Revision #14

CHILDREN'S ADMINISTRATION

PRACTICES AND PROCEDURES

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CHAPTER 1000 INTRODUCTION

Chapter 1000: Introduction

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Chapter 1000: Introduction

1100 CONTEXT AND PURPOSE

Policy drives **what** Children's Administration (CA) and its staff must do and is grounded in the Revised Code of Washington (RCW) and federal laws, regulations, and policy interpretations; for example, federal Department of Health and Human Services' (HHS) Administration for Children, Youth, and Families (ACYF) policy interpretations. Where state law is in conflict with federal law or regulation, the federal rule prevails.

Procedure defines **how** the agency and its staff implement policy.

Practice guidelines identify agency and staff actions as they implement policy and procedure.

The Children's Administration *Case Services Policy Manual* sets forth the policies with regard to **client** families and individuals as they progress through six essential functions from Intake to Resolution. It also identifies the policies with regard to **providers and ancillary services** that may be necessary to assist clients as they progress.

This Children's Administration *Practices and Procedures Guide* sets forth good practice on how the agency and staff will implement policy contained in the *Case Services Policy Manual* and in the CA *Operations Manual*. It also defines responsibilities for CA staff as they implement policy and procedure.

1200 MANUAL MAINTENANCE AND POLICY ISSUANCE

A. See the flow chart below, section 1230, for a depiction of the process for development, approval, and issuance of manual revisions, and interim numbered policy memoranda.

B. DCFS Regional Administrators and DLR Regional Managers report regional practice waivers to the Director, Division of Program and Policy Development, quarterly to enable the Director to determine if manual revisions are necessary.

1210 MANUAL REVISIONS

A. Assigned staff in the Division of Program and Policy Development will maintain the CA *Case Services Policy Manual* and the accompanying *Practices and Procedures Guide and Operations Manual*.

B. The CA Manual Committee serves as a standing committee to provide a consistent process for development and issuance of interim procedures and manual revisions.

1. The Director, Division of Program and Policy Development, chairs the Manual Committee and appoints a co-chair from the committee membership.

2. Membership includes a diverse group of staff representing all Division of Children and Family Services (DCFS) regions, the Division of Licensed Resources (DLR) and its Offices, the Management Services Division, and

the Division of Program and Policy Development. Representation reflects the various social work, support, and management position classifications in the field and headquarters.

3. The committee meets on a regular basis to maintain currency of the manuals and to review and incorporate interim policies and manual revisions into the manual format and issue timely revisions.

C. Procedures and manual revisions may be proposed by any CA staff by submitting a draft procedure, manual revision, or clearly articulated written concept paper to the Director, Division of Program and Policy Development.

D. The Director, Division of Program and Policy Development, reviews any proposals submitted to determine if they are consistent with state statutes and federal law and regulation and if they meet a need of the Administration.

1. If the Director determines that it is not appropriate to develop a procedure or manual provision based upon the staff recommendation, the Director will provide written feedback to the submitting staff advising him or her of the decision and the reasons therefore.

2. If the Director determines that the proposal should be refined into a numbered interim policy memorandum and/or a manual revision, the Director assigns staff of the Division of Program and Policy to develop the proposal into appropriate format, utilizing the knowledge and advice of CA staff and stakeholder work groups, as appropriate.

3. Once the assigned staff person has completed the development of a draft document, the Director, Division of Program and Policy Development, will distribute to Directors, Office Chiefs, Regional Administrators, Regional Managers, other CA staff, and other interested parties for review and written comment.

4. The Director assigns staff to incorporate submitted comments, as appropriate, into a final procedure/manual revision.

E. For interim policy or procedure memoranda, the Director submits the final draft of the document to the Assistant Secretary for approval and signature.

1. Following approval by the Assistant Secretary, the Director arranges for distribution to all manual holders.

2. The Director assigns staff to prepare the interim policy or procedure in manual format for review by the Manual Committee at its next scheduled meeting.

F. For proposed manual revisions, the Director, Division of Program and Policy Development, assigns staff to incorporate comments in manual format for consideration by the Manual Committee at its next scheduled meeting.

G. Assigned state office staff shall issue revisions to the manuals only after discussion with and concurrence of the Manual Committee. Hard copy issuances will be sequentially numbered with a cover memo outlining the changes.

H. Manual issuances will be in effect only upon signature of the Assistant Secretary or designee.

I. Once the system is developed, assigned state office staff will maintain the manuals in an electronic medium through which Children's Administration staff may access them.

1220 POLICY PROMULGATION AND REVIEW

A. Children's Administration shall utilize a system of memoranda numbered sequentially to issue interim policies and procedures prior to their inclusion in the appropriate manual. The interim policies and procedures shall be placed at the front of the applicable manual.

B. Interim policies and procedures shall only be effective if issued through the system of numbered memoranda and if signed by the Assistant Secretary, or designee.

