider Listing by Paid Service	SSPS031	1 year
Worker Service Report	SSPS032	1 month
Birthday Tickler	SSPS039	1 month

7. Each supervisor:
 1. Has transactions checked promptly and discrepancies resolved.
 2. Discerns and resolves discrepancies reported by social workers or clerical staff.
 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:
 1. Expired and Expiring Service Report (SSPS013);
 2. Worker Service Report (SSPS032);

3. Birthday Tickler Report (SSPS039); and
4. Arranges for staff participation in training.

9436. Local SSPS Coordinator

The local SSPS coordinator, designated by the Area Manager:

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

9437. Problem Resolution

1. 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.
2. 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.
3. Payment problems that cannot be resolved at the local level must be referred to the regional SSPS coordinator.

9440. Provider File Numbers

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

9500. SOCIAL SERVICE PAYMENTS

9510. Definition of Overpayment

"Overpayment" means any money paid by the department for services or goods not rendered, delivered, or authorized or where the department paid too much for services or goods or services rendered, delivered, or authorized.

9520. Overpayment and Underpayment Identification and Recovery

1. Purpose and Scope
 1. These procedures establish guidelines for CA staff in the resolution of vendor or foster parent disputes regarding payments through an administrative hearing and pre-hearing process. It provides direction when staff determines that an overpayment to a vendor or foster parent exists, for staff participation in steps to recover the overpayment, and for staff participation in the settlement of any overpayment disputes. The procedures also provide direction for pre-hearing efforts to mediate and

resolve payment disputes prior to proceeding to hearing.

2. Contracted and non-contracted service providers, including foster parents, may seek dispute resolution through these procedures, under the Administrative Procedure Act and RCW 43.20B.675, with respect to overpayments. However, the following limitations apply:
 1. The right of vendors or foster parents to seek an administrative hearing to contest alleged overpayments applies only to overpayments for goods or services provided on or after July 1, 1998.
 2. These procedures do not create a right to a hearing where no dispute right previously existed except as provided in RCW 43.20B.675. These procedures and department policy limit disputes for foster family and child day care providers to:
 1. Alleged overpayments;
 2. Perceived failure of the department to pay for services actually provided under an agency service authorization; and
 3. Licensing actions taken under WAC 388-73-036 or WAC 388-155-090, as applicable.
 3. Adoptive parents who receive assistance through the Adoption Support Program are not vendors within the meaning of the law. They have hearing rights under other provisions of law and WAC. Accordingly, payment disputes involving the Adoption Support Program do not fall within the scope of these procedures.
3. Discovery or recovery of overpayments has no time limit. The department may identify and initiate recovery of overpayments without regard to the length of time that may have elapsed since the overpayment actually occurred or was discovered.
4. CA employees do not have authority to forgive or waive overpayments, nor to offset overpayments from future payments. All such authority rests with the Office of Financial Recovery (OFR). Designated CA staff may mediate a disputed payment with the vendor, but final approval for any negotiated proposed settlement rests with OFR.
5. Governmental entities, including Indian Tribes, with an Inter-local Agreement with the department do not have the right to an adjudicative hearing through the Office of Administrative Hearings (OAH). The dispute process described in the agreement between the entity and the department governs the resolution process.

2. Policy

1. RCW 43.20B.675 and DSHS Administrative Policy 10.02 provide that all vendors have the right to request an adjudicative proceeding if they have a bona fide dispute. Disputes involving rates set in rule or Washington Administrative Code (WAC) are not subject to resolution through an adjudicative hearing held by OAH. The responsible CA organizational unit must routinely offer a pre-hearing conference to all clients and vendors that request an administrative hearing.
2. The department and CA must, when undertaking activities relating to overpayment identification and recovery as well as adjudicative proceedings, comply with:
 1. DSHS Administrative Policy 7.02, Equal Access to Services for Individuals with Disabilities;
 2. DSHS Administrative Policy 7.20, Communication Access for Persons Who Are Deaf, Deaf/Blind, and Hard of Hearing; and
 3. DSHS Administrative Policy 7.21, Provision of Services to Limited English Proficient (LEP) Clients

3. Procedures

1. Regional and Headquarters Procedures:
 1. Each DCFS Regional Administrator, DLR Regional Manager, or division Director, as applicable, must establish procedures to provide for consistency in the handling of vendor/contractor disputes in accordance with the Children's

Administration Pre-hearing Procedures. Procedures must include:

1. Methods to informally notify vendors of their right to request a formal adjudicative proceeding if they have a bona fide contract dispute and to provide all appellants with a copy of the CA written pre-hearing process. (OFR provides formal notification of overpayments.) The department limits adjudicative disputes for foster parents to those issues identified in paragraph A.2., above;
 2. Pre-hearing/alternative dispute resolution that incorporates routine offers of a pre-hearing conference to all clients or vendors who have requested an administrative hearing;
 3. Identification of overpayments and steps to initiate recovery of amounts due to the department as a result of overpayments;
 4. Designation of staff to represent CA in behalf of the department in pre-hearing/alternative dispute resolution and administrative hearings for disputes resulting from activities or actions of the applicable organizational unit;
 5. Identification of staff to mediate overpayment and other disputes prior to a formal administrative hearing;
 6. A system to identify overpayments in a timely manner;
 7. A method to document that an overpayment has occurred;
 8. A method to notify the vendor/provider that an overpayment has occurred and to determine the vendor's agreement or disagreement with that determination; and
 9. Identification of staff assigned to review overpayments and to refer them to OFR for collection.
2. CA expects disputes to be resolved at the lowest possible level in the organization. Therefore, CA staff will handle disputes at the following organizational levels:
1. The DCFS Regional Administrator is responsible for the dispute resolution process for all payments authorized by local office social workers and all payments authorized under regionally managed contracts and service agreements. Regional DCFS staff will coordinate pre-hearing conferences, mediation activities, and administrative hearings for regionally-managed contracts.
 2. Assigned CA Division of Program and Policy Development or Office of Foster Care Licensing (OFCL) headquarters staff, as applicable, will handle pre-hearing conferences, mediation activities, and administrative hearings arising from headquarters-managed contracts and service agreements.
2. Determination of Existence of an Overpayment and Documentation of Referral
1. If any CA employee has reason to believe that the department has overpaid a contractor or vendor, that employee must contact the employee who authorized the payment and the authorizing employee's supervisor by written memo or e-mail.
 1. The CA employee identifying the overpayment must inform the authorizing employee and that employee's supervisor that the employee has reason to believe an overpayment has occurred and must provide the information that led the employee to that conclusion.
 2. If the authorizing employee identifies an overpayment, that employee must inform and provide supporting information to the supervisor.
 2. The authorizing employee, or other employee designated in DCFS or DLR regional procedures or CA headquarters procedures must contact the vendor/provider directly to inform the vendor/provider of the identified overpayment and the reason the payment constitutes an overpayment.

1. This contact provides the CA employee and the vendor/provider an opportunity to identify any errors in the conclusion that an overpayment occurred and to enable the CA employee to discontinue overpayment procedures if CA incorrectly identified an overpayment.
 1. This contact serves as an opportunity for CA to educate the vendor/provider in correct methods to complete invoices in order to prevent overpayments from recurring.
 2. In addition, the CA employee can support the vendor/provider in continuing to offer services to CA and its clients.
2. If the vendor/provider is a foster parent who disagrees with CA determination of an overpayment, the CA employee informs the foster parent of the foster parent liaison program and provides the contact telephone number for the CA office's liaison.
3. If the CA employee, after contact with the vendor/ provider, continues to believe that an overpayment occurred, the authorizing worker or other employee designated by regional procedures informs the vendor/ provider that the employee will notify OFR of the overpayment. OFR will send an official notice of overpayment to the provider/vendor. This notice will include instructions for the vendor/provider to return the overpaid funds to the department and information on steps to dispute the overpayment.
3. The employee who originally authorized the payment gathers written documentation of the overpayment. This may include gathering payment records through the SPAYMENT procedure in CAMIS.
4. The authorizing employee refers to the regional designee any overpayments, with supporting documentation. This information will include documentation of the vendor/ provider's agreement or disagreement with the determination of overpayment. The regional designee reviews the referral information to ensure that supporting documentation adequately supports the conclusion that an overpayment in the amount stated did occur.
3. Referral to the Office of Financial Recovery
 1. The applicable CA designee sends the completed SSPS Overpayment Notice, DSHS 18-398A, (dated 7/1998) along with the documentation of the overpayment, to OFR.
 2. OFR then issues formal notice of the overpayment by certified mail to, and tracks responses from, the vendor/provider. If the vendor/provider wants to formally dispute the overpayment, the vendor/provider must respond to OFR within 28 days of the notice of overpayment.
 3. If the vendor/provider does not dispute the overpayment, OFR establishes a schedule for repayment with the vendor/provider. In accordance with RCW 43.20B.695, interest will not accrue when the overpayment results from department error.
4. Disputed Department Actions
 1. OAH schedules a hearing when a vendor/provider requests a hearing. After a vendor/provider requests a hearing, the CA authorized staff person offers a pre-hearing conference. The pre-hearing conference may be a telephone call, a meeting, or a mediation session with a third party mediator.
 2. The responsible CA organizational unit must identify individuals authorized to mediate a disagreement between the department and the vendor/provider. Those persons designated to refer overpayments to OFR for collection may not serve in the role of mediator for overpayment disputes.
 3. If the CA authorized staff and the vendor/provider reach a settlement, the CA representative and the vendor/provider may execute a stipulated agreement in writing, signed by the parties. If the parties do not resolve the dispute, the

formal hearing with OAH takes place as scheduled.

4. For overpayments:
 1. If the vendor/contractor and the CA representative reach an agreement, before signing the agreement, the CA representative must contact OFR at (360) 664-5557 to obtain verbal approval for the stipulated agreement if it forgives an identified overpayment.
 2. If the OFR representative approves the agreement, the CA representative and the vendor/contractor representative sign the agreement, and the CA representative mails it to the OFR representative for signature. Once the OFR representative signs the agreement, it takes effect.
 3. If the administrative hearing occurs, the CA employee who authorized the payment must participate in the administrative hearing. Regional or headquarters procedures, as applicable, determine if additional individuals will participate in the administrative hearing to represent the department.

9530. Repayment

1. 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).
2. Accounting staff indicates the nature of the overpayment in the comment section of the Daily Funds Transmittal.

9540. Unsolicited Payments

1. 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.
2. 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.
3. 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.

9550. 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

1. 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.

2. 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.

9800. ADMINISTRATOR'S ACCOUNTS

9810. Purpose and Scope

1. 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 that are local fund accounts available to provide instant assistance to eligible clients. Their sources of funds are usually donations and fund raisers.
2. 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

1. 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.
2. 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.

9830. Separation of Duties

1. To the extent possible, the duties listed in section 9920(B) are to be separated.
2. 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.
3. The waiver must be signed by the Fund Trustee, the trustee's supervisor, the second line supervisor, and the Regional Administrator.
4. 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:

1. Receives the Cash Items Mail Log and the cash/negotiable items from the mail person.
2. 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.
3. 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.
4. 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.
5. Secures all cash and negotiable items until transferred to the Disposition Clerk along with the disposition documents.

9843. Disposition Person

The Disposition Person:

1. 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.
2. 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.
3. Receives approved disbursement authorizations from committee or person(s) responsible for reviewing and approving requests for funds.

4. 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.
5. Gives the completed Disbursement Authorizations to the Recording Person.

9844. Recording Person

The Recording Person:

1. Reconciles the daily cash receipts and bank validated deposit slips.
2. Records all deposits in the Cash Receipts Journal and Ledger Sheet.
3. 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:

1. 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.
2. 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.

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:

1. Oversees the management and accountability of the Administrator's Account.
2. 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

1. 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.

2. 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.

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:

1. Verifies the amount of fee required for the information needed and obtains the address of the state vital statistics agency.
2. 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

9930. Disbursements Staff Tasks

Disbursements staff:

1. Issues a check on the DSHS Administrative Revolving Fund and mails it with the requesting letter to the vital statistics agency indicated.
2. 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

1. 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.
2. 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.

91013. Program Management

1. 91014 Inquiries. 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.
2. 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 respice care services to eligible foster children.
3. 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

1. Foster parents who have questions concerning completion of the claim forms are referred to their social worker for assistance.
2. 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.

91020. Plan Summary

91021. Liability Coverage

1. 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.

2. 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 respite care child(ren).

91022. Representation by Attorney General

1. 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.
2. 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.
3. 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.

91024. Limitations

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

1. 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.
2. 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.
3. EXCESS COVERAGE - Payment above and beyond that which may be collected from any other valid and collectible liability insurance available to the foster parent.
4. 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.
5. 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.
6. 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

7. 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:

1. 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.
2. ALIENATION OF AFFECTION - Alleged or actual alienation of affection.
3. 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.
4. ILLEGAL ACTS - Violation of any statute, ordinance, or regulation by foster parent or foster/respite care child(ren) for which the foster parent is, or may be held, legally liable.
5. JURISDICTION - Any damage or injury caused by foster/respite 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.
6. MOTOR VEHICLES, AIRCRAFT, WATERCRAFT - For property damages, losses, and emergency medical treatment costs arising out of any act of the foster/respite 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.
7. SEXUAL ABUSE - Any injury arising from any sexual abuse, or licentious, immoral, or other sexual behavior by a foster parent or foster/respite care child(ren) for which the foster parent is, or may be held, legally liable.
8. 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/respite care child(ren) for which the foster parent(s) is, or may be held, legally liable, the foster parent:

1. Requests from their social worker a Foster Parent Claim form, DSHS 18-400A(X).
2. 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:

1. 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.
2. 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;
 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.
3. 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

1. For third party claims, payment for approved liability claims will be made directly to the third party.
2. 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.
3. 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/respice 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

1. 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.
2. 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

1. 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.
2. 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.
3. 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.

91063. Procedures

1. 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.
2. 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.
 3. 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

1. 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.
2. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.

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.

91100. 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).

91105. Foster Parent Reimbursement Plan

91110. General Information

1. 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.
2. 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:

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

91130. Program Management

1. 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.
2. 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.
3. 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:

1. **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.
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **VISION EXPENSES:** Limited to costs not payable under a medical plan. Depreciation applied on vision appliances. An injury is considered a personal bodily injury.
8. **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

1. 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).
2. 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.
 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:

1. Request from their social worker a Foster Parent Reimbursement Plan Claim form, DSHS 18-400A(X) to file a claim under the Plan.
2. 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.
3. 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:

1. 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.
2. 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.
3. 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

1. 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.
2. 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

1. 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.
2. 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.

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 must include the justification for the request and alternatives explored.

91300. CHILD DAY CARE SUBSIDY PROGRAMS

91310. Introduction

1. The Children's Administration (CA) offers a variety of child day care subsidy programs to support children and families. See the Practices and Procedures Guide, chapter 4000, for descriptions of the programs. Among the CA subsidy programs are:
 1. Child Protective Services Child Care;
 2. Child Welfare Services Child Care;
 3. Employed Foster Parent Child Care;
 4. Homeless Child Care;
 5. Seasonal Child Care;
 6. Teen Parent Child Care
 7. Therapeutic Child Development

91320. Definitions

For definitions relating to child day care payments, see [Appendix A](#), DEFINITIONS.

91340. Income Eligibility

1. Families must have an income at or below 225% of Federal Poverty Level (FPL) adjusted for family size to qualify financially for CA child care subsidies. See the Co-Payment Calculation Table column 2 for 225% of FPL adjusted by family size.
2. The social worker may waive income eligibility, on a case by case basis, only for CPS Child Care subsidy program. CA provides Employed Foster Parent Child Care without regard to the foster parent(s)' income.

91350. Co-Payments

1. Families that receive child care subsidies from CA pay co-payments that are:
 1. Based on the family's income;
 2. Per family, regardless of the number of children in the family or the amount of care needed;
 3. Paid by the family directly to the child care provider.
2. See the following Co-Payment Calculation Table for income guidelines and co-payment calculation. The social worker may waive co-payments, on a case by case basis, only for CPS Child Care subsidy program.

CO-PAYMENT CALCULATION TABLE - GROSS INCOME EFFECTIVE 4-1-00								
	COLUMN 1	COLUMN 2	COLUMN 3		COLUMN 4		COLUMN 5	
If family size is	137.5% FPL	If countable income is over 225% FPL	If countable income is 0 to 82% FPL		If countable income is 83% to 137.5% FPL		If countable income is 137.6% to 225% FPL	
1	\$957	\$1,566	\$0	\$571	\$572	\$957	\$958	\$1,566
2	\$1,290	\$2,111	\$0	\$769	\$770	\$1,290	\$1,291	\$2,111

3	\$1,621	\$2,653	\$0	\$967	\$968	\$1,621	\$1,622	\$2,653
4	\$1,954	\$3,197	\$0	\$1,165	\$1,166	\$1,954	\$1,955	\$3,197
5	\$2,287	\$3,742	\$0	\$1,364	\$1,365	\$2,287	\$2,288	\$3,742
6	\$2,618	\$4,284	\$0	\$1,561	\$1,562	\$2,618	\$2,619	\$4,284
7	\$2,951	\$4,829	\$0	\$1,760	\$1,761	\$2,951	\$2,952	\$4,829
8	\$3,284	\$5,373	\$0	\$1,958	\$1,959	\$3,284	\$3,285	\$5,373
9	\$3,616	\$5,918	\$0	\$2,157	\$2,158	\$3,616	\$3,617	\$5,918
10	\$3,949	\$6,462	\$0	\$2,356	\$2,356	\$3,949	\$3,950	\$6,462
		Not Eligible	\$10 Co-Pay	\$20 Co-Pay				See #5 below

3. STEPS TO CALCULATE CHILD CARE SUBSIDY CO-PAYMENTS:

1. Determine total income. This is gross income plus any child support paid to the family and minus any child support the family pays.
2. Compare total income to Column 2. If amount is greater, client is not eligible.
3. If the family income falls in column 3, the co-payment is \$10.00.
4. If the family income falls in column 4, the co-payment is \$20.00.
5. To calculate co-pay for families with an income in column 5:
 1. Subtract 137.5% of FPL (column 1) from the total income;
 2. Multiply by .44; and
 3. Add \$20.00.

91360. Qualified Child Care Providers

1. CA pays child care subsidies to:
 1. Licensed or certified family child care homes;
 2. Licensed or certified child care centers; or
 3. Exempt in-home/relative providers.

91370. Rates and Authorizations for Child Care

1. CA pays for child care at the provider's rate or the appropriate DSHS rate, whichever is less. See the following charts to determine the appropriate rate for the age of the child and the region where the child care is located. The maximum rate for a five year old child is:
 1. The preschool rate for a child who has not entered kindergarten; or
 2. The school-age rate for a child who has entered kindergarten.
- 2.

In-Home Child Care Subsidy Rates	Dollars Per Hour
1. First Child	\$2.06
2. Each Subsequent Child	\$1.03

3. LICENSED CHILD CARE CENTERS

MAXIMUM SUBSIDY RATES FOR CHILD CARE Daily Rates – Effective November 1, 1999						
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	Schoolage (5-12 yrs.) \$	Monthly NSB* All Ages \$
Region 1	Full-Day	\$22.73	\$19.85	\$18.00	\$16.70	\$74
	Half-Day	11.36	9.93	9.00	8.35	74
Region 2	Full-Day	23.18	20.45	17.75	16.82	73
	Half-Day	11.59	10.23	8.88	8.41	73
Region 3	Full-Day	30.18	26.00	22.00	19.77	91
	Half-Day	15.09	13.00	11.00	9.89	91
Region 4	Full-Day	37.80	29.55	26.14	23.40	108
	Half-Day	18.90	14.77	13.07	11.70	108
Region 5	Full-Day	25.82	22.18	19.45	17.50	80
	Half-Day	12.91	11.09	9.73	8.75	80
Region 6	Full-Day	25.59	22.73	20.00	20.00	83
	Half-Day	12.80	11.36	10.00	10.00	83

*NSB=Non-Standard-Hour Bonus (\$/month). See section 91375 for information on the Non-Standard Hour Bonus.

4. LICENSED FAMILY CHILD CARE HOMES

MAXIMUM SUBSIDY RATES FOR CHILD CARE Daily Rates – Effective November 1, 1999						
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School-age (5-12 yrs.) \$	Monthly NSB* All Ages \$
Region 1	Full-Day	\$19.00	\$17.60	\$17.00	\$15.00	\$74
	Half-Day	9.50	8.80	8.50	7.50	74
Region 2	Full-Day	18.00	18.00	16.00	15.00	73
	Half-Day	9.00	9.00	8.00	7.50	73
Region 3	Full-Day	28.00	24.00	22.00	20.00	91
	Half-Day	14.00	12.00	11.00	10.00	91
Region 4	Full-Day	30.00	27.27	25.00	22.50	108
	Half-Day	15.00	13.64	12.50	11.25	108
Region 5	Full-Day	21.00	20.00	19.00	17.00	80
	Half-Day	10.50	10.00	9.50	8.50	80

Region 6	Full-Day	20.50	20.00	18.00	17.00	83
	Half-Day	10.25	10.00	9.00	8.50	83

*NSB=Non-Standard-Hour Bonus (\$/month). See section 91375 for information on the Non-Standard Hour Bonus.

91371. Half-Day/Full Day Authorizations

- CA authorizes for half-days or full-days, based on the total number of hours of child care needed monthly.
 - If a child needs fewer than 110 hours of care per month, DSHS authorizes half-day child care. A half-day of care is fewer than 5 hours a day. A full monthly half-day authorization is for 22 days a month. Depending on the family's needs, DSHS may authorize up to 30 half-days of child care per month. The extra eight half-days allows the provider to claim an additional half day when 5 or more hours of care are provided for that child on any given day.
 - If a child needs 110 or more hours of care per month, DSHS authorizes full-day child care. DSHS may authorize up to 22 full-days of care each month. A full-day is five to 10 hours of care per day. If more than 10 hours of care are needed to support a DSHS approved activity, additional hours may be authorized.
- See the SSPS Manual for the correct service and reason codes.

91372. Registration Fee

- If the provider's policy is to charge all families a registration fee, CA child care subsidy programs authorize a registration fees:
 - When the child enters care; and
 - Annually.
 - The department pays a registration fee of \$50.00 per child or the provider's usual rate, whichever is less.
- See the SSPS Manual for the correct service and reason codes.

91373. Special Needs Child Care

- CA child care subsidy programs pay an additional amount for the care of children with documented special needs who require a higher level of care. See the following chart "Special Needs Rate for Child Care" to determine the appropriate rate for the age of the child and the region where the child care is located. CA will pay the rate on the chart or the provider's documented additional cost of care, whichever is greater, in addition to the rates contained in section 91370.
- LICENSED CHILD CARE CENTERS

SPECIAL NEEDS RATES FOR CHILD CARE
Additional Daily Rate for Children with Documented Needs
Effective November 1, 1999

		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School-age (5-12 yrs.) \$
Region 1	Full-Day	\$6.82	\$5.96	\$5.40	\$5.01
	Half-Day	3.41	2.98	2.70	2.51
Region 2	Full-Day	6.95	6.14	5.33	5.05
	Half-Day	3.48	3.07	2.66	2.52
Region 3	Full-Day	9.05	7.80	6.60	5.93
	Half-Day	4.53	3.90	3.30	2.97
Region 4	Full-Day	11.34	8.86	7.84	7.02
	Half-Day	5.67	4.43	3.92	3.51
Region 5	Full-Day	7.75	6.65	5.84	5.25
	Half-Day	3.87	3.33	2.92	2.63
Region 6	Full-Day	7.68	6.82	6.00	6.00
	Half-Day	3.84	3.41	3.00	3.00

3. LICENSED FAMILY CHILD CARE HOMES

SPECIAL NEEDS RATES FOR CHILD CARE Additional Daily Rate for Children with Documented Needs Effective November 1, 1999					
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School-age (5-12 yrs.) \$
Region 1	Full-Day	\$5.70	\$5.28	\$5.10	\$4.50
	Half-Day	2.85	2.64	2.55	2.25
Region 2	Full-Day	5.40	5.40	4.80	4.50
	Half-Day	2.70	2.70	2.40	2.25
Region 3	Full-Day	8.40	7.20	6.60	6.00
	Half-Day	4.20	3.60	3.30	3.00
Region 4	Full-Day	9.00	8.18	7.50	6.75
	Half-Day	4.50	4.09	3.75	3.38
Region 5	Full-Day	6.30	6.00	5.70	5.10
	Half-Day	3.15	3.00	2.85	2.55
Region 6	Full-Day	6.15	6.00	5.40	5.10
	Half-Day	3.08	3.00	2.70	2.55

4.

In-Home Care	Dollars Per Hour
	\$0.62

5. See the SSPS Manual for the correct service and reason codes.

91374. Infant Bonus

1. CA authorizes a \$250.00 infant bonus to licensed or certified facilities when the:
 1. Child is under one year old;
 2. Child care facility has not already received a bonus for that child; and
 3. Child needs a minimum of 5 days of care.
2. See the SSPS Manual for the correct service and reason codes.

91375. Nonstandard Hour Bonus

1. CA authorizes the nonstandard hour bonus to a licensed or certified facility when the child needs 15 or more hours of nonstandard care per month. Nonstandard hours are:
 1. Before 6:00 a.m.;
 2. After 6:00 p.m.; or
 3. Any time on Saturday or Sunday.
2. The nonstandard hour bonus is the same for the region regardless of the child's age group. The nonstandard hour bonus rates are listed on the chart "Maximum Subsidy Rates for Child Care."
3. See the SSPS Manual for the correct service and reason codes.

91380. Overpayment Procedures

See section 9500 for procedures regarding identification and recovery of overpayments.

91390. Advance and Adequate Notice

91391. When Required

1. 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 the department reduces or terminates child care benefits prior to the end of the established benefit period.
2. 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.
 2. Establishes an overpayment for the amount of overpaid benefits.
3. 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.

91392. When Not Required

Advance notice is not required when:

1. The parent's/guardian's child care benefits will terminate at the end of the established benefit period, and
2. 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.

913100. Fair Hearing

1. If a child care client disagrees with an eligibility determination, the client has the right to a fair B. hearing. See section 9520.
2. The department pays child care while the case is pending.
3. The authorizing social worker or fair hearing coordinator must make the client aware that continuing payment may result in significant overpayment if the judgment is for the department.

913110. Child Care Rate Clusters Based on DSHS Regions

1. Counties are grouped into rate clusters. These clusters are contiguous with the six DSHS regions, with the exception of Garfield and Asotin Counties.
2. 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.

Cluster/Region	Counties	
Cluster I Region 1	Adams Asotin Chelan Douglas Ferry Garfield Grant	Lincoln Okanogan Pend Oreille Spokane Stevens Whitman
Cluster II Region 2	Benton Columbia Franklin	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

91400. THE GOOD CAUSE DETERMINATION PROCESS

91410. Referral process

1. DCFS is required to make a referral to the Division of Child Support (DCS) whenever a child is placed in out of home care for more than 72 hours.
2. Children's Administration Management Information system, CAMIS will automatically send the referral to DCS once the child is placed for 72 hours or more. The sent referral initiates the process for establishment and collection of support from the child's parents to reimburse DCFS for foster care expenditures.
3. In certain cases there may be Good Cause for not pursuing collection and in those situations DCS will not collect support to reimburse the FC expenditures.

91420. Basis For Good Cause

1. Basis for a good cause determination as defined in CA's WAC 388-25-0225 include the following scenarios:
 1. Division of Developmental Disability (DDD) has determined the child is developmentally delayed (These do not have to be referred for a determination as this exemption is based on the Jacobs v Soliz settlement. DCS has a process already in place to check on the DD status of a child when they are placed initially into foster care. If the child is DD DCS will not collect for that child regardless of a claim of good cause.);
 2. The Juvenile Rehabilitation Administration (JRA) has discharged the child who has served time for an offense against a removal home family member and is being placed directly into foster care to protect that family member;
 3. Adoption proceedings for the child are pending in court or a public/private agency is assisting the custodial parent to decide if the child will be placed for adoption;
 4. The child's birth is a result of incest or rape and establishing paternity would not be in the child's best interest;
 5. The custodial parent or the child may be placed in danger of domestic abuse, perpetrated by the other parent or responsible person;
 6. A child in the Adoption Support Program and the case plan is reunification with the adoptive parents;
 7. During a Dependency proceeding, the Juvenile or Tribal Court finds the parents will be unable to comply with agreed reunification plans due to financial hardship caused by paying support;
 8. The social worker determines that paying DCS foster care support causes undue financial hardship that will delay or prevent family reunification. The basis for this determination must be documented in the child's case file.

9. Where pursuing child support is not in the best interest of the child and the circumstances of the family.
2. The DCFS social worker or IV-E Specialist discovering a possible good cause situation will notify each other of the need for a determination. The IV-E Specialist will also notify the DCS Foster Care Coordinator of the pending decision and ensures an electronic referral has been sent to DCS.
3. Both parties (social worker and IV-E Specialist) will decide whether or not the case meets the criteria for good cause. In cases where the child's family is receiving adoption support payments, the DCFS social worker and/or the IV-E specialist will consult with the assigned adoption support program manager to assist in determining whether good cause is to be pursued. The IV-E Specialist will then notify the Regional Federal Funding Program Manager (FFPM) of their recommendation and the need for a approval.
4. The regional FFPM will review the information and recommendation from the social worker and IV-E Specialist to verify the case is appropriate for a good cause determination and will make the final decision. The FFPM, after affirming their decision with the social worker and IV-E Specialist, will notify the DCS Foster Care Coordinator via e-mail of the determination either approving or denying the claim. The e-mail will explain:
 1. Which parent(s) the decision applies to, the reason for the approval or denial and if approved that the case for the parent(s) is not subject to collection.
5. In some cases Community Services Office (CSO) staff approves a claim of good cause when authorizing TANF prior to a child entering out of home care. In such cases DCS will notify the DCFS social worker of the CSO's good cause determination.

10000. CONTRACT MANAGEMENT

10100. GENERAL POLICIES

1. 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.
2. 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.
3. 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.
4. Total expenditures and obligations of purchases shall not exceed the CA allotment.
5. 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
6. 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

1. 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.
2. CA contracts are developed under the direction of contract coordinators and must be processed through the CA Contracts Manager.
3. 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

1. 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.
2. 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.
3. 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.
4. The DSHS Secretary has delegated authority to sign Client Service Work Orders to only the following CA staff:
 1. Assistant Secretary;
 2. Directors;
 3. Regional Administrators;
 4. Regional Business Managers; and
 5. Contract Coordinators.

10220. Personal Service Contract

1. 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.
2. 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

1. An Interagency Agreement is a contract between the department and any public agency, political subdivision, or unit of local government of Washington State.
2. These include but are 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

1. 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.
2. The Indian Nation Intergovernmental Agreement is used to contract with any federally recognized tribe in the state of Washington.
3. 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

1. Purchase Service Contracts are used when purchasing goods, equipment, or services outside

of delegated authority.

2. 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

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

10320. Social Workers

1. Social workers have the following responsibilities with respect to contracts:
 1. If a service is needed, obtain direction from the regional business manager regarding method for purchasing. See section 10100, paragraph F.
 2. 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.
 3. 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.
 4. Initiate "Shared Decision Making" staffings with contractors when deemed appropriate.
 5. Authorize payments to contractors in a timely, accurate manner.
 6. 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.
 7. 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

1. Contract coordinators have the following responsibilities:
 1. Negotiate, develop, and write contracts;
 2. Process contract documents;

3. Ensure contract information is entered into CAMIS;
4. Request background clearances for contractors, their employees, subcontractors, and volunteers who may have unsupervised access to children;
5. Provide technical assistance to CA staff and contractors;
6. Facilitate monitoring of contractors' performance;
7. Facilitate corrective action process for contractors;
8. Initiate investigation of complaints concerning contractors;
9. Maintain contract files;
10. In coordination with headquarters staff, notify contractors when there is a change in fees or rate schedules; and
11. Obtain appropriate approvals for contracts.

10340. Regional Business Managers

1. The regional business manager, under direction of the Regional Administrator:
 1. Establishes allotments for contracted services; and
 2. Monitors payments to contractors against allotments and contract obligations.

10350. Program Managers

1. Program managers perform the following functions:
 1. Provide technical assistance in the coordination and monitoring of contracted programs for compliance with statutes, regulations, and department policies; and
 2. 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 contacts within their area of responsibility.

10400. CONTRACT PROCUREMENTS

1. 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.
2. 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

1. The following types of contracts are exempt from procurement requirements.
 1. Client Service Work Orders;
 2. Interagency Agreements;
 3. Indian Nation Intergovernmental Agreements;
 4. Indian Nation Intergovernmental Agreements;
 5. 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.

1.	Up to \$2,499	Competition not mandated Approval: Regional Administrator, Director, and DSHS Central Contracts Services (CCS).
		Lead Time: 10 days
2	\$2,500 to \$9,000	Evidence of Competition Approvals: Regional Administrator, Directors
		Lead Time: 30 days
3.	\$10,000 or more	Competitive Procurement (RFP or RFQ/O) Approvals: Director, Assistant Secretary, CCS, OFM 10 Day Advance OFM Filing 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

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

5. The reasons(s) for selection of the successful contractor.

10432. Formal Competitive Procurement

1. 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.
2. 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.
3. 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 instructs potential bidders to contact CCS directly for answers concerning questions, inquiries, etc.

10433. Informal Procurement

1. 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.
2. Informal solicitation may not be used for Personal Service Contracts. See section 10420.
3. 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

1. 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.
2. 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

1. 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:
 1. Up to \$2,499 Sole Source Documentation
 1. Approvals: Regional Administrator, Directors, and CCS
 2. Lead Time: 10 days
 2. \$2,500 to \$9,999 Sole Source Documentation
 1. Approvals: Regional Administrator, Directors, and Assistant Secretary
 2. 10 Day Advance OFM Filing
 3. Lead Time: 20 days
 3. \$10,000 or more Newspaper Advertisement
 1. Sole Source Documentation
 2. Approvals: Regional Administrator, Directors, Assistant Secretary, CCS, OFM
 3. 10 Day Advance OFM Filing
 4. Lead Time: 30 days
 4. The Director, CA Division of Management Services, needs to approval all sole source contracts.
2. *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

1. 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.
2. All other verbal agreements shall be reiterated in writing to the contractor.
3. Staff shall not rely on trust, verbal understandings, or traditions.

10600. NON-DISCRIMINATION RESPONSIBILITIES OF CONTRACTORS

1. Contractors must 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:
 1. 1964 Civil Rights Act, Titles VI and VII;
 2. Executive Order 11246, as amended by Executive Order 11375;
 3. 1973 Rehabilitation Act, Sections 503 and 504;
 4. 1975 Age Discrimination in Employment Act;
 5. 1974 Vietnam Era Veterans Readjustment Assistance Act;
 6. 1990 Americans with Disabilities Act (ADA), as amended, including the provisions of Title II as applied to a public entity;
 7. 1991 Civil Rights Act; and
 8. Washington State Law Against Discrimination, chapter 49.60 RCW.

10700. EQUAL ACCESS REQUIREMENTS FOR CONTRACTORS

1. All agencies under contract with CA must ensure that clients have equal access to services and programs administered with funding from CA.
 1. Contracted agencies must post multilingual signs to inform clients that interpretation/translation and accommodation services are available without cost to the clients.
 2. 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.
 3. 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.
 4. The contracted agency must provide all necessary interpretation, translation, and accommodation services at no cost to the client. These costs are allowable provider costs that the contractor may bill to the agency's contract with CA. Billable costs may not exceed any rates that may be determined by the Regional Administrator. CA will reimburse all costs for interpretation, translation, and accommodation to contractors up to the amount of the contract award. CA will not reimburse funds 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

1. Contractors must maintain information concerning individuals in strictest confidence and safeguard all information, electronic and hard copy.
2. The contractor must 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

1. 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 must be repeated no less than every three years for ongoing service providers.
2. See Chapter 5000, section 5500, Background Inquiries, for the processing of background inquiries.

101000. EMPLOYEE/EMPLOYER RELATIONSHIP

1. A contractor is an independent person or business—not an employee of the department. CA

staff must avoid the implications of an employer-employee relationship with non-public agency contractors.

2. Generally, CA should not furnish the contractor a place to work or state resources, such as an office workspace, state vehicles, computers, telephones, etc. CA must 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

1. 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.
2. 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

1. CA staff must 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:
 1. A contractor cannot be a current DSHS employee except by approved exception.
 2. 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.
 3. 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.
 4. An AAG opinion is required before contracting with a provider if a state employee is associated with the contractor in the capacity of an employee, board member, officer, or partner.
 5. CA staff must 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 must monitor its contracts with service providers in accordance with DSHS Administrative Policy (AP) 13.11, General Contract Monitoring Policy.

1. Each CA Division Director and DCFS Regional Administrator must develop and implement contract monitoring plans for those contracts for which each Director or Regional Administrator are responsible. The types of contracts include Client Service Contracts,

- Personal Services Contracts, Purchased Services Contracts, and Interlocal Agreements for each program. The monitoring plans must include the elements contained in AP 13.11(A) (2).
2. Each CA Division Director and DCFS Regional Administrator must assign contract monitoring staff to each of the contracts for which the Director or Regional Administrator is responsible. Among the responsibilities of the assigned monitoring staff will be those outlined in the division or region's monitoring plan, AP 13.11(A)(3) and the following requirements.
 1. CA must, through contracts coordinators and designated program managers, undertake the following tasks to determine the satisfactory delivery of contracted services according to the terms and conditions of contracts:
 1. PROVIDE CONSULTATION AND TECHNICAL ASSISTANCE TO VENDORS.
 2. MONITOR AND PERIODICALLY REVIEW SERVICES FOR COMPLIANCE WITH CONTRACT TERMS AND CONDITIONS, CONSISTENT WITH THE FOLLOWING PRIORITIES:
 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. RCW 43.20A.420
 2. Document monitoring visits and/or episodes, corrective action plans, and management decisions regarding completion of corrective actions.

101310. Monitoring Guidelines

101311. Purpose And Scope

1. Guidelines for Children's Administration (CA) staff have been established to ensure that the department receives the services paid for through the contracting process and that the contractor is meeting the scope of work and specifications identified in the contract. This policy also establishes guidelines to determine which level of monitoring to apply to contracts and identifies tools that are available for use in contractor monitoring.
2. The guidelines apply to all CA employees who have responsibility for contractor monitoring and to contracts, and Interlocal Agreements of the department, including agreements with Indian Nations.

101312. Policy

1. Effective monitoring assists in identifying and reducing fiscal and program risk as early as possible, thus protecting both public funds and clients being served.
 1. CA views monitoring as a preventative function, an opportunity to determine the need for and provide technical assistance, and a valuable source of information concerning the effectiveness of services and service delivery methods.
 2. CA considers the contractor a strategic partner and encourages contractors to innovate, improve, and deliver better services.
2. CA has developed a contractor monitoring approach to determine contractor compliance with the terms, conditions, and requirements of a contract, including state and federal requirements. CA also must verify documentation of work performance or outcomes in accordance with the contract.
3. Based on staff resources and the Contractor Risk Assessment tool, each region and headquarters must develop a monitoring plan. For Client Service contracts, staff must utilize Level 1, Contract Compliance Self-Assessment, and/or Level 2, Contract Performance

Checklist. Responsible CA staff must review all information gathered in monitoring activities in both levels, take action where appropriate, and document outcomes.

1. Level 1, Contract Compliance Checklist, consists of self-reporting by the contractor.
 2. Level 2, Contract Performance Checklist, consists of on-site CA staff review of records, files, and other written documentation, and interviews of staff, and clients.
4. CA staff must, when undertaking activities related to contractor monitoring, also comply with:
1. Executive Order 98-02, Training and Protocols for State Investigators;
 2. Administrative Policy 7.14, Civil Rights Compliance Reviews;
 3. Administrative Policy 13.11 General Contract Monitoring Policy;
 4. Administrative Policy 14.07 Control of Fixed;
 5. Administrative Policy 16.01, Internal Audit;
 6. Administrative Policy 16.05, Internal Control Risk Assessment and Self- Evaluation; and
 7. Administrative Policy 16.07, Single Audit Act Responsibilities Administrative Policy 16.09, Audit.
5. Staff assigned to conduct complete investigations on specific complaints filed against specific contractors must attend Investigator Training provided by the Department of Personnel as required by Executive Order 98-02 and as determined by the Administration.

101313. DEFINITIONS

1. "Client Service Contract" means services provided directly to agency clients. Examples of client services include Family Preservation Services, Psychological Evaluations, and visitation/supervision services.
2. "Contractor Monitoring" includes any planned, ongoing, or periodic activities such as reviewing, observing, and reporting that measure and ensure contractor compliance with the terms, conditions, and requirements of a contract. The planned activities may include responding to unanticipated concerns or stakeholders' complaints.
3. "Contractor Monitoring Plan" means a written plan for monitoring contractor compliance with contract requirements.
4. "Interlocal Agreement" means a contract or agreement between the department and any public agency, political subdivision, or unit of local government of this state including, but not limited to:
 1. Municipal corporations, quasi-municipal corporations,
 2. Special purpose districts, and local service districts;
 3. Any agency of state government;
 4. Any agency of the united states;
 5. Any Indian tribe recognized as such by the federal government; and
 6. Any political subdivision of another state.

Interlocal Agreements are governed by chapter 39.34 RCW, Interlocal Cooperation Act.

5. "Personal Service Contract" means an agreement to purchase services provided by a consultant to accomplish a specific study, project, task, or other work assignment. This term does not include purchased services as defined in RCW 43.19.190 or 43.105.041. This term does not include client services. These contracts must comply with procurement and filing requirements of chapter 39.29 RCW, Personal Service Contracts.
6. "Risk Assessment" means the process of evaluating exposures to the chance of harm or loss that could arise from some activity. Usually risk assessment consists of (1) identifying the risks and their classification based on characteristics, (2) measurement and evaluating the

consequences of the risks, and (3) prioritizing risks based on evaluation. The purpose of risk assessment is to prioritize contract-monitoring activities.