C. Within 180 days of issuance, the Director, Program and Policy Development, will prepare the interim policy/procedure for review by the Manual Committee. If the policy/procedure needs to be made permanent, assigned staff, at the direction of the Director will develop and issue, under the Assistant Secretary's signature, a revision to the appropriate manual. If any issuance does not follow this process, with appropriate authorizing signature, it will not be binding upon local and regional staff. However, the Director, Division of Program and Policy Development, or the Assistant Secretary may provide written authorization for short-term extension of such interim policies and procedures to provide sufficient time to complete review and action on individual interim policies and procedures.

D. Manual Committee review of interim policies and procedures and ongoing review of the manuals shall constitute Sunset Review as required in the DSHS *Paperwork Management Manual*.

Chapter 1000: Introduction

CHAPTER 2000 CHILD PROTECTIVE SERVICES

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2100 INTRODUCTION

2110 PROGRAM AUTHORITY

The Division of Children and Family Services' (DCFS) Child Protective Services (CPS) program is authorized under federal and state laws and regulations. The federal authorities are Public Law 93-247 and 45 Code of Federal Regulations (CFR), Part 1340 and 1357.20. The authorizing state laws and regulations are Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-134, and WAC 388-70-095.

2120 GOAL

A. The goal of CPS is to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children.

B. CPS is a program available in all geographic areas of the state of Washington on a 24-hour basis.

2130 SERVICE DESCRIPTION

The purposes of CPS are to:

A. Receive and assess referrals from the community alleging child abuse and neglect (CA/N).

B. Assess risk of future abuse or neglect to children.

C. Investigate referrals alleging CA/N or the risk of CA/N.

1. Determine the existence of CA/N.

2. Assess risk of abuse and neglect to children by performing a comprehensive assessment, using the risk assessment model.

D. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing CA/N:

E. Develop culturally responsive case plans which:

1. Prevent or remedy CA/N in the shortest reasonable time.

2. Prevent or reduce the need for out-of-home placement.

3. Provide a safe and permanent home for a child.

2131 COMPLIANCE WITH COURT ORDERS AND LIABILITY PROTECTION

See chapter 4000, Child Welfare Services, section 43073, for staff expectations for compliance with court orders and legal representation for employees.

2200 INTAKE

2210 ELIGIBILITY

The primary purpose of the CPS program is to assess risk of child maltreatment rather than to substantiate specific allegations of CA/N.

A. CPS must accept referrals from any source and in any form, including those received from an anonymous source. See the CA *Case Services Policy Manual*, chapter 2000, section 2131, for limitations on referrals from anonymous sources.

1. CA intake staff shall make reasonable efforts to learn the name, address, and telephone number of each person making a report of abuse or neglect under RCW 26.44.030. Intake staff will inform the referrer that, if he/she remains anonymous and the allegation appears to carry a lower risk, then the referral will be screened out and will not be investigated.

2. Intake staff shall provide assurance to the referrer that the department will make all legal and reasonable efforts to maintain confidentiality of the identification of persons reporting under this section.

3. If the CA intake staff is unable to learn the information required in paragraph 1, DCFS staff shall only investigate cases, involving children not in out-of-home care, that fall within criteria outlined in the CA *Case Services Policy Manual*, chapter 2000, section 2131.

4. For purposes of this section and CA intake screens, "serious threat of substantial harm to a child," as stated in RCW 26.44.030(15), means any allegation on the current referral that is risk tagged 4 or 5 at intake.

5. Anonymous reports of CA/N in licensed or certified child care facilities will be accepted for investigation by DLR facility investigators without regard to risk tag or their anonymity when the referral meets all other criteria for acceptance for investigation.

B. The intake worker must forward all referrals alleging CA/N by Children's Administration (CA) employees, volunteers, members of the household of any employee, or persons identified as relatives of an employee to a supervisor for review and disposition per *Operations Manual*, chapter 15000, section 15204.

C. CA may not name a person under the age of 18 as a subject of a CPS referral unless the minor is the parent of the alleged child victim. However, a minor may be an alleged perpetrator of CA/N. In such cases, department staff will make the appropriate referral to law enforcement.

D. CA must provide CPS only to a child alleged to have been abused or neglected by:

1. The child's parent or a person acting *in loco parentis*. Such persons include, but are not limited to:

a. Parents (custodial and non-custodial).

b. Step-parents.

c. Guardians.

d. Legal custodians.

Such persons do not include school personnel who are performing their official duties in the schools.

2. The child's sibling, when the child's parent has failed to protect the child.

3. Any person residing with and/or having care-taking responsibilities for the child.

4. A person subject to licensure/certification under Chapter 74.15 RCW and RCW 74.08.044 and described in WAC 388-73-014 and 388-73-020, including persons employed by licensed or certified agencies. Such persons include, but are not limited to:

   a. Child day care providers.

   b. Foster/group care providers.

   c. Employees of licensed/certified child care agencies.

   d. Volunteers of licensed/certified child care agencies.

5. A person alleged to have committed CA/N in an institutional setting. CA staff must not treat allegations of CA/N in licensed or certified facilities as third party abuse or neglect. CA will accept all allegations of CA/N in institutional settings that meet the sufficiency screen for investigation. See chapter 5000, section 5140 of this manual, the CA *Operations Manual*, chapter 5000, section 5300, and the Division of Licensed Resources' (DLR) *Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care* for requirements for investigation of facility complaints.

   a. Abuse of one resident by another resident may constitute neglect by the caretaker.

   b. Such institutions include, but are not limited to:

      i. Licensed foster family homes and child care providers.

      ii. Residential care and treatment facilities for children.

      iii. DLR-certified juvenile detention facilities.

      iv. Hospitals.

6. A person providing in-home child care services and paid by the department.

7. A CA employee. (See paragraph B, above).

E. CPS must accept for investigation referrals regarding Sexually Aggressive Youth (SAY) when:

1. Referred by law enforcement regarding a child under the age of eight who has been determined by law enforcement to have committed a sexually aggressive act.

2. Referred by a prosecutor's office regarding a child under the age of 12 who has been determined by the prosecutor to have committed a sexually aggressive act but will not be prosecuted.

F. CA Intake must assess referrals screened in under paragraph E, above, for the following factors:

1. Whether or not the youth has been abused or neglected.

2. The youth's potential for re-offending.

3. Risk to other children residing with the sexually aggressive youth.

4. The parents' willingness to protect, seek and utilize services, and cooperate with case planning.

G. As mandated in RCW 26.44.030(8), any case referred to DCFS by a physician licensed under chapter 18.57 or 18.71 RCW on the basis of expert medical opinion that child abuse, neglect, or sexual assault has occurred and that the child's safety will be seriously endangered if the child is returned home, CPS must file a dependency petition unless a second licensed physician of the parents' choice believes that such expert medical opinion is incorrect.

1. If the parents fail to designate a second physician, DCFS may make a selection.

2. If a physician finds that a child has suffered abuse or neglect but that such abuse or neglect does not constitute imminent danger to the child's health or safety, and DCFS agrees with the physician's assessment, the child may be left in the parents' home while DCFS proceeds with reasonable efforts to remedy parenting deficiencies.

H. DCFS does not generally accept for investigation referrals of:

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section.

2. Third-party abuse committed by persons other than those responsible for the child's welfare, except as discussed in section 2210.C.

3. CA/N that is reported after the victim has reached age 18, except that alleged to have occurred in a licensed facility.

4. Child custody determinations in conflictual family proceedings or marital dissolution, where there are no allegations of CA/N.

5. Cases in which no abuse or neglect as defined in Appendix A is alleged to have occurred.

6. Allegations of violations of the school system's:

   a. Statutory Code.

   b. Administrative Code.

   c. Statements regarding discipline policies.

I. CPS is provided without regard to income.

J. DCFS intake must assess, to the extent possible, and document in the referral the family's Limited English Proficiency (LEP) needs, including auxiliary aids for the sensory impaired.

K. Intake must also assess and document ethnicity of the child/family, including tribal affiliation. The social worker must determine ethnic status of family members, complete the *Ethnic Identification Form*, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. The department will provide interpreter services as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

2220 GUIDELINES

A. The DCFS intake social worker must utilize the CAMIS intake program to record a comprehensive intake interview with any referrer wishing to report CA/N. The worker must attempt to obtain and then include the following when recording information about the incident:

1. The intake social worker must conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information.

2. The intake social worker must provide the following information to the referrer:

   a. Tell individuals making referrals that, if requested, CA will not reveal a referrer's name during the investigation.

   b. Inform the referrer that DCFS may disclose the name of any referrer for:

      i. Court testimony;

ii. Fair hearing proceedings;

iii. Criminal investigations by law enforcement including malicious reporting;

iv. When the court orders disclosure.

WAC 388-15-134

3. The social worker may request, but must not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving. See the CA *Case Services Policy Manual*, chapter 2000, section 2131, for limitations on referrals from anonymous sources.

4. Referrers reporting or testifying in good faith have immunity under RCW 26.44.060.

5. Specific allegations of CA/N. See the definition of "Negligent Treatment or Maltreatment" in the *Case Services Policy Manual*, Appendix A.

6. Risk factors:

   a. **Child Characteristics**: the emotional, mental and physical characteristics of the child;

   b. **Severity of CA/N**: the degree of injury or physical or emotional harm to a child;

   c. **Frequency of CA/N**: any past history of CA/N or out-of-home placement of child.

   d. **Caretaker Characteristics:**

      i. Factors related to the physical, mental or emotional functioning of caretakers;

      ii. Information regarding parents/caretakers or family of origin;

      iii. Information regarding substance abuse, domestic violence, and/or ability to protect the child;

      iv. Previous convictions for crimes against children.

   e. **Parent/Child Relationship**: information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct; and information regarding the child's role in the family.

f. **Environmental Factors**: information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

g. **Perpetrator Access**: information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise, or communicate with the child directly.