101314. PROCEDURES

1. Each CA Division of Children and Family Services (DCFS) Regional Administrator and CA Division Director must designate responsible staff to monitor contracts that fall within the responsibility of the respective organizations. Headquarters program staff will be responsible for contracts managed out of Headquarters and regional program staff will be responsible for contracts managed in the regions.
2. Primary staff designated to monitor contracts must attend contracts training to include at a minimum Contractor Monitoring training offered by Central Contracts Services.
3. Staff designated to monitor contracts must use approved monitoring tools and related instructions located on the CA Intranet home page. Staff must also utilize a Contracts Risk Assessment Tool to assist them in deciding which contracts to monitor at Level 1 and/or Level 2
4. Regions and Headquarters must submit their annual monitoring plans to the Assistant Secretary each fiscal year, due no later than October 31 each year. This monitoring plan must be based on the Risk Assessment tool. These plans are subject to revision due to emergencies and unforeseen findings
5. Regions and Headquarters must submit their summaries of monitoring conducted during the previous fiscal year, due no later than September 30 each year.
6. As part of the monitoring process, staff must review relevant material when available. Such documents include audits performed by other divisions or state agencies or single audits.
7. Staff designated to monitor contracts must coordinate efforts with other divisions or agencies when appropriate. This coordinated effort should include both monitoring activities and corrective action plans.
8. Headquarters program managers must develop program specific monitoring tools as new programs are implemented.
9. Staff designated to monitor contracts must follow up on any findings that necessitate corrective action, using designated forms located on the CA Intranet
10. Staff must retain documentation in accordance with the record retention schedule specified by DSHS Central Contracts Services.

101400. VENDOR INVESTIGATIONS

1. CA staff must 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.
2. The employee's supervisor immediately reports the allegation to CCS. The supervisor then immediately reports to the Area Administrator, who, in turn, immediately informs the Regional Administrator.
3. 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

1. 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.
2. 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.
3. 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 must be transferred to the contractor as part of the consideration for the contract.

101700. CONTRACTOR TRAVEL

1. Contractor travel paid under the provisions of contracts or agreements with the department must be no higher than rates established in current State of Washington Travel Regulations.
2. Contractors who provide transportation of department clients must ensure that:
 1. Drivers are at least 18 years of age, have a current driver's license that 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

1. Contractors must carry and maintain liability insurance in accordance with the terms of their contracts with the department.
2. Contractors must 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 SUB-RECIPIENTS

1. Contractors that receive federal financial assistance pass-through funds under a contract are considered sub-recipients and must comply with the federal Single Audit Act. For a definition of "sub-recipient," see [Appendix A](#), DEFINITIONS.

2. CA staff must obtain appropriate single audit reports from its sub-recipients (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 sub-recipient oversight.

1011000. CONTRACT FILES

1. The original, signed copy of the contract is retained by CA Division of Management Services, which is the Office of Record for all contracts.
2. 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.
3. File retention is according to the following schedule:
 1. The Division of Management Services must retain all contract files for a minimum of four years past their end date if contract compliance has been satisfactory. Contract files will be maintained in Archives for an additional three years.
 2. The Division of Management Services must keep contract files of contractors where there have been health and safety concerns, compliance issues, or audit findings indefinitely or for a minimum of four years following the end date, with the files retained in Archives for an additional three years.

11000. FEDERAL FUNDING

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

1. 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.
2. Paper referrals are required only in the absence of automated data.

11130. Determinations

1. 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.
2. 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

1. 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.
2. 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

Title IV-E is a federal entitlement program designed to reimburse States for the maintenance and

administrative costs of eligible children who are placed in 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; linkage of the child to Aid to Families with Dependent Children (AFDC) in the eligibility month; and reimbursability criteria. (This is only a general overview of the IV-E eligibility criteria. The IV-E Eligibility Specialist assigned to each area has detailed information on claiming IV-E funds for children placed in department-paid substitute care.)

1. Judicial Protections

1. Court Ordered Placements

1. For a child to be eligible for IV-E foster care or adoption support funds, the court must enter a judicial determination (finding) in the first order authorizing removal of the child from the home must state that, remaining in the home would be "contrary to the welfare" of the child. If this determination is not made in the first order of removal, the child will be ineligible for IV-E funds for the entire placement episode and perhaps for federally subsidized adoption support.
2. Prior to CA making a claim for IV-E reimbursement funds, the court must have entered a finding that DCFS made "reasonable efforts" to prevent the removal of the child from his/her home or to reunify the child with his/her family or that "reasonable efforts" are not required due to aggravated circumstances in accordance with USC 471(a)(15), Practices and Procedures Manual 4304. The fact that the placement was emergent in nature does not negate this judicial determination requirement.
3. Additionally, the child must be placed under the sole responsibility of Children's Administration for care and supervision..

2. Voluntary Placements

1. The voluntary placement agreement must be signed by the parent(s) and a representative of DCFS.
2. If the child meets the AFDC-linkage requirements, the child is eligible for IV-E matching funds during the first 180 days of placement. If beyond 180 days of placement see (C.1.b. below).

2. AFDC linkage

The child must be linked to the AFDC program under the rules in existence as of July 16, 1996. This linkage must be established during the 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. Further discussion of IVE eligibility and AFDC linkage occurs in the IV-E Desk Guide.

3. 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 ongoing criteria. Meeting all the following criteria qualifies the child for Title IV-E funds:
 1. The court has entered a judicial determination that DSHS/DCFS made "reasonable efforts" to prevent the placement of the child; or
 2. 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

3. The child is placed in the sole care and supervision of DSHS/DCFS; and
4. The child is under age 18, or under age 19 and in school full time and reasonably be expected to graduate before their 19th birthday; and
5. The child continues to be deprived of parental care and support in AFDC terms; and
6. The child continues to be in financial need; and
7. The child is placed in a licensed child care facility or in the home of a relative "certified" as meeting minimum licensing requirements.

11212. Other Eligibility Factors

1. Repeat Removals

1. 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 assumes 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.
2. See [Appendix A](#) for the definition of "Original Placement Date."

2. 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 180th day of placement with the finding that it is in the child's best interest to remain in care. See [Appendix A](#) for the definition of "Original Placement Date."

3. Teen parent and child residing together in same facility or foster home:

1. Nondependent child of a teen parent. When a teen parent and the teen parent's child reside in the same facility or foster home AND there are no safety, health, or welfare needs for the teen parent's child, the department considers the child's "home" to be the child's teen parent, not the foster home or other out-of-home care facility. As long as the teen parent and his/her child reside together, and the child of the teen parent has no safety, health, or welfare needs warranting a custody order, the social worker SHALL NOT obtain a legal authorization to place.
 1. An amount sufficient for the child's maintenance is included in the maintenance payment made for the teen parent. See section 11250 for instructions regarding medical coupon issuance for the teen parent's child.
 2. Placement codes for the child of the teen parent are NOT opened in CAMIS since the child continues under the teen parent's care and control. Payment for the child is included in the payment code authorized for the teen parent, with the amount authorized to be the amount for the teen parent plus the amount for the child.
2. When the child of the teen parent and his/her child reside in the same facility or foster home AND the child is with the teen parent under an in-home dependency, the

department considers the child's "home" to be the child's teen parent, not the foster home or other out-of-home care facility. An amount sufficient for the child's maintenance is included in the maintenance payment made for the teen parent. See section 11250 for instructions regarding medical coupon issuance for the teen parent's child

3. When the child of the teen parent and the teen parent reside in the same facility or foster home AND the facility provider is responsible for the day to day care of both parties under separate dependencies, the department considers the home of the teen parent's child to be the facility. Payments are made to the facility separately for the child and the teen parent.
 4. In all situations the child of a teen parent counts in the licensed capacity of the facility. The social worker must notify DLR and the Placement Coordinators if an infant is placed in the same home as the parent or is removed from the home to another placement. See WAC 388-148-0525, General Capacity of Foster Homes.
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" must 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

1. 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 see [4307 Voluntary Placement Agreement \(VPA\) policy](#).
 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:
 1. 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.
 2. 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.
2. Referrals initiated by a private Child Placing Agency in which the CPA retains responsibility for placement and care.
 1. 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:
 1. The DSHS 14-024(x) Family Face Sheet;
 2. The Source of Funds Application for Child in Placement, DSHS 14-281; and
 3. 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

1. The Eligibility Specialist must 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.
2. 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.
3. Title XIX-Children who are eligible for Title IV-E funding are deemed eligible for Title XIX medical coverage.

11215. Other Eligibility Processes

1. Adoption Support -- See section 11420.
2. Guardianships -- See section 11320.
3. COBRA Medical -- See section 11450.

11220. Title II/Retirement, Survivors, and Disability Insurance

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

11221. Eligibility Factors

1. Title II/RSDI benefits are paid before Title XVI/Supplemental Security Income (SSI).
2. 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.

3. There are no income or resource limits for Title II/RSDI benefits.
4. Parental relationship(s) must be established prior to Title II/RSDI application.
5. 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.
6. 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.
7. 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

1. 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."
2. 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.
3. 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

1. 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.
2. Federal regulations require that SSI benefits are used for food, clothing, shelter, or other personal or medical needs.
3. 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

1. 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 toxicology 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.
2. 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:

1. 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).
2. Periodically, review all placement cases in CAMIS for potential application for SSI or other SSA benefits.
3. Apply for Title XVI/SSI for all referred or "screened-in" clients.
4. 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.
5. 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.
6. Initiate the conveyance of information regarding placement, resource, or income changes to the payer: SSA, VA, etc.
7. Coordinate all relevant financial and social information with DSHS Trust Funds accountant.

11233. Electronic Data Entry and Record Keeping

1. 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).
2. 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
 1. During a pending SSI application, the Revenue File must contain, at a minimum:

1. Notification regarding intent to file. Copy of Interim Assistance Reimbursement Agreement (IAR).
2. Correspondence between SSIF and FFS regarding:
 1. Request to change source of funds
 2. Income/eligibility from Title II benefits
 3. IV-E termination and/or reinstatement actions
2. Once SSI eligibility is established, the following contents of the SSI working file are placed in the DCFS Financial Revenue file:
 1. SSA Correspondence
 2. Copy of final decision (award or denial letter)
 3. Payee change requests (SSA 11-BK)
 4. Interim Assistance Reimbursement Agreement (IAR)
 5. SSI application (SSA 8001)
3. 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:
 1. Documentation regarding pending Title XVI/SSI (pink sheet);
 2. Copy of award letter;
 3. Accumulated medical, social, and educational documentation, including copy of disability and function reports;
 4. Exhibit file - a set of documents provided by the Social Security Administration when an appeal hearing has been held;
 5. Birth certificate; and
 6. Social Security Card
4. All of the above records/files shall not be archived or sent to Records Retention while SSI applications are pending.
3. Please refer to SSI Desk Manual for detailed information on procedures and record keeping.

11234. Appeals Cases

1. 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.
2. Personal representation for all hearings and appeals will be the responsibility of the Headquarters SSI Program Manager.
3. 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.

1. Clients who are over age 18 must sign their own SSI applications (form SSA-8001) and authorizations to release information (SSA 827).
2. 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).
3. 18 - 20 Year Olds for Whom DSHS is Payee for SSA/SSI Benefits

1. Title XVI/SSI
 1. The SSIF will provide capability development (form letter) to the local/Olympia SSA District Office.
 2. If the client is determined to be incapable of managing his/her own resources, DSHS will continue to be the Representative Payee.
 3. 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.
4. 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.
5. 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

1. Title XIX is an entitlement program that 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.
2. 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.
3. Infants of Teen Parents in Licensed Placements
 1. Infants born to teen parents in foster care, where there are no protection issues and where the child resides with the mother in the same facility, are eligible for Medicaid. However, because there is no DSHS custody, the child will not appear in CAMIS. Assigned CA staff must notify the Foster Care Medical Unit (FCMU) by telephone or e-mail as soon as possible when the child begins residing with his/her teen parent. The CA staff will provide the FCMU with the child's name, birth date, address, identity of the child's mother, the mother's case number, and any other available, pertinent information.
 2. If the dependent child of a dependent teen parent has been returned to the teen parent's care, the FCMU must be notified so medical coupons can continue.
 3. Because the child's eligibility requires enrollment in a Healthy Options plan, CA staff will advise the minor mother and the foster parent of the need to make the selection of a plan as soon as the packet is received in the mail. The teen parent needs to , base the selection on the availability of the teen parent's preferred providers and on the interface of that plan with the teen parent's fee for service providers.

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 determine which children are placed in BRS/GC each month.

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

1. The child must be categorically needy Medicaid eligible; AND
2. 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 is considered categorically needy and, as such, is Title XIX Medicaid eligible.
 1. 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.
 2. For a child residing in his/her own home and receiving TCD, the FSS verifies Medicaid eligibility using ACES. If a TCD child's Medicaid eligibility cannot be found in ACES, 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.
 1. Documentation is submitted to CA Headquarters at the time of the initial use of BRS/GC, when a break in service occurs, and annually thereafter. See the Title XIX Desk Manual for specific details.
 2. 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.
 3. 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 ISSP 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 ISSP 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:

1. For Medical and Dental Services for children in out-of-home care, see chapter 4000, section 4517.
2. For TCD, see chapter 4000, section 4504
3. For Personal Care Services, see chapter 4000, section 4526.
4. For BRS/GC, see chapter 4000, section 4533.

11254. Procedures for Federal Funding Specialists

1. The FFS determines eligibility for DCFS Title XIX programs.
 1. The FFS must verify Title XIX Medicaid eligibility for in-home services, using 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. If a child is in a DCFS-paid placement, the child is automatically Medicaid eligible.
 2. The FFS must receive a Statement of Medical Necessity form, signed by a licensed medical practitioner, for TCD and BRS Title XIX services.
 1. Statement of Medical Necessity forms indicate that the information is valid on the service begin date (SBD) for TCD and BRS/GC.
 2. 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.
 3. SMN forms must be received annually for as long as the child receives uninterrupted TCD or BRS/GC services.
2. The FFS reviews and/or re-determines eligibility every 90 days. If TCD or BRS/GC services continue without interruption, then a new Statement of Medical Necessity (SMN) is required annually. See the Title XIX Desk Manual for exceptions.
3. 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.
4. 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.
5. For TCD and BRS/GC, the FFS reviews/redetermines Medicaid eligibility every 90 days.
 1. The FFS completes an 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 and the Nurse Care Consultant for BRS/GC 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

1. 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.
2. 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).
3. 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

1. Title II/RSDI and Title XVI/SSI applications are made for DSHS-paid foster parent/guardianship placements.
2. Guardians must sign the Authorization to Release Information, SSA-827.
3. 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

1. 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.)
2. 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

1. 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.
2. 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 program manager must not process the application unless this form is included with the application. The FSS will review positive determinations of Title IV-E Adoption Support eligibility every six months until the child is adopted or until the FSS has verified the month that the adoption petition was filed. At each review, the specialist will forward a copy of the form to the Adoption Support program manager. The Adoption Support program manager or the social worker may request a review of any child's previously denied Adoption Support eligibility determination.
3. Eligible for adoption support through a previous adoption: When a child is adopted and receives Title IV-E adoption assistance, and the adoption later dissolves or the adoptive parent(s) dies, a child may continue to be eligible for Title IV-E adoption assistance in a subsequent adoption. The only determination that must be made by the state prior to the finalization of the subsequent adoption is whether the child meets the definition of special needs.
4. SSI Eligible Children A child is eligible for adoption assistance if, at the time the adoption petition is filed, the child meets the requirements for Title XVI SSI benefits and, prior to the

finalization of the adoption, is determined by the state to be a child with special needs.

1. The requirement that the child be determined SSI eligible in the same month that the adoption petition is filed is met by the protective filing date. Protective filing date refers to the date the application was made. The filing date is used as the SSI eligibility date and not the date the determination is made because benefits are awarded retroactively to the filing date, if the child is determined eligible.
 2. Written verification of SSI eligibility or of the protective filing date must be contained in the child's file.
5. In placement with minor parent: A child is eligible for Title IV-E adoption assistance if the child's minor parent is in foster care and receiving IV-E foster care maintenance payments that cover both the minor parent and the child at the time the adoption petition is initiated and, prior to the finalization of the adoption and the child of the minor parent is determined by the state to meet the definition of special needs.
6. AFDC eligible
1. If the child was legally removed from the home pursuant to a judicial determination, that determination must indicate that it was contrary to the child's welfare to remain in the home. Children who are voluntarily relinquished to a public or private nonprofit agency may also be considered to have been judicially removed if:
 1. A petition to remove the child from home is filed within six months of the time the child lived with a specified relative; and
 2. There is a subsequent judicial determination to the effect that remaining in the home would be contrary to the child's welfare.
 2. If the initial change in custody for the placement episode is via a voluntary placement agreement, the child must also have received at least one Title IV-E maintenance payment in order to be eligible for Title IV-E adoption assistance in addition to the AFDC eligibility and special needs criteria.
 3. Adoption support eligibility that is based on the child's AFDC eligibility is predicated on a child meeting that criterion at the change in legal custody and in the month the adoption petition is initiated. The child must, of course, also meet the definition of special needs prior to the finalization of the adoption.

11420. Title XVI

1. 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.
2. SSI with an application date prior to the date of Petition for Adoption will ensure IV-E eligibility for adoption support payments.
3. 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

1. 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.
2. 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)
3. 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.
4. 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.
5. 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.
6. 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

1. 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.

2. 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.
3. 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

1. Relatives of specified degree have the option of choosing TANF or foster care maintenance payments for children placed with them by DCFS.
2. To receive foster care payments, the relative's home must be licensed as meeting minimum foster home licensing standards to receive foster care payments.
3. 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

1. 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.
 1. Changes are made at the point of discovery of the incorrect charge.
 2. Corrections of payment are made by using the CAMIS COPCR procedure.

11700. INCOME/RESOURCES OF CHILD IN DSHS PAID SUBSTITUTE CARE

1. 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).
2. 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 or when determining a child's possible participation in the cost of care.
 2. Non-exempt income -
 1. 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.
 2. 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
 1. 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
2. The child's non-exempt resources (including trust fund balances) cannot exceed \$10,000 for any given month. AND
 3. 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.
 4. 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.
 5. If the child is employed full time and not in school, the source of funds is state only. See also paragraph "g" below.
 6. Excluded student earned income. The following types of earned income are not counted for Title IV-E purposes:
 1. 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
 2. 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.
 7. 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
 1. Income and resource limitations are strictly enforced by the SSA.
 2. 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.
 3. 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.
 4. 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
 1. 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.
 2. 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

1. 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:

1. Trust Fund Unit - accounting and disbursement of all funds;
2. Headquarters Division Staff - interpreting program policies; and
3. Social Service Staff and Regional Trust Funds Coordinators - case management.

11810. Regional Coordination of Trust Funds Account

1. 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.
2. 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.
3. 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.
4. 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

1. 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.
2. 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.
3. The completed trust document must be court approved, preferably submitted by the assigned DCFS social worker.

11830. Establishing a Trust Fund Account

1. 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.
2. 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

1. 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).
2. Dedicated accounts are managed by the DSHS Trust Fund Unit and questions about the dedicated accounts may be referred there. See Section 118130.
3. 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.
4. 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

1. 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.
 1. SSIF is responsible for applying for benefits or applying for a change of payee, unless otherwise designated by a local office.
 2. 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.
 3. 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

1. 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.
2. 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.
3. 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

1. 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.

2. Notification of Excess Client Funds

1. 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.
2. 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.
3. 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

1. 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:
 1. List of items or services to be purchased.
 2. Payee name and address. The payee is usually the foster parent. The payee cannot be the client unless at least 18 years of age.
 3. Worker signature. Electronic E-mail request is acceptable with the social worker's own log-on identification.
 4. Exceptional requests for expenditure or conservation of funds must be approved according to regional guidelines with the Regional Trust Funds Coordinator.
 5. 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

1. The social worker or SSIF, in accordance with regional procedures:
 1. Notifies, in writing, the appropriate agency (SSA, etc.);
 2. For SSI clients, notifies SSA immediately by FAX as such changes may affect client SSI eligibility; and
 3. Updates CAMIS placement screens in PLACEUP and SSIUP.

118100. Youth Remaining in Care After 18th Birthday

1. Under approved circumstances, the youth may remain in licensed care after his or her 18th birthday, but placement must end before the youth's 21st birthday. The effect on the client's

Trust Fund account is as follows:

1. Title XVI/SSI
 1. 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.
 2. 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.
2. 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.
3. Other Benefits
 1. Legal settlements, insurance benefits, inheritances, for example, do not alter the Trust Fund account.
 2. Any non-exempt available funds will continue to be used for ongoing cost-of-care reimbursement and approved special needs.
 3. Any account balance will be held until the client leaves care.

118110. Child Leaving Care

1. 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.
2. 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.
3. To close an account, the social worker or SSIF:
 1. Notifies the Trust Fund Unit in writing or E-mail, providing the following information:
 1. Type of change in status (returned home, adopted, adult placement, maturation, death, etc.);
 2. Name and address of new custodian; and
 3. 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.
4. 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.
5. 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

1. 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.
2. 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

1. Forward payments on transmittal to:
DSHS Trust Fund Unit
P. O. Box 9501
Olympia, WA 98507-9501
2. 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
3. NOTE: Requests for disbursement can be made through CAMIS E-Mail to CAMIS ID: KEGK300
4. 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

1. The Random Moment Time Study (RMTS) is used to generate statistically valid statewide estimates of various activities performed by CA staff.
2. 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

1. All CA service and FFS workers participate in the time study.
 1. The RMTS contacts all service workers and eligibility specialists.
 2. 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

1. The RMTS Headquarters staff is responsible for the following actions:
 1. 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.
 2. Complete the telephone samples at the random moments.
 3. 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 Headquarters staff informs the worker that an RMTS sample is being made.
 3. The Headquarters staff asks the worker for the code that best describes the worker activity at that moment. If a case specific activity is reported, the staff 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.
 4. The Headquarters staff 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.
 5. If a worker is unavailable for telephone contact, the Headquarters staff FAXes a contact log to the RMTS coordinator for completion by the worker. The worker completes the contact log in a timely manner so that the RMTS coordinator is able to FAX it back to Headquarters with 72 hours of the sample time.
 6. The Headquarters staff logs uncompleted contacts and follows up with the RMTS coordinator to ensure that contact logs are returned in a timely manner.

7. On a monthly and quarterly basis, the Headquarters staff generates a survey data summary.
8. The Headquarters staff updates the service worker list as worker employment status changes are reported by the worker's supervisor or RMTS coordinator.

111140. Local Office Responsibilities

1. The clerical supervisor is responsible for designating an RMTS coordinator and trained back-up coordinator.
2. 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.
3. The social service or FFS worker is responsible for the following actions:
 1. Upon contact:
 1. Report the appropriate code from the social worker activity code descriptions. See Random Moment Time Study Codes.
 2. 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 staff within 72 hours of the sample time.
4. The local RMTS coordinator:
 1. Updates the participating employee list quarterly, as requested by Headquarters RMTS staff.
 2. Uses the following procedures:
 1. Receives the Headquarters staff phone contacts for workers and distributes for completion.
 2. Follows through to ensure that the workers' complete the contact and FAX it back to Headquarters within 72 hours of the sample time.
 3. Maintains a file for all completed RMTS contact logs. Files the RMTS contact logs in chronological order by date and time of contact. Retains the present and two previous quarters' completed contact logs.

111150. Regional Administrator Responsibilities

1. The Regional Administrator ensures that the clerical supervisor 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.
2. The Regional Administrator ensures that any change in RMTS coordinator is reported to the RMTS Headquarters staff by the responsible field staff person.

111160. RMTS Codes and Definitions

1. When an RMTS observation contact is requested, social workers and FSS report to the Headquarters staff 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.

2. Social workers and FFS use the RMTS codes and definitions contained in the RMTS Codes and Definitions publication when identifying activity.

12000. AGENCY LICENSING

12100. INTRODUCTION

12110. Basic Practice Considerations

1. Chapter 74.15 Revised Code of Washington (RCW), and the Minimum Licensing Requirements (MLR) contained in Washington Administrative Code (WAC) 388-148, , and chapters 388-160 WAC Overnight Youth Shelters 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, staffed residential homes, and secure crisis residential centers. Chapter 388-145 WAC emergency respite centers (ERC) are also included in this category.
2. These chapter contains complementary information and is primarily focused on out-of-home care licensing activity for regional licensers.

12120. Legislative Intent

1. 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.
2. 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

12130. Licensing of Department Employees

1. 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.
2. See section 5138 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

1. Staff designated by the Regional Manager for the Division of Licensed Resources (DLR), Office of Foster Care Licensing (OFCL), provides information about children's agency licensing requirements, on-site feasibility studies, and assist agencies in the development of policies and procedures, upon request.
2. 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

1. The regional OFCL office receives and date-stamps applications for licensing or certification, with accompanying documents, from prospective licensees, according to regional procedure.
2. 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:

1. 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.
2. The clerk or licenser mails out reference letters to the people designated by the applicant, with return envelopes stamped with the licenser's name.
3. 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.
4. 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.
5. 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 emergency respite center is a type of respite care for children potentially at risk of abuse and/or neglect. The nurseries serve children between birth through the age of 17 years, and are operated up to 24 hours a day. No child can remain in the facility for more than 72 hours at any one time.
 3. The licenser includes: a review of staff's education and training transcripts, reference letters, résumés 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.
6. 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.

7. The licenser may require the applicant to furnish additional pertinent information.
8. 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.
9. 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.
10. 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.
11. Agencies not required to be licensed must conform to MLR standards in order to be certified by DLR.
 1. Agencies not required to be licensed are listed in RCW 74.15.020 (4).
 2. This list also includes an agency that provides housing and care to foreign children entering the U.S. for medical care and services.
 3. If an agency chooses to serve this population only, they must provide DLR with a written program description and a statement they plan to limit their services to only host family resources for foreign children.
12. 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.

12330. Decision on Licensure/Certification

1. All requirements of WAC 388-148 must be met before the DLR Regional Manager signs and issues the license/certification.
2. Upon issuance of the license, the licenser or other designated staff records the license information in CAMIS.
3. 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 388-148, 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.
 4. The Regional Manager, in accordance with WAC 388-06-190, 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 388-148.

4. Administrative Approvals

1. Under the provisions of WAC 388-148-0085, EXCEPTIONS TO RULES, the Regional Manager may issue a time-limited administrative approval to specific requirements for a specific child, if the administrative approval does not jeopardize the child's health and safety and is not contrary to statutory provisions. With a documented, approved administrative approval, the license issuing authority may issue the license.
2. DLR shall maintain a log of administrative approvals by region and by type of administrative approval.

5. Initial License

1. Private Agencies and Group Care Facilities

1. Only the DLR Office Chief, 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).
2. The initial license may be issued for a period not to exceed 90 days, to allow the agency or facility reasonable time to become eligible for full license.
3. 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

1. Initial licenses for foster family homes are issued for a period not exceed 90 days.
2. See the Practices and Procedures Guide, chapter 5000, section 5133 for requirements regarding initial licensees for foster family homes.

12340. Re-licensing/Re-certification

1. 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.
2. 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.
3. 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.
4. The licenser conducts a site inspection to ensure continuing compliance with health and safety aspects.
5. The licenser completes the Checklist for Licensing or Certification, DSHS 10-51 (B,C,D, or E).
6. 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.

7. 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.
8. The DOH surveyor and the State Fire Marshal, or designee, inspects a facility to provide certification prior to re-licensure/re-certification.
9. 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

1. 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.
2. 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.
3. The licenser or other designee records the new license information in CAMIS.

12400. COMPLAINT INVESTIGATION

1. 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.
2. 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.

12500. ACTION ON LICENSES/CERTIFICATION

1. 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.
2. 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:

1. 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.
 2. The licensee has a plan approved by the licensor 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 Licensor and supervisor, may be extended for an additional six months.
 3. The licensor 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.
 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.
 5. An existing license is invalidated when a probationary license is issued.
 6. 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.
3. 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.
 4. 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.
 4. Complete information advising the licensee of their administrative hearing rights, including the filing process and time-frames.
 5. 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.
 6. 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

12600. SUPPORT SERVICES FOR AGENCIES

The children's agency licensor is available to licensee agency staff to provide assistance and consultation on appropriate interpretation of RCW, WAC, and CA manual compliance.

12610. Training

1. The children's agency licensor 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.
2. The licensor advises a CPA director of Foster Parent Scope training resources available

through CA and that private agency licensed foster homes are encouraged to attend.

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

1. The licensing regulatory functions are designed to safeguard the well-being of children in out-of-home placements. Therefore, the primary duty of a licensor is to periodically review whether the applicant/licensee is in compliance with MLR.
2. A secondary role of the licensor is that of a consultant and trainer.
3. 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:
 1. Administrative approval process
 2. Processing of Incident Reports;
 3. Complaints/corrective actions;
 4. Shared decision-making;
 5. Separation of functions for licensors;
 6. Waiver processing and approval.
 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 licensors 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 licensor 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 licensor 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 licensor may request consultation with the AAG regarding proposed corrective actions resulting from serious MLR violations.
 8. The Regional Manager and the licensor thoroughly discuss and review all requests for exceptions and administrative approval, and compliance agreements for children's health and safety needs. Neither the licensor 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 licensor of the agency and the social worker(s) for the child(ren) placed, the assigned supervisors for those staff must 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 must 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.

13000. RECORD/PAPERWORK MANAGEMENT

13100. RECORDS MANAGEMENT AND SECURITY

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

CA will maintain these records in two formats:

- Automated format in the State of Washington's State Automated Child Welfare Information System (SACWIS) called FamLink.
- Paper records linked to cases in the FamLink system.

The following table identifies tasks and procedures to be completed in FamLink and staff responsible for their completion. The table will be updated as needed to reflect changes in FamLink.

13101. Case Management Responsibilities

TASK/PROCEDURE	JOB CLASS TO BE ASSIGNED CAMIS DATA ENTRY
1. Searching statewide for information on clients/providers	All
2. Document all information received by the department	Intake Staff
3. Assign case numbers	Intake Supervisor
4. Assign cases	Masterfiles Clerk or Other Clerical
5. Update case status	Supervisors & clerical
6. Enter record location status	Masterfiles Clerk & clerical
7. Maintain current data regarding ethnicity, language, name, social security number (for children in placement), and legal residential address	Social Worker
8. Complete SSI eligibility records	SSI Facilitators, program managers, support staff
9. Complete Title IV-E records	Eligibility Specialists
10. Complete Title XIX records	Eligibility Specialist
11. Create and update provider cases	

13102. Documentation in FamLink

Social workers must document all case activity in FamLink within 10 days of the date of the event or

activity. All hand written notes must be discarded after the information has been entered into a FamLink. CA Management Team can provide exceptions to this requirement on specific pieces of work within the system.

13103. No Personal Files

Social workers must not maintain "personal" files containing case information. Workers must maintain all case related information in the Department's official case file.

13200. INITIATING A CASE RECORD and RECORD ESTABLISHMENT

13201. Initiating A Case Record

1. All Children's Administration (CA) cases are:
 - o assigned a unique case number, generated by FamLink, and
 - o are "family based cases" with the exception of legally free, and adoption support cases.
2. CA has three types of cases:
 - o Family Case - The intake supervisor (Field or Central Intake) reviews each intake, determine if information is on an existing case in FamLink and either links or creates a new case.
 - o Legally Free Case - When a child becomes legally free, the child is deactivated from the family case for the reason of "legally free". FamLink automatically creates a new Legally Free case for that specific child. A legally free case has only one participant and is created without a new intake.
 - o Adoption Support Case - After adoption finalization, an adoption support case is created through the Legally Free Case, from the options menu in FamLink. The legally free case should be closed as soon as all work is completed on it. This closed case becomes a restricted case in FamLink. The adoption support case becomes a "sealed" case, meaning it will only show in search results to those with secured adoption support security.
3. If an adopted child is an alleged victim of abuse or neglect in their adoptive home or if non-adoption support services are requested, a new intake must be created in FamLink and a new family case should be created under the adoptive parents (separate from the adoption support case).

13205. Creation of an Interstate Compact PC (ICPC) Case

CA intake must complete a Non-CPS intake and create a case when a request is made to place a child in Washington State. This is a family based case, and has only one participant. The placement resource is added to the case when placement is approved.

13210. Record Establishment

Case records are created in the local offices for the following screened-in intakes:

1. Child Protective Services (CPS)
2. Family Voluntary Services (FVS)
3. Family Reconciliation Services (FRS)
4. Child and Family Welfare Services (CFWS)
5. Adoptions
6. Child Day Care Services
7. Foster Home/Private Agency Licensing
8. Intra and Interstate Home studies
9. Federal Funding

13232. Definitions

For definitions relating to case file make-up, see [Appendix A](#), DEFINITIONS.

13300. CONSTRUCTING A DCFS CASE RECORD

All DCFS paper records are to be constructed with the following sections as described in procedures below. The DCFS physical record contains separate sections placed in a binder in the following order:

All information in the binder is to be filed in chronological order.

1. Family Assessment Information
2. Case Activities
3. Placement and Legal
4. Privileged Communication
5. Child Health and Safety
6. Family Background
7. Indian Child Welfare
8. Service Reports and Correspondence
9. Correspondence
10. Reports, Staffings, Visits
11. Payment
12. Other
13. Audio Recording
14. Federal Revenue

13400. Constructing Licensing (i.e., DLR) Records

All licensed facilities and homes will have hard copy files with standard sections to facilitate consistency and orderliness of files. The licenser maintains a separate file license for every agency. See section 13700 for information relating to disclosure of information in licensing file.

1. All foster home licensing records are to be constructed using six (6) sections with the

following sections:

Section A - Licenses, Applications and Related Documents

Section B - Provider Notes

Section C - Personnel Documentation

Section D - Compliance and Corrective Actions

Section E - Application attachments and Inspection Reports

Section F - Miscellaneous Correspondence, Financial and Training

2. A file is to be constructed for each home/program license issued.
3. All file documents are to be filed in reverse chronology, with the most current document at the top of the file.
4. All documents are to be attached to the folder.

13401. Section A - License, Application and Related Documents

This section contain the following materials in the order outlined:

1. LEP/ASLA Form, DSHS 15-245(x) if applicable
2. A signed copy of the current license and cover letter
3. The most recent application form followed by prior applications. Attachments to the application are filed in Section E.
4. Exceptions, Requests, Licensing Administrative Approvals
5. Waivers

13402. Section B - Provider Notes

This section contains:

1. On going narrative regarding contacts, problems, changes made in the home or facility and other information, including renewal assessments.
2. The home study and autobiography is placed in this section, chronologically within the notes.
3. Provider notes are put in chronological order with the most current on top.

13403. Section C - Personnel Documentation

This section includes documentation related to licensee personnel, including:

1. References for the applicant/licensee and staff
2. Resumes
3. Medical statements
4. Professional evaluations
5. Criminal history clearance documents - including criminal history waivers and administrative review request form for crime and/or negative action approvals

13404. Section D - Complaints and Corrective Actions

This section contains documentation related to reports of incidents, including:

1. Incident reports
2. Complaints, Findings, Deficiencies, including copies of CPS and licensing allegations and results of investigations
3. Conclusions and Corrective Actions
4. Licensing Letters of Modification, Suspension, Denial, Revocation and Probationary licensing

13405. 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:

1. Discipline Policy, Evacuation Plan, Medical Plan, Statement on Region, Training Plan, Articles of Incorporation if applicable, Personnel Policies.
2. Foster family homes only: Confidentiality Statement, Child Care Agreement, Public Disclosure information, verification of TB Test, copy of First Aid/CPR cards, documentation of attendance at HIV/AIDS classes and blood borne pathogen training.
3. Fire inspection (if applicable), Health and Safety Inspection Reports (if applicable), and licensing checklists, and with the most current checklist placed at the beginning.

13406. Section F - Miscellaneous Correspondence, Financial, and Training

This section includes correspondence that does not properly fit into the other sections, e.g.:

1. Payment forms (provider file requests, SSPS FAMLINK forms, respite payment forms, etc.)
2. Documents that a licensee or the Department provides to verify training hours/classes.

13407. Adding Additional Record Volumes

Staff requests that clerical staff split foster home files into additional (volumes) when the contents exceed the space allowances of the folder (approximately 1 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.

13408. Licensed Agency Files

Group care files are to be organized by licensing periods. For small facilities, a file may contain more than one licensing period. New volumes start at renewal, with each section of the volume containing only licensure materials for the respective licensing period(s).

1. File is organized into sections by dividers or tabs indicating the six (6) different sections.
2. File Management:
 1. Group Care Licensing File contains core materials.
 2. Side files contain addendum materials attached with file
 3. Large documents may be attached in a side file, clearly labeled as to contents.
 1. Process is determined by regions
 2. Files may be filed by name of person or agency
 3. Location of materials identified in licensing file - Section A

13409. Section A

- Current License and cover letters
- Exception Requests
- Administrative Approvals
- Licensing Application forms and materials
 - Initial program description
 - May include initial agency policies/procedures
 - Agency policy manuals (may be on a disk stored in this Section)

13410. Section B

- Provider Notes - print at time of licensing actions to reduce the overall size of the file.
- Health and Safety information should be recorded in Provider Notes

13411. Section C

Agency Personnel Documentation

- Resumes
- References
- Background Clearances on all personnel - including criminal history waivers and administrative approval request(s)
- Personnel Logs

13412. Section D

- Health and Safety Inspection checklist documentations
- Facility Complaints/WAC infractions
- Corrective Action and Resolutions - white and pink copy
- Letters of Modification, Suspension, Denial, Revocation and Probationary actions

13413. Section E

- Checklists and Supporting Documents
 - State Fire Marshal Inspections
 - Dept. of Health Inspections
- Updated or additional policies and procedures

13414. Section F

Correspondence except correspondence related to complaints/infractions which will be in section D.

13500. ACES, BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS

13501. ACES

When a case is opened or re-opened, clients are screened for eligibility or existing service through the Economic and Services Division, using their Automated Client Eligibility System (ACES).

1. Clerical support staff check the eligibility status of clients who are the subject of intakes or requests, using the Automated Client Eligibility System (ACES).
2. A "Name Inquiry" in ACES must be performed. ACES will 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.

13502. Birth Certificates and Social Security Cards

1. All records must have a copy of the dependent child's birth certificate and the dependent child's social security number.
2. Birth certificates may be requested by logging on to the Public Health website at <http://chsvitalsweb.doh.wa.gov/login.htm>
3. Social security cards may be obtained through the Social Security Administration at <http://www.ssa.gov/>

13600. RESTRICTED RECORDS

1. Electronic and paper files require restricted access for the following categories of personnel and their families: Children's Administration (CA) staff; Economic Services Administration (ESA) Division Early Learning (DEL); personnel covered by the Public Assistance Bargaining Agreement; High Profile Cases; and other defined circumstances.
2. All information related to persons covered under this policy must be immediately secured both physically (in a locked file) and electronically.

13601. Creation of Restricted Records

1. Restricted records will be created for:

1. CA & DEL employee or their family members that are listed as a subject, victim, or client in a CPS, Risk Only or Non CPS intake; or in facility intakes/cases.

Note: Definition of "family" for CA personnel means members of the household of any employee. Other relatives may be designated if the employee, social worker or client makes a written request and receives approval from the DCFS/DLR Deputy Administrator, DCFS/DLR Area Administrator or the HQ Appointing Authority.

2. Any employee represented by the Washington Federation of State Employees or their family members are listed as a subject, victim or client in a CPS, Risk Only or Non CPS intake; or in facility intakes/cases.
3. All other DSHS employees listed as a subject in a CPS or Risk Only intake.
4. 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 must be made Administrative restricted.
5. High Profile Cases as designated by an Appointing Authority.

13602. Search in FamLink for Open Cases - New Employees

If a person is hired by Children's Administration or ESA/DEL, a person search through FamLink must be made. If the employee or a family member is currently in the FamLink system and falls under the criteria of section II, or is associated with a DLR or DEL license, the hiring supervisor must inform the employee that a file exists and has been secured.

13603. Responsibility for Designating Employees in FamLink

All Children's Administration employees must be designated as such in the person file of the FamLink database for purposes of possible creation of Restricted Files. Other DSHS employees may contact the DCFS Regional Administrator to request that their names be entered into the person file of the FamLink database and designated as CA employees. Appointing authorities must identify the person responsible for data entry.

13604. Access to Restricted Records

1. Children's Administration (CA) staff must not access any person, case or intake information without a need to know. "Need to know" means that the information is necessary in the discharge of an employee's professional responsibilities (see Administrative Policies No. 18.64; No. 05.01; 15.10)
2. Employees assigned to a case have access to restricted records associated with that case.
3. The following persons have been identified as the "designated Security Group" and have access to all restricted records in FamLink:
 1. Assistant Secretary
 2. FOD, P&PI, & Practice Model Division Directors
 3. Regional Administrators & Deputy Regional Administrators

4. HQ Risk Management (Deputy FOD Director, Supervisor Constituent Relations, & Practice Consultants)
5. DLR HQ Program Managers
6. Legislative Liaison
7. Ombudsman Office
8. CATS Service Desk
9. Foster Care Medical Team Supervisor & Lead Worker (HRSA)
10. HQ IV-E (One Lead)
11. HQ Payment Specialist (One Lead)
12. HQ ICPC Supervisor
13. HQ Adoption Support Program Manager
14. Foster Care Public Health Nurse Program Coordinator & PH Assistant
15. Area Administrators
16. Administrative Secretaries
17. Regional Safety (CPS) Program Managers or Fatality Review Program Managers
18. Intake Supervisors

13605. Designated Access

Anyone in the designated Security Group listed above in 13604, may designate an individual access to an **open** record. Once supervisors or area administrators have been given access to a restricted record they may designate further access through secondary case assignments.

13606. Access to Closed Restricted Records

Requests for information on closed restricted records may be obtained through a designated Security Group member listed above in 13604, with permission from the employee's supervisor or a CA manager/administrator in the employee's chain of command.

13607. Specific Denial of Access To Restricted Records

An individual may be denied access to a specific record on a case by case basis, based on Appointing Authority, DEL or DLR director approval. The individual may or may not have been associated with the license/case itself but the appointing authority, or director of DLR or DEL has determined there is a real, apparent, or potential conflict of interest per Administrative Policy 18.64 - Standards of Ethical Conduct for Employees.

13608. Physical Location of Restricted Records

Open restricted paper records are to be kept in a locked drawer with the assigned social worker.

Closed restricted paper records are to be kept in a locked file in the Master Files room.

13609. Who May Restrict A File

Files meeting the criteria for restriction may be restricted in FamLink by a supervisor or above.

13610. Justification for Restricting/Unrestricting Records

The following information must be documented immediately in a memo and filed in the record before the family face sheet, which includes:

1. the name of the employee,
2. where the employee works, and
3. the justification for the need to restrict or unrestrict a record.

The file must be physically labeled "Restricted Record."