7. Referrer and other collateral statements.

8. Basis for intake risk assessment.

B. Sufficiency Screen

The intake social worker must complete the sufficiency screen and determine if:

1. The worker has sufficient information to locate the child. The intake social worker must utilize all available resources to locate the child. Local offices may develop guidelines for best practice in locating children; and

2. The alleged perpetrator is a parent/caretaker of the child or someone acting *in loco parentis*, or the parent is negligent in protecting the child from further CA/N by a third party, or the perpetrator is a person specified in section 2210(C). The intake worker does not include school personnel who are performing their official duties in the schools as persons acting *in loco parentis*; and

3. There is a specific allegation of CA/N meeting the legal and/or WAC definition (In some cases, a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen); or

4. Risk factors exist which place the child in danger of imminent harm. Imminent harm is defined as the significant possibility or likelihood that a child will suffer serious physical or emotional harm in the near future. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

C. Social workers must accept for CPS investigation any report meeting the sufficiency criteria specified on the CAMIS intake screen. Any referral accepted for CPS investigation must identify a subject and a victim, even if not identified by name. If the name of the subject and/or the victim is not known at intake, the intake social worker must provide a sufficient description of the person(s) for the investigating social worker to be able to locate and subsequently identify the person(s).

1. CA counts referrals on open cases containing a new allegation as a new referral. CA counts these referrals the same as referrals on families not currently open to DCFS.

2. CA does not count the same allegation about the same victim from a new reporter as a new referral. CA does not consider collateral contacts to support the information in a referral as separate referrals.

D. The intake social worker may accept CPS referrals that contain information regarding indicators of CA/N, but lack specific information regarding incidents, events, or conditions defined in DCFS policy as CA/N. Intake screens in referrals when the intake worker has reasonable cause to believe that a child is being abused or neglected or the risk factors place the child at risk of imminent harm.

E. Child behaviors may be caused by factors other than CA/N. Intake staff must exercise judgment based on their knowledge of child abuse and neglect to decide if behavioral indicators of CA/N are comprehensive and cogent enough to pass the sufficiency screen.

1. CA/N is not inherent in risk factors, and cases shall not be opened solely on the basis of a single behavioral indicator. The more complete the list of indicators of physical abuse, physical neglect, and/or sexual abuse, the more likely it is that a child is being abused or neglected. One or two behavioral indicators of abuse and neglect will rarely be sufficient to warrant CPS investigation.

2. The intake social worker shall complete the allegation section of the intake. The question in the sufficiency screen, "Is there a specific allegation of child abuse and neglect which meets the legal and/or WAC definition of child abuse and neglect?" shall be answered "YES" if reasonable cause exists to believe the child was abused or neglected or the child is at imminent risk of harm.

3. Prior to making the screening decision, the intake supervisor shall review CPS referrals containing information regarding behavioral indicators of child abuse and neglect but lack description of allegations of CA/N.

F. Screened in Referrals

1. The intake social worker shall assign a risk tag to referrals that are accepted for investigation. The six point scale for risk assessment is:
0 - No risk; 1 - low risk; 2 - moderately low risk; 3 - moderate risk;
4 - moderately high risk; and 5 - high risk. The intake social worker shall:

a. Classify the severity of the allegation(s) of CA/N from low risk to high risk utilizing section II, Severity, of the *Risk Factor Matrix Guide*. Establish a baseline risk level; e.g., an initial classification of the allegations of CA/N based on the most serious allegation.

b. Evaluate risk factor information noted on the referral form regarding:

i. Child characteristics.

ii. History of prior agency contact.

iii. Parental functioning.

iv. Environmental factors.

v. Perpetrator access.

c. Adjust the baseline risk level based upon the extent and degree of factors exacerbating or ameliorating the risk of CA/N. Use these ratings to accommodate borderline situations at intake.

i. The baseline may be adjusted upward when the referral contains information about factors which are likely to increase the risk of CA/N.

ii. The baseline may be reduced when the referral contains information about factors which reduce the risk of CA/N.

d. Complete the "Basis for Intake Risk Assessment" section, which provides the rationale for the risk tag decision.

e. Complete the intake process within three working days from the date of referral unless an emergent response is required.

f. Contact collateral information sources and record such contacts in the Service Episode Record (SER) when:

i. Sufficient information is not available from the referrer to determine if the referral should be accepted for investigation.

ii. It is necessary to verify or clarify an allegation of CA/N.

iii. Collateral sources have information which would be useful in arriving at the Intake risk tag.

iv. For allegations of CA/N in state-regulated care, the intake social worker follows steps outlined in the Division of Licensed Resources (DLR) *Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care*. The Intake worker needs to contact the licenser for the facility, do CAMIS history checks on facility complaints, and ask questions of the referrer as outlined in the guide.

g. For the low standard of investigation, contact collateral sources when appropriate.

h. Make collateral contacts as soon as possible prior to making intake decisions unless:

i. An immediate response is required.

ii. Sufficient information has been collected from the original referrer.

iii. Assess frequency of CA/N at intake. Referrals rated moderate risk or greater for frequency of CA/N shall receive a baseline risk tag that is equal to, or greater than, the frequency level.