13611. Current List and Review of Restricted Records

A DCFS Regional Administrator, CA HQ Appointing Authority, DEL Field Manager or DLR Regional Administrator has final authority to resolve any disputes regarding administrative files.

13612. Ongoing Review of Qualifying Circumstances

If the qualifying circumstances no longer exist, restricted file status may be discontinued. Regions/division must develop and implement procedures to conduct periodic review and discontinued at least once annually.

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

1. Information in social service records must be complete and accurate, to the best ability of assigned social work or other staff, and is shared only with authorized representatives of public or private agencies having a legitimate need to be informed concerning clients whom they are actively serving.
2. The Regional Administrator is responsible, in their respective areas, for the integrity of data in electronic and paper files.

13720. Public Disclosure

1. The Public Records Act, chapter 42.56 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.
2. 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.
3. See [Appendix A](#), DEFINITIONS, for the definition of "Public Record" and "Writing."

13721. Public Disclosure Responsibilities

1. The Deputy Director, Field Operations, is the designated Public Disclosure Officer for Children's Administration.
2. 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.
3. 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.
 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:
 1. Requests from the media, including, newspapers, television, and radio;
 2. Requests from attorneys, which may involve potential lawsuits;
 3. Requests from legislators;

4. Requests which reference SSB 5770, Confidentiality of Child Welfare Records.
 5. Requests involving "hot" cases or those generating controversy in the community; and
 6. 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.
4. 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.
 5. 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 Chapter 388-01 and DSHS Administrative Policy No. 5.02 - Public Disclosure of Department Records, 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:

1. When information is requested under RCW chapter 42.56.520, 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
2. 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.
3. 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.
4. 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 388-01-070; RCW 42.56.070.

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 388-01-060; RCW 42.56.100.

13725. Approval or Denial of Request

The regional or headquarters public disclosure coordinator shall:

1. Grant a request for a record which does not contain exempt information and shall disclose the record.
2. 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.
3. 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.
4. 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
5. 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.

13726. Disclosure to Client's Representative

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. The representative may be an attorney, legal guardian or lay representative. The written release must include the following:

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.

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

1. The disclosing office shall collect the following fees to reimburse itself for costs incidental to providing copies of public records:
 1. The actual cost of printing manuals and manual revisions;
 2. The actual cost of copying blueprints and like materials involving an extraordinary

- expense;
 - 3. Up to 15 cents per page for black and white photocopies; and
 - 4. The cost of postage, when items are mailed.
2. 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- RCW 42.17.260

13733. Fee Waivers

- 1. When the department is a party in an administrative hearing, the regional or headquarters 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.
- 2. 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; or
 - 2. The expense of processing the payment exceeds the copying and postage cost.
- 3. The disclosing office coordinator shall not charge for locating public documents and making them available for review or copying.

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

- 1. The public disclosure coordinator reviews file materials prior to disclosure.
- 2. If the file does not contain materials exempt from disclosure, the public disclosure coordinator ensures full disclosure.
- 3. 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:

1. Personal information in any file maintained for clients of public institutions or welfare recipients. RCW 42.17.310
2. Information regarding applicants and recipients of public assistance. RCW 74.04.060; 42.17.310
3. Juvenile justice or juvenile care records. Chapter 13.50 RCW
4. Alcohol and drug abuse patient records. 42 CFR 302.18
5. Records concerning applicants or recipients of support enforcement activities. 45 CFR 302.18; RCW 74.13.121
6. Adoption and voluntary termination of parent-child relationship records and financial information received from adoptive parents. Chapter 26.33 RCW; RCW 74.13.121
7. Division of Child Support information regarding location of parents. RCW 74.20.280
8. Mental illness and inebriacy records. RCW 71.05.390
9. Records of patients and inmates of state institutions. RCW 72.01.290
10. Records maintained by rape crisis centers. RCW 70.125.065
11. Personal information in files maintained for an employee or volunteer of the department. RCW 42.17.310
12. 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
13. 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
14. 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
15. Information that identifies a person who, while an agency employee, seeks advice regarding his or her rights regarding possible unfair or discriminatory practices and requests that his or her identifying information not be disclosed. 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
16. 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:

1. To the extent that non-disclosable information can be deleted from the specific record sought, the remainder of the records is disclosable.

2. Statistical information not descriptive of identifiable persons is disclosable. RCW 42.17.310
3. 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
4. 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
5. Any person may inquire of the department whether a named individual is a recipient of public assistance. RCW 74.04.060
6. 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

13790. Disclosure for Program and Other Purposes

1. 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.
2. 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.
3. 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 388-01-070

13795. EXCHANGING CONFIDENTIAL INFORMATION

13796. BACKGROUND

1. Two new forms have been developed to allow the sharing of confidential client information within and outside DSHS: the "Consent" to exchange confidential information (DSHS 14-012 Rev. 2/2003) and the "Authorization" to disclose records (DSHS 17-063 Rev. 2/2003). Children's Administration (CA) will use these forms and not require any additional forms.
2. These forms meet the legal requirements applying to use of confidential client information for all agency programs.

13797. Purpose

1. These forms were developed to meet the various federal and state statutory and regulatory requirements on a Department-wide basis, as confirmed by the review of program Assistant Attorney Generals (AAG).
2. The two forms provide uniformity and are valid Department-wide. CA will use the forms in place of any existing forms. Staff are to accept these forms as valid and not ask a client to

complete a different DSHS form if one of these two has been properly executed.

1. The Consent Form 14-012 allows programs to share information about mutual clients to coordinate service delivery.
2. The Authorization Form 17-063 permits DSHS to release client records and information to a third party, including an attorney, legislator, or relative.

13798. Procedure

1. All staff shall make the conversion and begin using these forms as they are the best available to meet current confidentiality restrictions across DSHS.
2. Both are available electronically by scrolling down to and clicking on the form numbers at <http://www.dshs.wa.gov/msa/forms/eforms.html>

137100. Disclosure and Privacy

1. 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.
2. 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
3. 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.
4. 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

1. 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.
2. 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.
3. The social worker offers language interpreter services to clients who are unable to read the case record information.
4. 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.
5. 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.
 6. 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.
 7. 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.
 8. 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. RCW 13.50.100
 9. 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.
 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:
 1. The name of the juvenile.
 2. A statement of those portions of the record alleged to be inaccurate.
 3. 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.
 10. 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

1. 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
2. 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.
3. 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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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	

6. Notice of Disclosure

1. The public disclosure coordinator provides notice of disclosure to individuals whose licensing files are being released prior to release of the file.
2. The coordinator also provides notice to those named in the file who will be significantly impacted by release of the information.
3. If a question arises regarding the need to notify an individual, the coordinator consults with the assigned AAG.

137113. Disclosure of Police Reports

1. 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.
 1. 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.
 2. 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.
 3. Information may be releasable once the investigation is completed.

137114. Information Subject to Challenge

1. The social worker is to make reasonable efforts to review information about CA/N that 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.
2. 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. Removal of Information

1. 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.
2. The supervisor documents the reasons for removal in the record.
3. The supervisor destroys, discards, or deletes removed information from an existing report or document.

13800. Case Transfer, Closure, and Preparation for Archiving of Records

13810. Active Cases

An active case, in FamLink, is one in which the division is providing services to the family and/or child. Active cases have a social worker assignment coded to match the definitions for Service Codes contained in this chapter. All required work on a case must be completed prior to case closure.

13820. Case Numbers

Case numbers are automatically generated by FamLink during the intake process when a new case is created.

13830. Case Records for Legally Free Children

1. When any child becomes Legally Free, the child will receive a new case number, generated by FamLink.
2. The social worker will deactivate the legally free child's case from the original family case.
3. The assigned worker uses the child's legally free case to document all case notes and services provided.
4. The worker must not establish a case-to-case relationship between the original family case and the new legally free case.
5. The worker must not delete the child's pre-adoptive closed case relationship from the child's original family case file.
6. The worker stores all paper documents received or created after the child becomes legally free in a binder using the new case number.
 1. The following documents from the original family case record must be placed in the legally free child's record (copies of the documents shall remain in the original family binder) (Refer to Operations manual 13410 case file make up):
 1. Section I - Case Activity includes:
 1. Comprehensive Family Assessment
 2. Complete CPS history (1 print out)
 3. Summary Assessment
 4. All Case Notes
 5. Copies of Evaluations on Birth Parents (i.e. psychological, drug/alcohol, parenting assessments)
 2. Section II - Placement and Legal includes:
 1. All Legal Documents of the Legally Free Child.
 3. Section III - Child Health & Safety includes:
 1. All Health and Education Records of the Legally Free Child.
 2. Correspondence relating to obtaining medical, educational and mental health information on the legally free child
 4. Section IV - Family Background includes:
 1. All Relative Search Documentation & Information
 2. All Ethnic and Cultural Information
 5. Section V - Indian Child Welfare includes:
 1. All Native American Ancestry documentation
 6. Section VI - Service Reports and Correspondence includes:
 1. All Staffing Documentation
 2. Notes from Visitation with Birth Parents and Siblings
 3. Copies of reports on birth parent evaluations, medical and mental health

- information
- 4. Documentation on sibling medical and educational information on the legally free child's 13-041
- 7. Section VII - Payment Section
- 8. Section VIII - Other includes:
 - 1. Photographs (originals or photocopies)
 - 2. Recruitment information
 - 3. STD/HIV information
 - 4. Birth certificates and social security cards
- 9. Section XI - Audio Recording of CPS Child Interviews
- 2. The worker will update the address of the child to the local DCFS office with responsibility for the child's case. See section 15306.
- 3. The adoption worker creates the adoption case by selecting the Adoption Finalization hyperlink located on the option page of the legally free case. The worker creates the new person record using the child's new name.
- 4. The adoption support worker establishes a new person-to-person relationship in the adoption case and adds the adoptive parents as participants in the case relationship section of the adoptive family's case.
- 5. The legally free case is closed and "restricted" upon entering the dependency dismissal.
- 6. If the adoptive family continues to receive services or later returns for services, the worker creates a new case under the adoptive family name. The new case includes any adopted children.

13840. Case Transfers Between Local Offices

DCFS Regional Administrators, DLR Administrator, and the DLR Program Manager shall establish procedures for the transfer of case files.

13841. Case Transfers Between Regions

1. Social Service Files- 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.
 1. The receiving supervisor must agree to the transfer before the case is transferred; or
 2. 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.

2. 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:
 1. A certified copy of the order terminating parental rights (or documentation that it has been requested and will be forwarded upon receipt);
 2. Complete documentation as to reasonable efforts to obtain information about the child and family medical and social background;
 3. The DSHS 13-041, signed by the child's social worker and the adoptive parent (s); and
 4. Completed narrative recording.
 2. A working file is maintained in the sending office for incidental documents; e.g., copies of the Individual Service Plan (ISSP). Local procedures determine whether the child's worker or the local adoption unit maintains the working file.
 3. The adoption worker prepares the ISSP 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.
3. 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 FamLink for the existence of a Federal Revenue file.
 1. Master File transfer clerk or other designated staff checks CASEUP3 FamLink 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.
4. 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 FamLink 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.

13842. 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/Preparation for Archiving

1. All requests received from subjects of Children's Administration (CA) files by CA for destruction of electronic and hard copy records will be destroyed in accordance with CA's approved record retention schedule.
2. This does not apply to records that have already been placed in archives for local office and record retention center archiving and destruction periods.

13851. Records of Legally Free/Adopted Children

1. 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.
2. Records of all legally free children are to be archived upon the child's adoption even if a private agency completed the adoption and has a duplicate file; the department's case record is to be archived or upon closure of a case after the child turns 18 years of age. Prior to any case being sent to adoption archives, the child's social file is consolidated with the Federal Revenue File (Siblings are not to be archived together.) The social worker will complete the archiving of the child's file within 90 days of the dismissal of the dependency.
3. 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 the regional or local Federal Funding IV-E Unit.
4. The Federal Funding Specialist and/or Social Security Insurance Fiduciary will review any Title IV-E, Title XIX, or SSI documentation and will consolidate it with the child's social service file. The combined files will be returned to the child's social worker within 30 days of receipt. The

financial and service files are not archived while a SSI application is pending. The social worker or other assigned staff updates and closes FamLink legal, placement, adoption and case modules.

5. The social worker or support staff, as applicable, prepares the file in the following sequential order:
 1. Cover memo listing the child's birth name, date of birth, adoptive name, adoptive parent's name/s, date of adoption decree, Superior Court where the adoption was finalized, the social worker's name, and the local office sending the file.
 2. Copy of final decree of adoption (need not be certified).
 3. Copy of the Dismissal of dependency
 4. Child's Medical and Family Background Report is signed by the adoption facilitator and by the adoptive parent(s) including initials where appropriate. Assigned staff must attach all other documents given to the adoptive parents with the DSHS 13-041. (Copies of these documents need not be included elsewhere in the archived file.) See the CA Practices and Procedures Guide, chapter 4000, section 45403, for requirements for disclosure of health and social information on the child and the child's birth parents to the adoptive parents.
 5. Each volume of the social file shall be removed from the binder, have a rubber band placed around it and labeled with the volume number. Dividers should be removed from the sections (There is no need to separate the sections). Each volume should contain all sections of the child's file including:
 1. Narrative recording section.
 2. 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.
 3. Legal/placement document section, including court orders, reports to the court, Individual Service Plans (ISP), Pre-placement and Post-Placement Reports, Voluntary Placement Agreements, custody orders, Adoption Planning Review Reports, Administrative Review Reports, Permanency Planning staffing forms, relative home studies, and related documents.
 4. 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.
 5. Copies or documentation of any disability benefits applied for or received on behalf of the child.
 6. Adoption documents, including a copy of the child's life book, WARE and NWAE registration forms, if applicable.
 7. 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.
 8. Statement from Trust Funds Accounting regarding final dispersal of any conserved funds.
 9. A copy of the child's Social Security card and birth certificate.
 10. A copy of the Adoption Support program application, if applicable.
6. 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.
7. When the IV-E Unit receives the prepared file from the social worker or assigned staff person the FFS includes as one section those parts of the IV-E file that are to be archived.
8. The FFS checks the FamLink 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 FamLink documentation. The FFS checks to ensure federal funding information is correct. The child's record with the birth name is closed and secured by the Federal Funding Specialist.

9. 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.
10. For legally free children who have not been adopted, case records are archived as outlined above after the child's 18th birthday and following case closure.
11. The social worker or support staff, as applicable sees that the archived file is sent to the Headquarters Adoption Program Manager at MS 45713, P. O. Box 45713, Olympia, WA 98504-5713 for archiving and notifies the Master File clerk of the date the record has been sent to the state office for archiving along with the file covers.

13852. Federal Revenue Records

1. 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.
2. 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.

13900. RECORD RETENTION AND DESTRUCTION

13901. Purpose and Scope

RCW 26.44.031 requires CA to destroy information related to unfounded referrals in files or reports of child abuse or neglect after six years, unless an additional intake has been received in the intervening period. If this occurs, the six year period begins after the last case has been closed.

Children's Administration (CA) will destroy both electronic and hard copy records in accordance with CA's currently approved record retention schedule. Complete retention and destruction schedules for all file types can be found in the Children's Administration Records Retention Schedule at <http://asd.dshs.wa.gov/FRMS/FRMS-Schedules.htm#ScheduleSeries700>

13902. Case Record Retention in Local Offices

1. When DCFS cases are closed, they are sent to the local office Master Files. The Master Files Clerk is responsible for removing the case record binder contents and attaching them to manila file folders for local office storage for one year and subsequent retention at the Records Retention Center.
2. Closed DCFS files are to be labeled with the client's name, case number and a notation on the outside of the folder if the client has Limited English Proficiency (LEP), is an Indian Child Welfare client or speaks American Sign Language (ASL).

3. In HQ, the Records Retention Coordinator is to develop procedures for various HQ records retention and retain accordingly.
4. In DLR, Records are retained in their original case files, stored in the local office for one year (with the exception of revocation or denial of license files, see below.)

Note: As of December 2008, DCFS will no longer be using color coded folders in Master files.

13903. DLR Revocation or Denial of License Files

Licensing files that were closed due to a revocation or denial of a license will be retained for 35 years in the local office.

13904. Redacted Discovery Files

Redacted discovery files must be retained until the youth's 21st birthday.

13905. Washington State Archives

CA records are sent to the **Washington State Archives** for historical preservation or research.

1. 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.
2. Records for legally free children are to be archived upon the child's adoption even if a private agency completed the adoption and has a duplicate file. Prior to any case being sent to adoption archives, the child's social file is consolidated with the Federal Revenue File (Siblings are not to be archived together.)
3. Records for legally free children are to be archived upon closure of a case, even if the child is not adopted.
4. Instructions for sending records to the State Archives can be found at: http://www.secstate.wa.gov/archives/RecordsManagement/records_center.aspx

13906. Records Retention Center

CA records are sent to the **Records Retention Center** for low-cost off site storage.

1. With the exception of adoption records and the records of legally free children, all records are to be sent to the State Records and Retention center.
2. Records sent to the Records Retention Center (RRC) or State Archives must be packed in designated cardboard boxes in the manner described on their respective websites
3. Records that are in an agency name and have no barcode number will be stored with the **Secretary of State Record Center**.

13907. Storage and Retrieval of Case Records

1. Office Request Coordinator- Is the person(s) designated by the office as authorized to request records or obtain information from records stored at RRC.
2. Records Coordinator - Is the person(s) designated at HQ and in each local office to have responsibility and authority for the retention and destruction of all files.
3. Instructions for record storage, retrieval and destruction using the Records Retention Center bar code system can be found at: <http://iesa.dshs.ea.gov/itdcentral/products/barcode/>
4. Non-essential volumes of an open case that are too large for the worker's cube can be sent to Records Retention Center for storage. The master files clerk must ensure that the case destruction date matches that of the other volumes when the case is closed. **If non-essential volumes are sent to the Records Retention Center, care must be taken to ensure that they are not prematurely destroyed.**

13908. Destruction of Records

1. Destruction lists sent from the Records and Retention Center are to be reviewed every month by the master files clerk/supervisor and final approval for destruction sent to the Records and Retention Center.
2. Final destruction requires that any related electronic records in Famlink be purged.

14000. ADMINISTRATIVE SUPPORT

14100. RECEPTION

14110. Introduction

A. Each Children's Administration (CA) office is to set aside a designated area for people who come into the office.

B. Support staff provide services to people coming into the reception area

C. 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

1. 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.
2. Non-Discrimination Policy brochures in English, Cambodian, Chinese, Laotian, Spanish, and Vietnamese, DSHS 22-171(X) must be available for clients in each reception area.
3. 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:
 1. SPANISH - Goldenrod
 2. VIETNAMESE - Yellow
 3. CAMBODIAN - Light Blue/rod
 4. VIETNAMESE - Yellow
 5. LAOTIAN - Lime Green
 6. HMONG - Tan
 7. CHINESE - Orange
4. 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

1. All people entering an office are entitled to fair and timely treatment. Receptionists and other CA staff shall:
 1. Treat people with dignity and courtesy;
 2. Give people sufficient opportunity to make their needs known;
 3. 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.
 4. Assist people and process their requests as quickly as possible.

14122. Procedure

1. 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.
2. Those offices using Reception Slips must maintain supplies of the DSHS 2-13(X) printed in Cambodian, Chinese, Laotian, Spanish, and Vietnamese.
3. 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

1. 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.
2. 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

1. 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.
2. If someone delivers documents to reception, the receptionist:
 1. Accepts and date stamps all documents received on an ongoing basis.
 1. 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.
 2. 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

1. 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.
2. 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.
3. All cash receipts, checks, money orders, or other negotiable items must be transferred to the central office by direct deposit to a bank account or to the Office of Financial Recovery, as applicable, within 24 hours of receipt.
4. 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.
5. Assigned support staff prepares a Funds Transmittal to OFR and receives a Notice of Transmittal Received from OFR in return.
6. 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

1. 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.
2. 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.

14200. MAIL SYSTEM

14210. Introduction

1. The CA mail system provides internal control and efficient processing of all incoming and outgoing mail.
2. 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

1. The mail clerk processes the incoming mail as follows:
 1. Date stamps but does not open "Confidential" mail envelope; sets it aside.
 2. 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; and
 3. Other items as specified by the Regional Manager or Area Manager or designee.
2. Separates into the following categories:
 1. Cash items and the Cash Items Log
 1. Annotates each item to the Cash Items log, DSHS 19-48; both staff opening mail initial the log.
 2. Takes log (white and pink copies only) and cash item(s) to the Business Office or account.
 3. Retains the yellow copy of the DSHS 19-48.
 4. Accountant or Business Office staff return white copy to mail clerk to be stapled to yellow copy and retained in the Cash Items Mail Log file for a retention period of two years.
 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.
3. 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

1. Support staff will set a time that outgoing mail leaves the office.
2. Preparation of outgoing mail will occur to correlate with the scheduled outgoing mail pick-up time.
3. The schedule needs to accommodate processing of all accumulated mail and the time the mail leaves for the Post Office.

14231. Types of Mail Service

1. 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.
2. State Office Courier service is available to all offices with "N," "S," and Olympia-area mail stops to distribute mail to these stops.

3. State courier service is to be used by all offices to which it is available.

14232. Special Instructions

1. Offices will establish local instructions to utilize courier mail as provided in their area.
2. 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
 1. 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.
 2. 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.
 3. Shipping invoices are obtained from UPS.
 3. United States Postal Service (USPS)
 1. Usage - USPS can be used for all mail not sent by courier or other means.
 2. Special Instructions
 1. The following forms can be obtained from the local post office:
 - PS Form 3533 - Application and Voucher for Refund of Postage and Fees;
 - PS Form 3602-A - USPS Daily Record of Meter Register Readings;
 - PS Form 3800 - Receipt for Certified Mail; and
 - PS Form 3811 - Return Receipt.
 2. Offices contact the local Postmaster for additional information; e.g., rates, delivery/pick-up schedules, etc.
3. 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.
 1. Use a Tyvek envelope or a suitable box.
 2. Wrap the envelope/box as appropriate to keep contents from shifting and/or splitting open.
 3. Mark the package "Confidential."
 4. 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
 1. All first class mail is to be addressed following the guidelines in the USPS publications Addressing for Success and Postal Addressing Standards.
 2. Mailing Address
 1. Courier Mail - Use the complete/correct mail stop. For courier mail, this is the only address needed.
 2. UPS - Use the street address rather than the Post Office. Box on UPS mail.
 3. USPS - Address as advised in Addressing for Success brochure.
 3. Return Address- Inter-Office Mail Envelopes (Courier Mail)
 1. Ensure the enclose 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
 1. Prepare packages as necessary utilizing proper packaging and addressing methods.
 2. Maintain an invoice shipping copy for account charge reconciliation and payment.
5. USPS Mail
 1. Certified Mail
 1. Complete and attach Receipt for Certified Mail, PS Form 3800.
 2. Complete and attach Return Receipt, PS Form 3811, when needed. Ensure the return address is stamped/written on the back of PS Form 3811.
 3. Enter each certified item in a certified mail log.
 2. Postage Stamping
 1. Daily, prior to running the mail, change postage meter date and check moistener and ink supplies for adequacy to produce clear legible marking.
 2. Affix correct postage to items to be mailed.
 3. Separate mail as required by the local Post Office and band groups together.

14240. Special Procedures

14241. Business Reply (BR) and Postage Due Accounts

1. 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:
 1. 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).
 2. 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;
 3. Process the A-19 in accordance with local office procedures.
 4. 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:
 1. Issues a receipt for each payment, with the total equaling the warrant amount;
 2. Signs the A-19;
 3. Date stamps the A-19 and the RA;
 4. Returns the A-19, RA, permit receipt, and warrant receipt(s).
 5. 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:
 1. Complete an A-19 requesting enough money to last three to six months;
 2. Process the A-19 in accordance with local office procedures.
 3. 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:
 1. Issues a receipt for the payment;

2. Signs the A-19 copy;
 3. Date stamps the A-19 and RA; and
 4. Returns the A-19, RA, and payment receipt.
4. Deliver these documents to the person responsible for maintaining the BR and Postage Due ledgers.
3. Payment of the Annual Accounting Fee
 1. 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.
 2. 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:
 1. Complete an A-19 for the accounting fee; and
 2. Follow the procedures in section 14240, paragraph A.1.b.
2. 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.
 3. 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.
 4. 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:
 1. Enter the date from the Post Office receipt and the debit amount;
 2. 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.
 3. 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:
 1. Enter the credit date and applicable credit amount;
 2. Subtract the amount from the previous balance and enter the new account balance;
 3. File PS Form 3582-A in chronological order.

14242. Certified Mail

1. 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.
 1. 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.
 2. 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

1. Occasionally, items may need to be mailed so the addressee receives them the next day. This USPS service is called Express Mail.
2. Each office coordinates Express Mail service usage with the building mailroom or the Post Office as is appropriate to that facility.

14244. Ordering Postage

1. When requesting postage, request an amount sufficient to last for at least a one month period.
2. For the Remote Meter Resetting System (RMRS) Meter, utilize the instructions as provided with the meter by Pitney Bowes.

14245. Security Procedures

1. 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.
2. Use postage for state business mail only.

14246. Unused Postage Reimbursement

1. Envelopes and wrappings to which metered postage has been applied and subsequently not used are to be retained for reimbursement.
2. 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

14310. Case Record Transfers

1. See chapter 13000, section 13800, and chapter 15000, section 15202, for procedures.
2. 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. CAMIS Trainer

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

1. 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.
 1. 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.
 2. 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.
 3. 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.
 4. 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.
 5. Kimura Insurance Agency will then send the stamp by United Parcel Service to the local or regional CA office's street address.
 6. If the applicant is renewing their notary, ORM needs to receive the renewal memorandum 45 days before the applicant's notary expires.
 7. Staff with questions may contact ORM at (360) 664-3249

15000. INFORMATION SYSTEMS STANDARDS

15100. INTRODUCTION

1. This chapter contains standards and procedures for the Classic and Graphical User Interface (GUI) versions of the Case and Management Information System (CAMIS) and other electronic information systems used by Children's Administration (CA).
2. These policies and procedures have been reviewed and endorsed by the CA management team.
3. Children's Administration Technology Services shall maintain on the CA intranet an electronic version of the CA Operations Manual, managers and supervisors are to ensure that all staff know how to access and use this manual.

15200. SYSTEM DEVELOPMENT, SECURITY and NETWORK STANDARDS

15201. SACWIS System Work Request

152011. Purpose

1. The purpose is to establish the process for requesting new or updated processes to the Children's Administration SACWIS system.

152012. Standard/Procedure

1. For all updates to existing or requests for new applications to the SACWIS system, CA staff will submit a work request using the [CATS Work Request Form](#). The process is as defined below.

#	Process or Decision	Lead	Person(s)	Description
1	Identify Need	CA	Originator	Anyone may identify a business need. An originator is the person who identifies a business need. Unmet business needs are often associated with system enhancements, policy changes, or technology opportunities. The originator determines whether to document the need. If yes, they describe the need using a CATS Work Request Form .

2	Describe Need	CA	Originator	<p>The originator works with the appropriate regional and headquarters staff to describe the business need in detail. The description includes a summary of the need; relevant policy references; current and recommended future processes; and, summary of the users impacted by the recommended change. The description must include the impact of not addressing the business need and alternatives, including non automated solutions, considered. Once the description is complete, the originator forwards the WR form to an approved sponsor from their CA Region or Division.</p>
3	Review & Prioritize Need	CA	Sponsor	<p>A sponsor reviews the WR to determine whether to sponsor the request. A sponsor is a pre-identified CA Regional or Division leader who reviews and advocates a WR throughout the process. Field office staffs' sponsors are either their Regional Administrator (RA) or Deputy RA. Headquarters staffs' sponsors are either their Division Director or a designated Office Chief. See the CATS WR Process FAQs for a current list of sponsors.</p> <p>If the Regional or Division of leader chooses to sponsor the request, they must indicate whether the change is Mandatory, i.e. is required by current CA policy, and the Priority of the change, i.e. high,</p>

				medium, or low.
D1	Regional Sponsor?	CA	Sponsor	If the WR originated from the field, it is forwarded to the Director of Field Operations for consideration at the monthly Field Operations meeting.
4	Field Operations Review	VA	Regional Administrators	The purpose of this step is to ensure that all of the RAs are aware of the pending WR and that the business need is shared across the state as opposed to just within the Region in which the need originated.
D2	Submit WR To Change Coordinator?	CA	Sponsor or Regional Administrators	The sponsor or RAs may ask the originator for additional details, close the request, or forward the request to the CATS WR Coordinator.
D3	WR Complete?	CATS	CATS Change Coordinator	The CATS WR Coordinator reviews the WR form and verifies that Part I, Originator Information; Part II, Business Need; and, Part III, Sponsor Information are complete. If the form is complete, the WR Coordinator assigns the change request to a CATS business analyst to complete a Scope Document. If the form is not complete, the WR Coordinator assigns a CATS business analyst to work with the originator and sponsor to complete the form.

4	Describe Scope	CATS	CATS Business Analyst	<p>A CATS business analyst works with the appropriate regional and headquarters staff to complete a Scope Document.</p> <p>The Scope Document describes the recommended solution to meet the business need and includes a DRAFT Estimate to design, build, test, and implement the recommended solution.</p> <p>Once a Scope Document has WR completed, the business analyst works with the Change Coordinator to schedule a WR Board review of the WR and Scope Document.</p>
5	CCB Reviews WR & Scope Document	CA & CATS	CCB	<p>The CATS WR Board (WRB) is made up of selected regional and headquarters senior managers.</p> <p>These WRB determines whether to approve, defer, or deny WRs. In addition, they set WR priorities.</p> <p>The WRB meets frequently during certain periods, e.g. the design phase of the CAMIS Replacement project.</p>
D4	Approve, Not Approve or Defer Scope	CA & CATS	CCB	<p>After reviewing a WR and the associated Scope Document, the WRB determines whether to approve, defer, or deny the WR.</p>

6	Complete Design	CATS	CATS Business Analyst	Once a WR has been approved, a CATS business analyst completes a Design Document. A Design Document includes a description of the solution that will be implemented to meet the business need. The description of the solution may be documented in a Use Case or other design document and include screen shots and a summary of the steps, decisions, and business rules required to implement the solution. Designs must be reviewed by the originator, sponsor, and other appropriate headquarters and regional prior to completion.
7	Perform Implementation LOE Estimate	CATS	CATS Business Analyst	Once a Design Document is complete, the business analyst will work with CATS managers to complete a FINAL Estimate to build, test, and implement the recommended solution.
D5	Validate Design & Review Implementation Estimate	CA & CATS	CCB	The WRB validates the completed design and reviews the FINAL Estimate to construct and implement the recommended solution.
8	Execute Development Life Cycle	CATS	CATS Business and Programmer Analysts	Once validated, CATS implements the solution described in the Design Document.

15202. User Access (6/15/2006)

152021. Purpose

1. The purpose is to establish who has access to CAMIS.

152022. Standard

1. In accordance with DSHS Information Technology Security policy manual Chapter 4, Chapter 12 and Admin Policy No. 05.01, No. 15.10, the only persons having authorized access to CAMIS are Children's Administration staff, Case Aides, Interns (given access by their Regional Administrator), Director, 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.
2. 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.

152023. Procedure

1. 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 understand the department's requirement for protecting certain information, understand the penalties and sanctions associated with unauthorized information disclosure, and have read and understand applicable department policies and procedures governing information security.
2. Requests to give persons access shall be submitted to ISSD Data Security and shall include person or persons desiring access, agency for whom they work, which modules are being requested, and reason for needing access, time-frame for which access is requested, systems to which access is requested (LAN, WAN, CAMIS, etc.), and cost associated with their access and agreement on who pays those costs.
3. Requests may be submitted using the IBM Mainframe Security Access Form, or in memorandum format.
4. ISSD Data Security shall review the request with the CAMIS office and have authority to approve the request.

15203. Storage of Confidential or Mission Critical Data (6/15/2006)

152031. Purpose

1. In accordance with DSHS Information Technology Security policy manual Chapter 3 and Admin Policy No. 05.01, No. 15.10, to provide a policy for Children's Administration regarding the storage of confidential and mission critical data so that proper back-up may be made.
2. B. 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.

152032. Applicability-This policy applies to all CA employees.

152033. Standard

1. Due to the critical and confidential nature of the data used by Children's Administration, 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.

2. Each file server within an office will be set up with a directory structure that users may access for the storage of these files.
3. 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 System Support Specialist will be responsible to ensure that a back-up of the file server is done at least on a daily basis.
4. Access to directories and files will only be granted when required to perform job related functions.

152034. Procedure

1. The file server directory structure for users to store their files will be set up by the regional System Support Specialist. The regional System Support Specialist will publish the necessary information needed for staff to be able to access and use the directory structure for this data, and insure data security is applied to file directory structure.

15204. Teleworking (6/16/06)

152041. Purpose

1. To provide a standard for CA regarding the use of state-owned computer hardware and software in a teleworking scenario.

152042. Applicability-This policy applies to anyone who uses CA equipment.

152043. Standard

1. In accordance with [DSHS Admin Policy No. 18.80](#), CA employees may use state-owned equipment for teleworking with the prior approval of the DCFS Regional Administrators, DLR Regional Managers, Division Directors, or Office Chiefs, as applicable.
2. As always, State owned equipment must only be used for CA business.

152044. Procedure

1. CA offices must establish procedures that include:
 1. 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.
 2. A sign in/sign out sheet that includes a description of the item, state tag number, and a product serial number.
 3. 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.

4. 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.

15205. Use of Electronic Messaging Systems and the Internet (06/15/06)

152051. Purpose

1. The purpose is to provide a policy for CA regarding the use of the Internet for state business purposes.

152052. Applicability

1. This standard applies to anyone using CA state resources for Internet access while working in or away from CA offices.

152053. Standard

1. Electronic Messaging and the Internet shall be used in accordance with DSHS [Admin Policy No. 15.15](#).

15206. Creating/Changing Log-in Id's For Users (6/15/2006)

152061. Purpose

1. In accordance with DSHS Information Technology Security policy manual Chapter 4 and Admin Policy No. 05.01 and No. 15.10, this standard provides procedure for Children's Administration staff regarding the creation of system user ID's in the CAMIS system, on the DSHS Domain, and for electronic mail for better security for systems and a more timely approach for assigning security.

152062. Standard

1. Children's Administration 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 DSHS domain, and the Exchange 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.
2. Security rights that allow a user to create system ID's shall be limited to a small number of staff.

152063. Procedure

1. Children's Administration staff shall use the form IBM Mainframe Security Access Form for Children's Administration to identify and authorize needed security. The individual(s) creating system user ID's need to have this information two weeks before a new employee begins work in order to have security in place before the employee's first day on the job.
2. This form must be included in entrance and exit interviews, filled out by the Human Resource Consultant Assistant (HRCA) or the supervisor of the new employee, and emailed to ISSD Data Security 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
 1. At least two weeks before the employee's first day, a user ID needs to be created within the CAMIS system. This ID will be generated from ISSD Data Security. This will generate the seven character alphanumeric log-in ID that will be used with the other systems. The job classification/title and office information for the user is to be entered at the time this ID is created.
 2. 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 DSHS Domain by a [Children's Administration Service Desk](#) person and a user directory created. Within this profile, the local ITSS will add 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 the mainframe where CAMIS resides.
 3. If the user is in an existing position that has been vacated, any files not relating to this position should be removed from the fileserver by the region's or headquarters' ITSS or exiting employee's supervisor. Any files that are related to the position should be transferred to the new employee by the region's or headquarters or exiting employee's supervisor. Also using the ID generated in CAMIS, a new user ID will need to be created in the Exchange e-mail system by the [Children's Administration Service Desk](#).
 4. 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.
 5. e. If the user needs security for specific CAMIS applications, the supervisor submits via memo the request for security training to the [Children's Administration Service Desk](#).
 2. Moving a User Within the Administration From One Position to Another
 1. Since the user should already have a CAMIS user ID and NT domain ID, Children's Administration Headquarters Help Desk staff needs to update the CAMIS and NT ID's by changing the office information. The NT ID information will be updated by the local/regional ITSS.
 2. 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
 1. CAMIS -- When a user leaves Children's Administration, the HRCA notifies the Children's Administration Help Desk and the local/regional ITSS within one week of the employee's departure.
 2. The [Children's Administration Service Desk](#) will update the CAMIS account information by putting a date in the Inactive Data field. This will trigger the events to remove access security and ensure the security integrity of the CAMIS system.
 3. The local/regional ITSS will transfer any mission critical files from the existing employee to the employee's supervisor (if necessary) and then delete the user's profile from the e-mail system and file server.

4. If the person is remaining with the administration, the employee's CAMIS ID remains active.
5. DSHS Domain -- When a user is leaving Children's Administration permanently, the DSHS domain ID is to be deleted. If the user is leaving the administration temporarily, the DSHS domain ID is to be disabled until the user returns.
6. E-mail -- The Exchange administrator also deletes the e-mail ID at this time.
7. Other Systems - When a user no longer needs access to other Information Services, the HRCA or supervisor notifies the [Children's Administration Service Desk](#), who will remove the user's access to those systems.

15207. PATCH NOTIFICATION RESPONSE PROCEDURES (PNRP)

152071. Purpose

1. The purpose of this document is to outline the necessary resources, steps and methodology needed to successfully classify and respond to virus definition file updates and software patch upgrade notifications from vendors.

152072. Applicability

1. The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS Staff.

152073. Definitions

1. Patch: A temporary addition to a piece of code, usually as a quick-and-dirty remedy to an existing bug or misfeature.
2. Network: Refers to all automation resources maintained by the Division and includes hardware, software and infrastructure.
3. Patch Tracking Log: Electronic log used to track all actions taken in response to a Patch notification.
4. Virus Definition File: An electronic file that includes the information necessary for Antivirus Software to detect and repair viruses.
5. Maintenance Rollup Package: Refers to a collection of enhancements that are pushed out to PCs at regular intervals. These are generally non-critical and do not require immediate action.
6. CA Patch Notification Distribution List: E-mail distribution list that contains the names of all CATS staff that require notifications during patch procedures.

152074. Resources Requirements

1. CA Patch Notification Distribution List
2. Patch Tracking Log

152075. Procedures for Patch Application

1. Upon receipt of notification of a Patch, the Technical Support Services Manager or designee and Senior Technical Analyst must determine the level of impact on the CA Network. There are 3 Impact Levels it can fall under; No Impact, Minor Impact, Critical Impact.
 1. No Impact means our systems are not vulnerable or fit the scope of the patch (i.e. we do not use that software or function) and it cannot be exploited on our network.
 2. Minor Impact means we may fit the scope but the patch does not fix vulnerability, or the fix is for non-critical functionality improvements (i.e. enhancements to software).
 3. Critical Impact means we fit the scope of the patch and not applying it could result in a negative impact on our network and systems resulting in loss of productivity.
2. Upon determination of impact level, the Technical Support Services Manager or designee and Senior Technical Analyst will take the following actions. All actions must be entered into the Patch Tracking Log.
 1. No Impact. If the patch falls in this category, make notation in Patch Tracking Log and communicate info to CA Patch Notification Distribution List.
 2. Minor Impact. If the patch falls in this category, communicate that info to the CA Patch Notification Distribution List and add it to the regular Maintenance Rollup Package.
 3. Critical Impact. If the patch falls in this category, the Senior Technical Analyst or designee will communicate that info to the CA Patch Notification Distribution List and invoke the Expedited Patch Application Plan (EPAP).

152076. Procedures for Virus Definition File Application

1. The McAfee Anti-Virus system employed by Children's Administration is the standard indicated by the DSHS Information System Services Division. All protected hardware is configured to automatically check for virus signature updates every day. In the event a vulnerability solution is identified that requires a new virus update, the Senior Technical Analyst will initiate a manual Virus Definition File update within 1 hour of reviewing the notification. The Senior Technical Analyst will send a notification to the CA Patch Notification Distribution List after the updated has been initiated.

15208. EXPEDITED PATCH APPLICATION PROCEDURE (EPAP)

152081. Purpose

1. The purpose of this document is to outline the procedures needed to expedite the installation of patches that are critical in nature on a network-wide basis.

152082. Applicability

1. The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS staff.

152083. Definitions

1. Patch - A temporary addition to a piece of code, usually as a quick-and-dirty remedy to an existing bug or misfeature.
2. Patch Tracking Log - Electronic log used to track all actions taken in response to a Patch

notification.

3. N - Time when Technical Support Services Manager determines that the update/patch identified in the Notification could have a critical impact.
4. Isolated Environment - A network of computers that is not physically connected to the production network.
5. Remote Tools - Any utility or software program that allows administration of a resource from other than its own counsel. (i.e. SMS, Remote Desktop, etc.)

152084. Resource Requirements

1. Test lab environment or other spare machines to test patches.
2. Patch Tracking Log

152085. Procedures

1. N + 1 hr - The Technical Support Services Manager or designee will identify CATS staff to act as EPAP team and inform the rest of CATS staff that an EPAP team has been tasked for the subject patch.
2. N + 4 hrs - The EPAP team will download and begin testing the patch in a lab or other isolated environment to determine its relationship with our existing software while not compromising our existing production network.
3. N + 24 hrs - The EPAP team, after verifying stability of the patch within our existing systems, will test distribution of the patch via Remote Tools within the lab or other isolated environment.
4. N + 48 hrs - The EPAP team will distribute patch/update statewide via Remote Tools. The Technical Support Services Manager or designee will notify all users that a patch is being distributed and what impact, if any, it will have on their workstation.

15209. Network Emergency Response Procedures (NERP)

152091. Purpose

1. The purpose of this document is to outline the resources, steps and methodology necessary to successfully resolve a network-wide emergency.

152092. Scope

1. The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS staff.

152093. Definitions

1. Event - an unplanned, non-specific issue that causes limited or a complete lack of computer and/or network functionality including viruses, natural disasters, fires, flooding, etc.
2. Remote Device - any laptop, notebook or tablet pc that can be removed from the network

and used by Children's Administration staff

3. Shared Emergency Administrative (ESA) Account - an account created prior to an event and given full administrative privileges on every machine in the Children's Administration network.

152094. Resources Requirements

1. Complete CATS telephone, pager and personal number lists updated on a quarterly basis.
2. Standard communication device for CATS Staff that incorporates paging, cell phone and walkie-talkie or direct connect type capabilities not dependent on telephone land lines.
3. List of local office non-CATS, ISSD and DIS staff that could assist in an emergency.
4. SEA account.
5. Listing of remote computers and their users or custodians.