2. The intake supervisor reviews all referrals and may change risk tag and screening decisions when:

a. Additional information supports the change.

b. The supervisor determines that the screening decision and/or risk tag is incorrect based on program guidelines.

3. The supervisor responsible for assigning the referral to a Child Protective Services worker may also change risk tag and screening decisions when additional information supports the change.

4. The intake supervisor changing the referral must document the reasons for change in the SER on the CAMIS referral.

G. Intake Decision

1. The intake social worker reviews the referral information and records the intake decision in CAMIS:

a. **Information Only**. Referral does not meet sufficiency criteria and referral is screened out.

b. **Accepted for Investigation**. Referral meets sufficiency criteria and referral is screened in.

c. **Third Party Report** - when the perpetrator is not a person specified in section 2210[C]). Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form.

2. The intake decision for allegations regarding state-regulated facilities and DLR/CPS can have only one of three outcomes:

a. Screened in for DLR/CPS investigation with a program code of "C" and referral decision of "A"; or

b. Screened out for CPS - referred to licensing with a program code of "N' and referral decision of "S"; or

c. Screened out for CPS but is not a licensed facility [e. g., Juvenile Rehabilitation Administration (JRA) or Mental Health Division

(MHD)-operated] - with a program code of "C" and a referral decision of "I" for information only.

H. Screened Out Referrals

1. Referrals which do not meet the sufficiency screen criteria shall be screened out.

2. The intake supervisor shall retain in CAMIS, and make accessible to intake staff, referrals that are screened out.

RCW 26.44.030(11)

I. Normally referrals will be entered directly into CAMIS. On those occasions where a referral has been recorded on another document, the referral information must be recorded into CAMIS within two working days.

J. The intake supervisor must ensure that all referrals indicating physical injury, sexual abuse, death or other crimes against a child are referred to law enforcement.

2221 JURISDICTION

A. Initial jurisdiction in a CPS investigation resides with the office receiving a referral.

B. Primary jurisdiction is the office where the family of the child victim customarily resides. Screened-in referrals will be transferred to this office for case assignment and services, including court intervention, when necessary. Courtesy services may be requested from other offices.

C. Emergency jurisdiction resides with the office where a child is found. Services to protect the child from imminent harm may be offered by the DCFS office in the area where the child is located. Case assignment and ongoing services will normally be the responsibility of the office with primary jurisdiction.

D. Temporary jurisdiction belongs to the office where a child is located. The child may be residing on a temporary basis with a friend or relative or without the benefit of a caretaker. Courtesy service such as interviewing the child or continued temporary placement may be offered through this office.

E. Protection of the child is a key concept. The DCFS office having primary jurisdiction must not refuse its role. However, for referrals from out of state, there may be other factors about child safety and laws concerning the Interstate Compact on the Placement of Children (ICPC) to be considered. When considering these other factors, safety of the child is the most significant issue.

F. DCFS determines the office having jurisdiction in a case by the following formula:

1. Where does the family reside (parent or other person having legal custody)?

2. Where is the child physically located at this time?

3. Will the child be protected?

2222 CHILD DEATH REVIEW

A. Reports to CA Intake

1. When reported, CA Intake must screen the following child fatalities, and the Intake worker must enter the fatalities into CAMIS as new referrals:

   a. Death from any cause of children in active CA cases;

   b. Death from any cause when the child's family has received services from CA within the 12 months previous to the child's death or when there has been a CPS referral, whether accepted or not, within the previous 12 months;

   c. Death from any cause that occurs in a facility or home required to be licensed or certified by the Division of Licensed Resources (DLR).

   d. Death reported as being a possible result of child abuse or neglect whether or not the family has had prior contact with CA.

2. CA Intake must access the person card in CAMIS and note that the child is deceased.

3. CA Intake screens in child fatalities in the same way as other reports coming into Intake. Frequently, the reports will not require assignment for investigation.

B. Reports to Regional and Headquarters Management Teams

1. Within two hours of receiving a report of a child fatality, CA Intake must notify , through the supervisor, the Area Manager and the Regional Administrator.

2. The Regional Administrator or designee must then notify Headquarters managers, including the Director of the Division of Program and Policy Development, the Special Assistant to the Assistant Secretary, and the Assistant Secretary.

3. Within 24 hours, excluding Saturdays, Sundays, and holidays, of receiving a report of child fatality, staff assigned by the Regional Administrator must complete and forward electronically an **Initial Report of Child Fatality/Near Fatality** to the program manager for Child Fatality Review and the Special Assistant to the Assistant Secretary.

4. If the Regional Administrator determines the fatality to be a high profile incident, the Regional Administrator must ensure that assigned staff sends updated versions of the **Initial Report of Child Fatality/Near Fatality** to the Special Assistant at 10-day intervals until the internal review (fact finding) report is submitted in accordance with the *Operations Manual*, chapter 5000, section 5200.

2300 ASSESSMENT

2310 RESPONSE TIME

A. The supervisor and assigned social worker shall consider as "maximum limits" the timeframes defined in this section for CPS response. Cases may require a quicker CPS response than the time- lines defined in this section.

B. Response time begins at the time and date of receipt of the referral. The intake process must be completed within three working days.

C. Referral receipt date and time begins when a referral is initiated by the referrer through contact with the intake worker by any means.

D. Emergent response begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

E. Non-emergent response begins within 10 calendar days from the referral date and time. The standard of investigation may be high or low.

F. The supervisor may approve an exception to the requirement that the face-to-face visit occur within 10 days from the date of referral and that non-emergent response begin within 10 calendar days. If the supervisor makes such an exception, the supervisor must note the exception using the CAMIS "DOCUMENT" procedure and include the reason(s) for the exception.

G. See the DLR *Child Abuse and Neglect Practice Guide - Investigating Abuse and Neglect in State-Regulated Care* for required response times for licensed or certified child care facilities and state-operated child care facilities.

2320 RISK LEVELS

There are six levels of risk - defined in the *Risk Factor Matrix Guide*. At Intake, the social worker uses levels of risk to define the seriousness of the allegations, known as the risk tag.

2330 STANDARDS OF INVESTIGATION

2331 HIGH STANDARD

A. The CPS social worker uses the high standard of investigation for all referrals given moderate to high risk tags at intake.

B. The CPS social worker uses the high standard when child abuse and/or neglect is alleged in a licensed facility or a facility subject to licensure.

C. The social worker gathers information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but is expected to work cooperatively with law enforcement.

D. The assigned social worker must:

1. Contact the referrer if the intake information is insufficient or unclear and may provide information about the outcome of the case to mandated referrers.

2. Interview child victims face-to-face within 10 working days from date of referral.

   a. An investigator or professional skilled in evaluating the child or condition of the child must interview all child victims involved in the report and capable of being interviewed through face-to-face contact at the earliest possible time. Local protocol or the special needs of the child may dictate that someone other than the CA social worker interview the child regarding allegations of abuse.

   b. If an investigator or qualified professional first conducts the interview regarding child abuse, the assigned social worker is still responsible for interviewing the victims face to face for the purpose of assessing risk and gathering information for service planning. The social worker may interview the child(ren) outside the presence of the parents. The social worker may conduct the interview on school premises, at child day care facilities, at the child's home, or at other suitable locations. The interviews should uphold the princples of minimizing trauma and reducing investigative interviews (SB 5127).

   RCW 26.44.030

   c. The social worker determines if the child wishes a third party to be present during the interview. The social worker makes a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.

   RCW 26.44.030

   d. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.

   e. CA CPS staff must use near verbatim recording any time an alleged child victim or a child witness makes statements to the CPS staff relating to allegations of child sexual abuse. Such statements include disclosures and denials of sexual abuse and provision of information directly related to the specific allegation. CA staff may summarize child and adult interviews that do not include discussions of the allegations. See the *Operations Manual*, chapter 13000, section 13100, for documentation requirements.

3. Assess referrals accepted as sexually aggressive youth (SAY) for the following factors:

a. Whether or not the youth has been abused or neglected.

b. The youth's potential for re-offending.

c. The parents' willingness to protect, seek and utilize services, and cooperate with case planning.

4. If needed, photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child.

RCW 26.44.050

5. On all CPS referrals risk tagged 3, 4 or 5, in which the child is not placed in out-of-home care, the assigned social worker will complete a Safety Assessment immediately following the initial face-to-face contact with the child. The Safety Assessment may be initially documented directly in CAMIS or on NCR paper forms. In either case, the Safety Assessment must be documented in CAMIS according to the following timelines:

   a. All referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within two working days of the initial face-to-face contact with the child. If the NCR form is used initially, the Safety Assessment form in CAMIS will be completed within 10 working days of the initial face-to-face with the child.

   b. On all referrals risk tagged 3/non-emergent at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within 10 working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in CAMIS will be completed within 10 working days of the completion of the NCR form.

   c. If the Safety Assessment is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.