152095. Upgrade/change Procedures.

1. All communication during an Event will occur in the following manner:
 1. The communication "tree" will mimic the chain of command for both upward and downward communication.
 2. Communications will occur at regular intervals during the event or as needed. The intervals will be determined by the CATS Director, Technical Support Services Manager or designee at the time of the Event based on its severity.
2. If any CATS staff suspects we are under the influence of an Event, that person will immediately contact the Technical Support Services Manager or designee with a description of the event, its symptoms and possible solutions.
3. If an Event is verified by the Technical Support Services Manager or designee, all appropriate staff will be notified by any means available. An interim stop-gap solution will be provided with the communication to prevent further damage to the network or loss of productivity.
4. The Technical Support Services Manager or designee will identify a NERP team. The NERP team will develop, document and prepare a solution for distribution as soon as possible.
 1. Depending on the severity of the event and the solution necessary, the Technical Support Services Manager or designee may summon the assistance of Non-CATS office support staff (see attached NERP Contacts list).
 2. If necessary, the SEA Account could be implemented. Please see the Shared Emergency Administration (ESA) Account Implementation Plan.
5. CATS and/or Office Support group will proceed to apply the fixes to equipment according to the priority identified by each office or as directed by their immediate supervisors. In the event that a priority list is not available from the office, the default priority will be as follows:
 1. Intake
 2. Social Workers
 3. Clerical
 4. Supervisors
 5. Management
6. Once the response is underway, the Technical Support Services Manager or designee will provide the Regional Management with a summary of the event, the plan to repair damage and an estimated time of completion.
7. If the solution involves computer software upgrades, once the local network has been protected, each CATS staff member will need to contact their office's remote users to ensure

that a re-infestation does not occur via remote, non-wired or "checkout" equipment. If CATS staff is unable to reach a user who has a "remote" device they will revoke network rights for that device until such time an authorized staff member can physically test the device and ensure its safety on the Children's Administration network.

8. Upon completion of the response, CATS Management should conduct a review to determine the cause of the Event and how to improve processes and procedures to prevent such an emergency and/or improve the response in the future.

15210. Shared Emergency Administration (SEA) Account Policy

152101. Purpose

1. The purpose of this document is to outline the administration of a Shared Emergency Administration (SEA) account. This account is to give Non-Technical Staff, office site assistants or other designated office workers full administrative privileges to Children's Administration desktop computers at the Local Administrative Level in response to an Event that requires software, patches or other solutions be applied to each computer locally and can't be distributed electronically.

152102. Applicability

1. The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS staff.

152103. Definitions

1. Local Administrative Level- refers to permission specific to one piece of equipment and not across the whole network and/or domain.
2. Event - Non-specific issue that causes limited or a complete lack of computer and/or network functionality.
3. Non-Technical Staff - Refers to a staff member in each office who has been identified as a resource for CATS to use as needed to resolve technical issues.
4. Remote Tools - Any utility or software program that allows administration of a resource from other than its own counsel. (i.e. SMS, Remote Desktop, etc.)

152104. Resource Requirements

1. Complete list of non-technical staff as designated by the local CATS staff
2. SEA account and password established and installed on equipment

152105. Procedures

1. Upon determining that the event is of a nature that requires assistance from non-technical staff, the Technical Support Services Manager, Area Technical Manager or a designated CATS staff member will distribute the SEA account login name and password (via fax or other method) through the local ITSS to the non-technical staff.

2. Once the event has been resolved, the Technical Support Services Manager or his designee will change the password for the SEA account via Remote Tools and/or manually on all affected CA equipment preventing in order to prevent its continued and unauthorized use. This new SEA account password will be shared only with the Technical Support Services Manager, Area Technical Managers and Senior Technical Analyst.

15211. CA Information System Disaster Recovery Procedures

1. (Placeholder)

15212. Securing Unattended Computer Terminals (06/16/06)

152121. Purpose

1. To ensure our adherence to DSHS Administrative Policy [05-01](#) and to provide a policy for CA regarding the securing of computer terminals that provides access to confidential and mission critical data.
2. 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.
3. This policy is necessary to ensure that the administration is in compliance with the Washington State Department of Social and Health Services (DSHS) Information Technology Security Policy Manual (ITSPM), Chapter 3, Classifying and Protecting Data and IT Resources.

152122. Applicability

1. This policy applies to all CA employees, whether working in CA offices, in private homes, or when connecting to the CA network remotely via wired or wireless access, whenever using electronic equipment to access client confidential information.

152123. Standard

1. 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.
2. Employees must log off from CAMIS if they do not intend to use CAMIS for documentation or review of data for any period in excess of 90 minutes. CAMIS will automatically log off any user who has remained "idle" in the system for longer than 90 minutes. The automatic log off is necessary to assure data security, to allow active workers freedom to access the system, and to keep the system cost efficient. System users creating or updating CAMIS records, reviewing existing records, and/or performing searches in the system will not be involuntarily logged off if they perform any of these activities at least once every 90 minutes.
3. Employees who use computers that access the Local Area Network (LAN) must either log off or lock their workstations by using the built-in lock feature within the operating system when they leave their terminals unattended. Additionally, an auto-locking feature will be implemented on all CA computer equipment so that following ten (10) minutes of user inactivity the computer will automatically lock with a password.
4. For instructions on how to log off of the system or lock the computer with a password, staff

should contact their local Systems Support Specialist or the CA Service Desk via email or telephone.

5. Computer terminals within CA will not be set up to automatically enter the user ID and password into either the LAN or CAMIS system via a macro or program.

15213. Network Equipment Relocation and Connections (3/1/95)

152131. Purpose

1. Pursuant to DSHS Administrative Policy [15-10](#) which deals with Information and Technology Security the following guidelines are provided to outline the handling of network related computer equipment within offices of CA to:
2. Assure networks continue to function properly.
3. Minimize the number of system problems caused by users moving equipment and disturbing networks.
4. Keep site documentation accurate.

152132. Applicability: To all CA Employees.

152133. Standard

1. All computer equipment attached to a Local Area Network (LAN) or Wide Area Network (WAN) is part of that network. Only Children's Administration Technology Services (CATS) personnel may authorize a change to the configuration of those networks. To connect or disconnect any equipment from that network, including a PC, monitor, printer, copier (or other multi-function device i.e. network copier or scanner) or moving patch cables, is to alter the configuration of that network.
2. All LAN and WAN related equipment will be maintained and handled by the local Systems Support Specialist or the Regional Systems Support Supervisor. The equipment will be purchased, installed, and serviced only under the direction and coordination of the Regional Systems Support Supervisor or the Systems Support Manager. Non-technical field staff are not authorized to disconnect, reconfigure, or move LAN and WAN equipment except under the coordination and direction of the local Systems Support Specialist or the Regional Systems Support Supervisor.

152134. Procedure

1. 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 local Systems Support Specialist for approval and follow the procedures as outlined by their region.

15300. GENERAL SACWIS SYSTEM STANDARDS

15301. Updates to CAMIS Files (11/30/95)

153011. Purpose

1. To ensure that CAMIS files represent the work of the person who originally entered it or the designated supervisor

153012. Applicability

1. Applies to all CA employees.

153013. Standards

1. All initial documentation in CAMIS shall remain a discrete representation of the information available at the time it was entered.

153014. Procedure

1. 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.
2. For licensing, case, referral, and facility complaint SERs, any new or corrected text information shall be documented in a separate, subsequent SER addendum.
3. 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.
4. Investigative assessment text corrections must be made 31 days after the assessment has been marked complete. Any changes needing to be made subsequently must be approved by an Area Administrator and the assessment lock security overridden by a person with designated security.

15302. Standards for Input of Names (4/14/94)

153021. Purpose

1. 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.

153022. Standard

1. The following standards shall be used when entering names in the CAMIS system:
 1. No spaces are to be used in names; e.g., McDonald and MacDonald, not Mc Donald and Mac Donald.
 2. The only punctuation to be used will be the hyphen, "-"; as in Jones-Borland. Periods, commas, apostrophes, etc., will not be used.
 3. Use full names when known and nicknames or alternate spellings as aliases; e.g., Elizabeth G Johnson, AKA: Beth Johnson, Liz Johnson.
 4. 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.
5. 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. 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.
 6. 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.
 7. 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 licenser will request an SSPS provider number using the above naming format. The provider number will be related to the existing business. See examples below.
 8. 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.
 9. 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.
 10. Examples of Name Formats:
 1. **Contracts**

1) Provider File:	Jones James A
Contract:	James A Jones DBA: Jones James A
2) Provider File:	NWYS/CRC/REGIONAL
Contract:	Northwest Youth Services DBA: NWYS/ASSESS/WHATCOM
3) Provider File:	NWYS/CRC/REGIONAL
Contract:	Northwest Youth Services DBA: NWYS/CRC/REGIONAL
4) Provider File:	Catholic Community Services
Contract:	Catholic Community Services DBA: CCS/SNO CNTY/CRISIS DC

2. Day Care and Foster Homes

1) Provider File:	Smith Mary A
License:	Smith Mary A
2) Provider File:	Smith Mary/John
License:	Smith Mary/John
3) Provider File:	Smith Mary/Jones Barbara
License:	Smith Mary/Jones Barbara

3. Day Care Centers with Multiple Sites:

1) Provider File (UNYSIS):	YMCA South County
Provider File (CAMIS/SBUS):	YMCA S CNTY Main Site YMCA S CNTY Lynndale
License:	YMCA S CNTY Main Site YMCA S CNTY Lynndale
2) Provider File (UNYSIS):	YMCA Clark County Daycare
Provider File (CAMIS/SBUS):	YMCA Clark CNTY Hazel Dell YMCA Clark CNTY Cascade Park
License:	YMCA Clark CNTY Hazel Dell YMCA Clark CNTY Cascade Park
3) 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
4) 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)

15304. Service Episode Records

153041. Purpose

1. The purpose is to ensure consistency in the CAMIS system of documenting Service Episode Records (SERs) and to provide standards for the purpose of generating statistical reports of case contacts.

153042. Standard

1. All Service Episode Records (SERs) will be completed in CAMIS, by the CA staff member who was involved, for all case events/activities within a reasonable time following the occurrence of the event/activity, except for SERs relating to the blood-borne pathogens protection plan (see Operations Manual, chapter 5000, section 5700). CA staff will create typed or handwritten SERs to document activities related to a client's HIV/AIDS and will maintain the SER in:
 1. A sealed envelope in section VIII Other of the DCFS binder; or
 2. Section F of the DLR license folder.

153043. Procedures

1. CA staff must complete the SER (narrative case recording) in CAMIS as soon as possible after an event, activity, or contact occurs to ensure accuracy of recording. In no case will the recording occur more than 30 calendar days from the date of the event or case activity except for the near-verbatim documentation of disclosure interviews as required by RCW 26.44.035. ("Written records involving child sexual abuse shall, at a minimum, be a near verbatim record for the disclosure interview. The near verbatim record shall be produced within fifteen calendar days of the disclosure interview, unless waived by management on a case-by-case basis.")
2. CA staff shall use the CAMIS Service Episode Record to record activities and events related to referrals, cases, licenses, facility complaints, and persons. For additional details on timelines and format for DLR/CPS investigation SERs, see the Child Abuse and Neglect Section Practice Guide: INVESTIGATING ABUSE AND NEGLECT IN STATE-REGULATED CARE.
3. If the local office allows, based upon agreement between DCFS and/or DLR social work supervisors and clerical supervisors, clerical staff may input case activity information in the SER at the request of a social worker. The social worker must review the clerical staff's input and enter an SER to the effect that SER is accurate as written.
4. Supervisors need to ensure that any significant activity on the part of the supervisor or management related to case activities is entered into the SER. This can be accomplished either by direct input by the supervisor, or with agreement by the social worker, entered by the social worker on behalf of the supervisor.
5. DCFS staff must document all case activity in CAMIS. DCFS staff must relate the referral or case ID and the person IDs of children that are directly associated with the SER. Exceptions to this documentation are listed below.
 1. The SER is related only to the child(ren)'s person ID if:
 1. The child is legally free; or
 2. The child is in Dependency Guardianship status; or
 3. The person is between 18 and 22 and is in an open placement episode and has signed a voluntary agreement for continued placement beyond the age of 18; or
 4. The child is placed with someone other than the child's parent or guardian through the Interstate Compact Program (see CAMIS Policy 14 regarding documentation of child's custody).
 2. SERs on prospective Adoptive Parents must not use a child's person ID.
6. SER recording will include the following:
 1. When - full dates (month/day/year and time) when the event occurred;
 2. Who - full names of persons present, identifying their roles in the case (e.g. "child's mother, Mary Smith," "child's therapist, Jane Doe," "Mary Smith's boyfriend, John

Doe," etc.), with the exception of foster parents in a child's/family SER who will only be identified by first name or as "foster parent." The worker must not identify the foster parent with the foster parent's full name in a child's/family SER;

3. Where - a description of where the event occurred (e.g. "Mary Smith's home," "Aberdeen DCFS Office");
 4. Why - a description of the purpose of the event/contact, as appropriate;
 5. What - a behaviorally specific description of what occurred during the event/contact, as appropriate (e.g. "Mary Smith's breath smelled of alcohol");
 6. The worker's assessment of the event/contact may be included, together with the supporting facts or evidence that led to the assessment.
7. CA staff can enter the SER into CAMIS either individually as each event occurs or enter it as a summary of events.
1. Individual event SER - A worker may document multiple SER activity types for an individual event. For example, a worker may make a single home visit on a CPS investigation and interview the child victims and the parent who is the alleged subject. The worker may write one SER for this contact and use all activity types such as (Child - Initial Face to Face w/ Child, Parent - Bio/Adopt. or Guardian Initial Contact, and Contact - Subject Interview).
 2. Summary of events SER - If a summary of multiple events is entered staff must include the same elements (listed in III E above) that would be in an individual entry. (e.g. "DCFS social worker, Sally Jones called the child's mother, Mary Smith four times this week on 4/1/97, 4/2/97, 4/3/97, and 4/4/97. No one answered the phone for any of the listed calls.")
 1. A summary SER may be used to describe the same or different types of activities that occurred on the same date (e.g., multiple attempts to contact a parent can be summarized in one SER. A telephone contact with a therapist, a supervised visit, and an interview with a foster parent may also be documented in one SER.)
 2. Separate SERs must be entered for different activities when those activities occur on different dates and documentation of the date of the different activities is critical. Activities that are bolded on the screen are those activities for which documentation of the exact date is critical. These activities require exact date documentation primarily for federal funding (targeted case management), tracking outcome measures, or DLR requirements.
 3. A bolded activity can be combined in a single SER with another bolded activity only if they both occur on the same day.
 4. Summary SERs that document activity that do not have a bolded activity may cover activities that occur over a period of up to 14 days.
8. CA staff must convey respect for the subject(s) of the interviews and events in the content of the SER. Language used in SER describes events, sequences of events, and observations in a clear, objective, and behaviorally specific manner.
9. CA staff do not have to print SERs and insert them in the service binder except as required for the purposes of public disclosure, legal discovery, archiving records, or when directed to do so by supervisory or administrative request or regional procedure.
10. Staff will retain their handwritten notes on each investigative contact until the investigator has accurately entered documentation of the contact into the SER, at which point the investigator must discard the handwritten notes.
11. Supervisory/Administrative Reviews: The supervisor shall record the monthly case reviews and include the actual date of the supervisory review with the Supervisory/Administrative Review activity.
12. Child Protective Services cases:
1. The CA staff member shall relate investigation SERs to the referral(s) being

- investigated.
2. The Initial Face to Face contact with each child victim on referrals receiving the high standard of investigation shall be recorded with the Child - Initial Face to Face w/ Child activity type. The person ID(s) for the child(ren) contacted and the location of the interview shall be selected on the SER in CAMIS.
 3. Attempts to contact the child victim can be recorded with the Child - Attempted Initial Face-to-Face activity type. The person ID(s) for the child(ren) the CA staff attempted to contact shall be selected.
 4. If a DCFS or DLR/CPS supervisor issues an extension for the initial face to face contact on a referral receiving the high standard of investigation, the supervisor shall record the extension with the 24-hour or 72-hour Extension: Additional Victim Identified at risk of Imminent Harm or the 24-hour or 72-hour Extension: Additional Victim Identified NOT at risk of Imminent Harm activity type. The person ID(s) for the child (ren) shall be selected and related to the SER.
 5. Interviews with an alleged subject of Child Abuse/Neglect (an individual alleged to have abused or neglected a child) for the purposes of obtaining the individual's statement regarding the allegations shall be recorded with the Contact - Subject Interview activity type.
 6. Initial contacts with the child's parents/guardians as required by RCW 26.44.030 (10) shall be recorded with the Parent - Bio/Adopt or Guardian - Initial Contact activity type.
 7. The supervisor or Administrator, who reviews assessment findings, will document the review with the Supervision/Administrative Review) activity type and relate the SER to the referral number.
 8. The DCFS supervisor who reviews a case for the purpose of extending CPS beyond 90 days will document the review with the Extension Approval - CPS 90-Day Policy activity type.
13. Cases involving children in placement (out-of-home placement episodes in licensed and unlicensed facilities) or In-Home Dependency are recorded as:
1. The face to face health and safety contact for children in out-of-home placement shall be recorded with the Health and Safety Monitoring Visit (DCFS) activity type. The person ID(s) for the child(ren) contacted and the location of the interview shall be selected on the SER in CAMIS.
 2. If a supervisor extends the face to face health and safety monitoring visit, the supervisor shall record it with the Extension Approval - Health and Safety Monitoring visit Policy activity type. The person ID(s) for the child(ren) shall be selected and related to the SER.
 3. When documenting visits which occurred between parent/guardian and child, the child's person ID shall be selected and related to the SER. Use one of the following activity types to record these visits:
 1. Visit - Supervised
 2. Visit - Unsupervised
 4. If a written report has been received regarding a visitation, the worker shall, at a minimum, document the date of the visit and refer to the written report in the text of the SER.
 5. A scheduled visit which does not occur, between parent and child shall be recorded with the Visit - Did Not Occur activity type. The person ID(s) for the child(ren) shall be selected and related to the SER.
14. Cases involving CPT, LICWAC/Tribal, Prognostic, or Permanency Planning Staffing:
1. When documenting the following type of staffing, the child(ren) person ID(s) for whom the staffing is held must be selected and related to the SER in CAMIS:
 1. Child Protective Team Staffing (use Staffing - CPT activity type);
 2. LICWAC or Tribal Staffing (use Staffing - LICWAC/Tribal activity type);

3. Prognostic Staffing (use Staffing - Prognostic / Pre-Passport / Permanency / Adoption activity type); and
 4. Permanency Planning Staffing (use Staffing - Prognostic / Pre-Passport / Permanency / Adoption activity type).
2. If a written report has been received regarding a staffing, the worker shall at a minimum document the date of the staffing and refer to the written report in the text of the SER.

15. License Cases

1. When documenting regulatory actions use one of the following activity types:
 1. For an Administrative Approval use the Regulatory - Administrative Approval activity. The type of Administrative Approval, and the begin and end dates must be recorded in the license record. If the Administrative Approval is denied, record this date in the license record as well.
 2. For a Waiver use the Regulatory - Waiver activity. The type of Waiver, and the begin and end dates must be recorded in the license record. If the Waiver is denied, record this date in the license record as well
 3. For a Compliance Agreement use Regulatory - Compliance Agreement.
 4. At the beginning of a denial, suspension, or revocation action use Regulatory - Deny/Suspend/Revoke Action Begun. For the activity date - record the date the denial, suspension, and/or revocation letter sent to the licensee.
 5. When the Denial, Suspension, or Revocation proceeding is completed and a final decision is made, use Regulatory - Deny/Suspend /Revoke Final Decision. Record the date the decision was made, the revocation, denial, or suspension action was completed. Reasons may include the licensee did not appeal the decision by the deadline for the appeal to be filed, a settlement was reached, or the final administrative appeal decision was issued.
 6. If a Stop Placement/No Referral is issued by Licensing use Regulatory - Stop Placement/No Referral.
 7. When the decision is made to remove the Stop Placement/No Referral status use Regulatory - Stop Placement Lifted.
 2. When documenting health and safety reviews/inspections for foster homes or regional facilities use one of the following activity types:
 1. Health and Safety Monitoring Visit (DLR);
 2. Inspections - Comprehensive Health and Safety (DLR); and
 3. Inspections - Quarterly Health and Safety.
16. License staff member shall relate facility complaint SERs to the facility complaint ID. CAMIS will automatically relate the associated referral ID to the SER. If there is a license record associated with the facility complaint ID, CAMIS will relate the license record to the SERs as well.
17. Communication with Attorney General and County Prosecuting Attorneys:
1. All SERs regarding communication with the Office of the Attorney General, county prosecuting attorneys, or other department contracted attorneys representing the department shall be recorded with the Consult with AAG activity type.
 2. All printed copies of SERs regarding the communication with the AAG will be stored in the "Privileged Communication with AAG" section of the binder or the confidential section of the license file.
18. Deleting Service Episode Records-An exact duplicate of another SER may be deleted:
1. The CA staff member who created the SER may delete the SER within the first seven calendar days of the creation of the SER.
 2. A locked SER record may be deleted after written notification to the worker and supervisory review. Upon written notification from a supervisor/manager to delete a SER, the region's Automation Trainer or other authorized person may delete the SER.

19. Corrections and additions to an SER

1. If an error in the SER activity type occurred when the SER was created, the worker who created the SER may update the activity type.
2. If an incorrect ID number is related to the SER, the worker who created the SER may make the correction. If the worker no longer has an active CAMIS user ID, the region's Trainer, with supervisor approval, may make the correction.
3. The person who created the SER in CAMIS may correct the text of the SER within the first seven calendar days of the creation of the SER.
4. Addenda to an SER are made in the following circumstances:
 1. Any individual not the creator of the SER may add information to the SER. The addendum may be created to correct information in the SER or add clarifying information.
 2. The creator of the SER may edit the SER within seven days of the creation of the SER. After seven days, the creator may add an addendum to correct information or clarify the SER.

15305. Case Assignment, Transfer, and Closure (3/1/99)

153051. Purpose

1. The purpose is to ensure consistency in CAMIS and to enable on-line tracking of case assignment and file location.

153052. Standard/Procedure

1. Referrals and Case Assignment

1. After a worker assignment is made for a referral, the supervisor or worker must record that assignment in CAMIS within five working days.
2. A referral is accepted and becomes a case when the referral meets one of the following criteria:
 1. The Child Protective Services (CPS) or DLR/CPS referral passes the sufficiency screen.
 2. A Family Reconciliation Services (FRS) intake request is accepted for services or the assessment lasts more than 30 minutes.
 3. Is a DLR Facility Complaint.
 4. A Child Welfare Services (CWS) referral for assessment or services is accepted.
 5. A home study request is accepted.
3. The referral will be related to an existing case number for the family, if one exists, or a new case number will be created.

2. Case Numbers

1. Family Cases

1. 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. Documentation will be stored in the family case binder. Service Episode Record (SER) for the case must be recorded using the family case file number.
 2. It is not necessary to create a binder for an open case if there are no paper documents to file in the binder.
- ##### 2. Cases Involving a Child in Placement or In-Home Dependency
1. 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. Placement and legal history as well as foster care, group care, and medical payment must be recorded in CAMIS using the dash case number.

2. The local office opens a separate individual service record binder using the dash number only for children that are legally free, children placed in adoptive placement, or for a child whose case plan is distinctly different from the case plan for the child's siblings.
3. Cases Involving Teen Parent(s)
 1. For cases in which the parent is under the age of 18 and both the teen parent and his/her child are dependent, a family case number will be issued in the teen parent's name. If the teen parent is in care or is involved in current Dependency/CHINS proceedings, the teen parent will have two case numbers in the teen parent's name; i.e., (1) a dash number case open for the teen being a child in placement and (2) a family case file with the teenager as the parent.)
 2. A dash file with the teen parent's family case number will be created for the child if the department has the legal authority to place the infant through a court order, Voluntary Placement Agreement (VPA), or if the child is under an in-home dependency. Note that a VPA is used only when the teen parent and the child are not placed in the same facility or foster home. Lacking authority to place, the child of the teen parent would have no case number. With the authority to place, the child of the teen parent would have a dash number whether in the same home as their teen parent or in a separate placement. DLR Case Numbers: DLR Case numbers will only be created for the purpose of transferring records eligible for shipment to the records retention facility. It is acknowledged that DLR case numbers have been used for other purposes regionally, but no standards have been developed for those purposes.

3. Case Names

1. In order to provide consistency of the coding in CAMIS on referrals received and cases served by CA, staff will use the following definitions for case names.

TYPE OF CASE	CIRCUMSTANCES	CASE NAME
<p>Family Case</p>	<p>Involves child who lives with both parents</p>	<p>Both parents. List the parent who is the primary caretaker first - if unknown, designate the mother</p>
	<p>Involves child whose parents are divorced/separated</p>	<p>Legal residential parent. If not established or if joint custody, then the parent who the child resides with the majority of the time.</p>

	Involves child who was placed by parents (no DCFS involvement) with no legal transfer of custody	Parent who has legal custody
Child Cases for Facilities	Involves child whose legal custody has been given to someone other than a parent	The legal guardian
		Child's legal name
	Foster Family and Day Care home cases and Adoptive Home Applicants and Certified Adoption Homes	c. The provider d. If two parent foster or adoptive home, list the foster or adoptive parent who is the primary caretaker first
	Child Placing Agency, Group Home, Day Care Center, Crisis Residential Center or other non-family type facility	Facility name
DLR Case Numbers	DLR Case numbers were created for the purpose of sending them to Records Retention only.	The Provider

4. 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 five working days of the assignment.
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.
3. With supervisory approval, a social worker in one unit may close their assignment and reassign directly to the receiving social worker. The reassignment on CAMIS will be recorded within five working days of the assignment.
4. For transfers between offices, not including Courtesy Supervision case assignments described in section 15405 the following steps will be followed:
 1. 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.
 2. The sending office will contact the receiving office by telephone or e-mail to notify responsible staff of the transfer and to obtain the Social Service Payment System (SSPS) ID of the receiving supervisor/social worker.
 3. The sending supervisor's assignment will be ended and the case assigned to the receiving supervisor/social worker. The transfer of the case will be recorded in CAMIS and the record forwarded to the receiving office.
 4. The receiving office will issue a new case number if a case number does not already exist in CAMIS and close the receiving supervisor's/social worker's assignment on the old case number. Only one dash case number shall be open for a child at any time.
 5. 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 a case number does not already exist in CAMIS and close the

receiving supervisor's assignment on the old case number.

5. Retrieval of Records from Record Retention Center

1. If a record is retrieved from Records Retention Center (RRC), responsible staff in the requesting office must:
 1. Update the case status on the old case number to indicate the appropriate status (Open, Closed, or Transferred to another office);
 2. Update the file folder status to indicate folder/binder location; and
 3. Add a supervisor/worker assignment to show who received the record.
2. If an office other than the one that sent a record sent to RRC requests a record, the receiving office must:
 1. Issue a new case number if a case number for the receiving office does not already exist in CAMIS; and
 2. Close the receiving office's supervisor/worker assignment out on the old case number.

6. Inactive Status/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.
2. The specific criteria for closing cases for CPS, FRS, and CWS can be found in the Practices and procedures Guide under the following sections:
 1. CPS-section 2700-2711
 2. FRS-section 3700-3710
 3. CWS-section 4700-4760
3. Cases remaining in Active Status: 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 15401.
4. Cases pending closure have Worker assignment Program Services Type "S-Services Inactive". The services are inactive whereas the worker may still be doing work on the case documentation, etc. 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. Cases that no longer meet the requirements under # 3 above are to have a Services Inactive assignment until case closure. The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork.
5. The social worker must complete all forms and narrative recordings within 90 days of a decision to terminate services and close a case. The supervisor must review both CAMIS and the folder for accuracy and completeness and document the review in the CAMIS SER before closure or transfer to another service.
6. Case closing must be noted in CAMIS within two weeks of completion of all services, paperwork, and supervisory review.

15306. Residential Address for Children Served by Children's Administration (8/17/95)

153061. Purpose

1. The purpose is to establish a standard protocol for recording the address of children served by CA.

153062. Standard/Procedure

1. For children served by CA, the following criteria will be used for establishing the residential address in their person record.
 1. Children who reside with parent or legal guardian: Use the parent or guardian's address.
 2. Children who are in the department's custody: Use the parent or guardian's address.
 3. 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.
 4. 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.
 5. Children who are in care will have their current whereabouts recorded in their placement record.

15400. SACWIS SYSTEM PROGRAM SPECIFIC STANDARDS

15401. Program and Code Definitions (11/1/98)

154011. Purpose

1. The purpose is to establish consistent Program Code definitions in CAMIS.

154012. Standard

1. 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.
2. Programs Used in Referrals
 1. Child Protective Services
 2. Child Welfare Services
 3. DLR/CPS
 4. Family Reconciliation Services
 5. Licensing Complaint (Non-CPS)
 6. Home Studies
3. Program Codes Used in Cases
 1. C Child Protective Services
 2. W Child Welfare Services
 3. F Family Reconciliation Services
 4. D Income Eligible Daycare
 5. L Licensing
 6. R DLR/CPS
 7. A Adoptive Home Services
 8. H Home Study
 9. I Interstate Compact
 10. U Courtesy Supervision
 11. T Adoption Support
 12. S Service Inactive
4. 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:
 1. 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.
 2. 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
 1. 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.
 2. 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.
 3. 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:
 1. A case that 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.
 2. 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.
 3. 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 Daycare is a teen parent day care- case open for the provision of Teen Parent 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
 1. 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.
 2. 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.

154013. Procedure

1. Upon initial case assignment or assignment of additional workers to a case, one of the above program codes is used.

15402. Interoffice Referral Transfer (3/1/99)

154021. Purpose

1. To establish a consistent statewide policy for handling intake referrals taken in one office that need to be referred for disposition to another office.

154022. Standard/Procedure

1. The office first contacted will take referrals from the person with the Child Protective Services (CPS) or Family Reconciliation Services (FRS) complaint or concern. If technically feasible, the intake worker may transfer the referrer to an intake worker in the office where the referral would be assigned while keeping the caller on the phone.
2. The intake worker must complete a CAMIS Intake Referral, including completion of a statewide person search.
3. The intake worker must make an immediate decision to refer directly to another office or to the worker's supervisor. Central Intake (CI) will assign the referral to the CI supervisor who will assign it a regional straw ID.
4. If the original office decides to refer to another office, the sending office must:
 1. Call an intake worker in the office to which the referral is being referred. Upon confirming the names of the intake worker and supervisor and their worker ID numbers, the original intake worker or supervisor will advise the receiving office of the referral number and any other pertinent information regarding the referral.
 2. Record the receiving supervisor's ID on the GUI referral in CAMIS.
 3. Change the assigned worker to the receiving office's intake worker and close the original intake worker's assignment.
 4. Do not FAX the referral to a non-secure fax machine in the receiving office nor print the referral to a printer in the receiving office.
5. The receiving office intake worker will initiate the appropriate response.
6. The receiving office supervisor will review all Child Protective Services (CPS), Family Reconciliation Services (FRS), and Child Welfare Services (CWS) referrals and assign them accordingly.

15403. Interstate Compact Cases/Referrals (11/1/98)

154031. Purpose

1. The purpose of this policy is to establish uniform procedures for documentation of Children's Administration Interstate Compact in CAMIS.

154032. Standard

1. Interstate Compact on the Placement of Children (ICPC) cases involving children sent to another state must be considered CWS cases.
2. Interstate Compact cases involving children who are placed in Washington from another state must be considered Interstate Compact.
3. Interstate Compact requests for home studies must be considered Home Study cases until the child is placed in a Washington home.

154033. Procedure

1. Interstate Compact cases must be entered into the CAMIS data base in the following manner:
 1. The assigned social worker must document, update, and periodically review the status

of children involved in Interstate Compact Cases using the CAMIS Interstate Compact Module.

2. CA designates cases for which home studies have been requested in Washington homes as "Home Study" program code H.
 1. If the request specifies a home study of a parent or guardian prior to placement of children, the worker need not include children.
 2. The CA office will give relatives for whom home studies are requested their own case number.
 1. The social worker enters CAMIS documentation regarding the home study under the relative's case number and files hard copy information in the case binder.
 2. The social worker files a copy of the home study report in the child's case binder if the child is placed.
 3. The worker does not include the children to be placed in the relative's case file.
2. Children placed in a Washington home from another state:
 1. Must be designated as "Interstate Compact" cases. The child(ren) will be added to the case file.
 1. At the time of placement of a child with their parent or guardian, the child shall be included in the family's case file.
 2. When the department places child(ren) in non-parent homes and non-guardianship relative homes, staff gives them their own independent dash case number (not a dash file number based on the relative's case number).
 1. If a dash case number does not already exist for the child, staff creates a dash case number (CASSTART) with the next basic case number available for the office. Staff does not create a parent file (-0).
 2. CA staff creates a case to case relationship (CASCASCR) between the relative's case number and the child's case number in CAMIS.
 3. On the first screen of CASEUP3 of the child's case number, in the Notes, staff cross-references the child's case to the relative's case number. (Example: "See also 52D1111110 Relative Last Name, Relative First Name")
 4. The social worker must store documentation in the child's file.
 2. Person information for the child(ren) in the legal module must include legal status of "dependent" and legal custody as "Other State."
 3. The social worker need not document placement and legal action history in CAMIS on these cases.
3. For Interstate Compact cases involving children placed from Washington in another state, assigned CA staff must:
 1. Designate as "Child Welfare Service" cases for the child(ren) placed under their case file number(s).
 2. Maintain all placement and legal history in CAMIS for these children.

15404. Courtesy Supervision (11/1/98)

154041. Purpose

1. To establish uniform procedures for handling CA courtesy supervision cases.

154042. Standard

1. 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.
2. For courtesy supervision cases, the office with legal jurisdiction has responsibility 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. The office providing courtesy supervision must indicate the existence and location of a courtesy supervision file and document the assigned social worker in CAMIS. Both offices will have responsibility for documentation of required Service Episode Records (SER) in CAMIS.

154043. Procedure

1. CA staff must manage courtesy supervision cases in CAMIS in the following manner:
 1. The office with legal jurisdiction must:
 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.
 2. The office providing courtesy supervision must:
 1. When the Home Study is requested for a non-custodial parent or non-guardian relative:
 1. Create a referral for the family to be assessed using an "H" (Home Study) program code.
 2. Create a new case number and case file for the relative family using a case number from the office area where the relative resides. All CAMIS documentation and documents received regarding the relative will be filed under the relative's case number. The worker must not enter this information in the child file. The worker files a copy of the Home Study report in the child's binder.
 2. 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.
 3. Input the assigned courtesy supervision worker with the program code U for courtesy supervision, if or when the child is placed. Do not create a referral if Courtesy Supervision only is requested.
 1. Create a physical file binder using the case number from the office with legal jurisdiction.
 2. Using the same case number(s) as the office with legal jurisdiction, document required Service Episode Records.
 3. Send the physical file to the originating office upon closing of the courtesy supervision case assignment.
 3. If the originating office transfers jurisdiction to the office providing courtesy supervision, procedures for transfer of cases shall apply.

15405. Facility Complaints (2/1/98)

154051. Purpose

1. To establish consistent statewide CAMIS standard regarding all referrals/complaints made about:
 1. Facilities licensed or certified, or facilities required to be licensed or certified, by the Division of Licensed Resources (DLR), or
 2. State regulated care facilities.

154052. Definition

1. 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.
2. Facility Complaint Record - A GUI CAMIS record that is created from a GUICAMIS Facility referral which is used to generate critical incident reports and track licensing issues, actions and resolutions.

154053. Standard

1. Facility Referrals/Complaints shall be documented, investigated, updated with actions taken, and reviewed.
2. Referral notification will be given to appropriate workers and managers. Critical incident reports and workload management reports will be produced.
3. 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.

154054. Procedure

1. The CAMIS procedures to be followed are contained within the Facility Complaint section of the On-line CAMIS Users Manual.
 1. Documentation
 1. CA Intake social workers and licensers are responsible for ensuring that all documentation regarding facility referrals/complaints, including allegations, investigation and resolution of complaints, is completed in GUI 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 Investigative Assessments on facility complaints are completed in GUI CAMIS, using the referral number, for accepted CPS referrals.
 2. 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.
 1. The provider must 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 must 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.

3. Deleting Complaint Records

1. In cases where a complaint record is incorrectly created for a facility, the complaint record may be deleted after a DLR/CPS supervisor or above has reviewed the complaint and concurs. 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.
4. 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.

15406. Documenting the Placement of Children in the Legal Custody of Children's Administration (2/17/99)

154061. Purpose

1. To ensure consistency in the CAMIS system for documenting the whereabouts of children who are in the custody of Children's Administration (CA).

154062. Standard/Procedure

1. All children for whom CA has responsibility through a court order, protective custody, or Voluntary Placement Agreement (VPA) must have their whereabouts documented within 3 calendar days.
 1. Requirements for Timeliness of Data Entry-Children, upon initial removal from their parent or guardian's physical custody, must have their placement documented within 3 calendar days of placement. All other placement changes must be documented within within 3 calendar days of the change or the SSPS deadline, whichever comes first.
 2. Documentation of Placement Episodes and Events:
 1. 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. The social worker or designee must manually document any other episode closure.

2. 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.
3. Temporary Placements:
 1. A temporary placement is one that is not intended to interrupt the current placement event.
 1. 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; or a detention placement with the intention to return to the prior placement.
 2. 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 parent's home.
 3. Temporary" (TMP) placements are designated in CAMIS(All of these column for that placement. Continued(TMP(under the (Y(by marking a 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 5-210).
4. In-Home Dependencies:
 1. In-home dependencies will be documented in both the placement and legal modules.
 1. First, in the legal module, a permanency planning code of "N" (no plan: child placed with birth/adoptive parent) must be entered any time a child is placed with a birth/adoptive parent. This code must be used whether or not that parent has custody through a family court order.
 2. In placement, the worker must 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 ("BA" or "BN" codes) from an out-of-home placement, the child's episode will be closed with the reason defaulted as "returned to birth/adoptive parent."
5. 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.
6. 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.

7. Situations When Payment Continues but the Episode Is Closed-There are three situations in which the permanent plan is completed but payment remains open. These are:
 1. Guardianship:
 1. 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.
 2. When a superior court guardianship (chapter 11.88 RCW) is established, the episode and event must be closed upon the date of the guardianship order. Dependency dismissal is also required and must be documented in the legal actions.
 2. Adoption
 1. 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.
 2. 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.
 3. Child(ren) in Tribal or Private Agency Custody Only
 1. The placement episode record of a non-CA custody child(ren) must be opened and closed on the date of placement with a reason code of "TR," Washington State Transfer to Other Authority.
 2. The placement event remains open, and the appropriate entries are made in the legal module. See section 15221.

15407. Documentation of Legal Actions (11/30/95)

154071. Purpose

1. The purpose of this standard is to define the documentation in CAMIS of legal actions on behalf of children for whom CA has legal custody or is making payment.
2. This standard also clarifies which legal actions must be documented.

154072. Standard

1. 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) that 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.
2. 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.
 3. Children for Whom DCFS Does Not Have Custody-In legal actions, the worker must document custody. In placement the worker documents each placement event 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.

15408. Files for Legally Free Children

154081. Purpose

1. To establish a consistent statewide policy for establishing case files for Legally Free Children

154082. Standard/Procedure

1. When any child becomes Legally Free, the child will receive a new case number, generated by FamLink.
2. The social worker will deactivate the legally free child's case from the original family case.
3. The assigned worker uses the child's legally free case to document all case notes and services provided.
4. The worker must not establish a case-to-case relationship between the original family case and the new legally free case.
5. The worker must not delete the child's pre-adoptive closed case relationship from the child's original family case file.
6. The worker will store all paper documents received or created after the child becomes legally free in a binder using the new case number.
 1. The following documents from the original family case file shall be placed in the legally free child's file (copies of the documents shall remain in the original family file) (Refer to Operations manual 13410 case file make up):
 1. Section 1 case Activity
 1. Comprehensive Family Assessment
 2. Complete CPS history (1 print out)
 3. Summary Assessment
 4. All case notes
 5. Copies of evaluations on birth parents (i.e. psychological, drug/alcohol, parenting assessments)
 2. Section II Placement and Legal Section
 1. All legal documents pertaining to the legally free child.
 3. Section III - Child Health & Safety Section
 1. All Health and education documents pertaining to the legally free child.
 2. Correspondence relating to obtaining medical, educational and mental

- health information on the legally free child
- 4. Section IV - Family Background section
 - 1. All Relative search documentation & information
 - 2. All ethnic and cultural information
- 5. Section V - Indian child Welfare
 - 1. All Native American Ancestry documentation
- 6. Section VI - Service reports and Correspondence
 - 1. All staffing documentation
 - 2. Notes from visitation with birth parents and siblings
 - 3. Copies of reports on birth parent evaluations, medical and mental health information
 - 4. Documentation on sibling medical and educational information on the legally free child•s 13-041
- 7. Section VII - Payment section
- 8. Section VIII - Other
 - 1. Photographs
 - 2. Recruitment information
 - 3. STD/HIV information
 - 4. Original and/or color photo copies of pictures
 - 5. Birth certificates and social security cards
- 9. Section XI - Audio Recording of CPS Child Interviews
- 7. The worker will update the address of the child to the local DCFS office with responsibility for the child's case. See section 15306.
- 8. The adoption worker creates the adoption case by selecting the Adoption Finalization hyperlink located on the option page of the legally free case. The worker will create the new person record using the child's new name.
- 9. The adoption support worker establishes a new person-to-person relationship in the adoption case and will add the adoptive parents as participants in the case relationship section of the adoptive family's case.
- 10. The legally free case is closed and •restricted• upon entering the dependency dismissal.
- 11. If the adoptive family continues to receive services or later returns for services, the worker will create a new case under the adoptive family name. The new case will include any adopted children.

15409. State Licensed Facilities/Persons (7/19/94)

154091. Purpose

1. 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.

154092. Procedure

1. The procedures to be followed are contained within A USER'S GUIDE TO THE CAMIS LICENSING MODULE, and its subsequent revisions.

15410. Social Service Payment System (11/8/94)

154101. Purpose

1. 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.

154102. Procedure

1. The procedures to be followed are contained in the CAMIS Users' Manual and Chapter 9000, section 9400, of this manual.