6. When any question on the Safety Assessment has a response marked "indicated," the assigned social worker will also complete a Safety Plan. Safety Plans may also be completed on other cases as determined to be appropriate by the social worker and/or supervisor.

   a. The Safety Plan may be completed by either direct entry into CAMIS or by completion of an NCR form.

   b. If the Safety Plan is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.

   c. If the Safety Plan is completed on an NCR form, CAMIS documentation may consist of entry of the Safety Plan information into the CAMIS Safety Plan module or an SER entry reading: "Safety Plan completed on this date on NCR form."

d. If the Safety Plan is completed by direct entry into CAMIS, ***a copy should be printed and sent to the parents for their signature and to document they have the information in the plan. A hard copy should be placed in the correspondence section of the file. Workers are strongly encouraged to obtain appropriate signatures on the hard copy of the form, even if it is directly logged into CAMIS.***

7. If Safety Plans are required, completion of the Safety Plan will be documented in CAMIS according to the following timelines:

   a. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be documented in CAMIS within 2 working days of the initial face-to-face contact with the child.

   b. On all referrals risk tagged 3/non-emergent at intake, the Safety Plan will be documented in CAMIS within 10 working days of the face-to-face contact with the child.

8. The decision as to whether an item on the Safety Assessment is marked "indicated" reflects the best judgement of the social worker based on the information available at the time of the assessment.

9. If a Safety Plan is not put into place within prescribed timelines and the child is not removed from parental custody, the social worker will document the reasons why a Safety Plan is not possible in the space provided on the Safety Assessment. The social worker shall confer with his/her supervisor regarding the case circumstances in a timely manner

10. It is encouraged to obtain the signatures of the participants on the safety plan, especially that of the parents. This signature reflects their agreement to carry out their part of the plan. If the signatures of parents or other parties to the Safety Plan cannot be obtained, the assigned social worker may note in the signature block on the form the date on which verbal agreement as to the specific requirements of their involvement was reached.

11. The supervisor will review the Safety Assessment and Safety Plan according to the following guidelines:

    a. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be reviewed within 10 working days of its completion or sooner at the discretion of the worker and supervisor.

    b. On all referrals risk tagged 3/non-emergent at intake, the Safety Plan will be reviewed at the regular monthly conference.

    c. All Safety Assessments are to be reviewed at the regular monthly conference if not reviewed previously.

    d. Supervisory review of Safety Plans completed in CAMIS will be

documented in CAMIS, by opening the individual Safety Plans online and utilizing the button provided to indicate approval.

e. Supervisory review of Safety Plans completed on NCR forms will be documented by signing on the NCR form.

12. Under no circumstances will any case with an "indicated" response on the Safety Assessment be closed without supervisory review of both the Safety Assessment and Safety Plan.

13. With approval of the Regional Administrator, under a regional plan, hand written NCR hard-copy Safety Assessments and Safety Plans may be input into CAMIS by designated clerical staff according to the timelines set forth above. In all cases where Safety Assessments or Safety Plans have been completed on NCR forms, a copy of the original NCR documents will be retained in the paper file. The social worker will review the Safety Assessment and Safety Plan following clerical input to assure accuracy.

14. Unless credible collateral contacts clearly indicate that neglect is not occurring, make a home visit in cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.

15. Notify the parents, guardian, or legal custodian of a child alleged to be the victim of CA/N at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.

RCW 26.44.030

16. Notify the alleged perpetrator of the allegations of CA/N at the earliest point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.

17. Conduct individual and face-to-face interviews with the child's caretaker(s) and all alleged perpetrators if reasonably available. The social worker may coordinate interviews with local law enforcement agencies in accordance with local community protocols that may authorize interview of the perpetrators by a person other than the social worker.

    a. CPS staff must use near verbatim recording any time an alleged perpetrator of child sexual abuse makes statements to the CPS staff regarding the alleged sexual abuse.

    b. CPS staff may summarize the nature of questions and the nature of the responses when other adults provide information related to allegations of child sexual abuse.

    See the *Operations Manual*, chapter 13000, section 13100, for documentation requirements. For the CA social worker to rely on near verbatim reporting prepared by a law enforcement officer or other community participant, the department's local community protocol must

provide that the law enforcement or other participant will provide the near verbatim report within 90 days of the interview.

18. Document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.

19. Notify law enforcement in accordance with local protocol. The social worker must ensure that notification has been made to law enforcement following instructions in section 2220 of this chapter. When in the course of an investigation there is reasonable cause to believe a crime against a child has been committed, the social worker or supervisor must notify the law enforcement agency with jurisdiction.

RCW 26.44.030 and 74.13.031

20. Request the assistance of law enforcement to:

    a. Assure the safety of the child(ren) or staff.

    b. Observe and/or preserve evidence.

    c. Take a child(ren) into protective custody.

    d. Enforce a court order.

    e. Assist with the investigation.

21. See chapter 4000, section 43022, for notification to parents of their rights when a child is taken into temporary custody.

22. Secure medical evaluation and/or treatment. The social worker considers utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

23. Make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker must arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

    The social worker must ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical examination if the parent does not comply with the request.

24. Contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation. For consultation with a pharmacist on prescribed or non-prescribed medications, contact the Washington Poison

Control Center at 1-800-732-6895 (TTY 1-800-572-0368), identify self as a CA social worker, and ask to speak to the pharmacist on duty.

25. Seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.

26. Interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, child day care, relatives, etc.) who are reported to have or, the social worker believes, may have first-hand knowledge of the incident, the injury, or the family's circumstances.

27. When requested, contact the referrers regarding the status of the case. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child. Take care to maintain confidentiality and the integrity of the family.

28. Notify all persons named in the referral as alleged perpetrators of the abuse or neglect of the outcome of the investigation and the alleged perpetrators' rights of review and appeal, using the Client Notification Letter.

RCW 26.44.100

E. Determination of Substance Abuse as a Contributing Factor to Child Abuse and Neglect

1. The requirements in this subsection apply to all CA staff conducting high standard investigations of CA/N that include an in-person contact with the person alleged to have committed the CA/N. CPS staff must follow these procedures:

   a. When making an in-person investigation of alleged CA/N to determine if it is probable that the use of alcohol or controlled substances contributed to the alleged CA/N; and

   b. To refer the alleged perpetrator(s) to obtain a comprehensive chemical dependency evaluation of the person or persons alleged to be responsible for the CA/N if the social worker, following a thorough investigation, identifies indicators that abuse of alcohol or controlled substances has contributed to the alleged CA/N.

2. The statutory requirement for these activities is contained in RCW 26.44.170. See the *Case Services Policy Manual*, chapter 3000, section 3221. The social worker must make a referral for evaluation under paragraph 1 above, but the social worker does not have authority to force the client to participate in the evaluation without a court order.

3. The CA social worker conducting an investigation or assessment of a CPS referral requiring a high standard of investigation must complete the tasks identified below.

a. When the social worker determines, according to the *CPS Client Substance Abuse Screen*, that the use of alcohol or controlled substances is a contributing factor to the alleged CA/N, the social worker refers the alleged perpetrator to a qualified physician or a certified chemical dependency specialist in accord with local protocol for completion of a chemical dependency evaluation.

b. The social worker obtains from the chemical dependency evaluator the result of the referral for an evaluation and documents that result in the case record. The social worker need not keep the case open if the sole reason for doing so would be to receive a copy of the evaluation report. However, before closure, the social worker needs to document efforts to obtain the evaluation report.

2332 LOW STANDARD

The low standard of investigation may be used when intake staff and/or the supervisor assess a referral as low or moderate low risk of CA/N. Parameters for low standard of investigation include:

A. Response within 10 calendar days from the date of referral;

B. Referral to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

C. The social worker may send a letter to the family, make a phone call to the caretaker(s), or make a brief home visit to provide the following information:

1. Notification that CPS has accepted a referral for investigation;

2. Information included in the referral regarding allegations of CA/N;

3. The local DCFS telephone number/contact;

4. Community resources which may be available to address the condition; i.e., information and referral;

5. Notice that no further investigation will take place in response to this referral.

D. Referrals that are tagged at intake as low risk and receive the low standard of investigation shall have a case folder created when a referral is made to an ARS and the case is open in DCFS. All other referrals that are tagged at intake as low risk and receive the low standard of investigation shall be opened and closed on CAMIS. Collateral information in the form of additional documentation or correspondence shall be filed and maintained by each office.

E. If additional referrals are made on a family, and the risk is moderately low or higher, the low risk referral(s) shall be printed and included in the case file.

2335 DLR/CPS USE OF SAFETY ASSESSMENT AND SAFETY PLANNING TOOLS

A. On all DLR/CPS referrals alleging the biological or adoptive child of a licensee is the victim of CA/N in which the child is not placed in out-of-home care, the assigned DLR/CPS Investigator will complete a Safety Assessment immediately following the initial face-to-face contact with the child. The Safety Assessment may be documented directly in CAMIS or on NCR paper forms. Documentation will be done according to the following timelines:

1. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within two working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in CAMIS will be completed within 10 working days of the initial face-to-face with the child.

2. On all referrals risk tagged 3 or less/non-emergent at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within 10 working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in CAMIS will be completed within 10 working days of the completion of the NCR form.

3. If the Safety Assessment is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.

B. When any question on the Safety Assessment has a response marked "indicated," the assigned DLR/CPS investigator will also complete an initial Safety Plan.

1. The Safety Plan may be completed by either direct entry into CAMIS or by completion of an NCR form.

2. If the Safety Plan is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.

3. If the Safety Plan is completed on an NCR form, CAMIS documentation may consist of entry of the Safety Plan information into the CAMIS Safety Plan module or an SER entry reading: "Safety Plan completed on this date on NCR form."

4. If the Safety Plan is completed by direct entry into CAMIS, a hard copy should be printed out and sent to the licensed providers and they should be asked to return a signed copy to indicate their agreement with the Safety Plan.

C. The initial Safety Plan will be documented in CAMIS according to the following timelines:

1. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be documented in CAMIS within 2 working days of the initial face-to-face contact with the child.

2. On all referrals risk tagged 3 or less/non-emergent at intake, the Safety Plan will be documented in CAMIS within 10 working days of the face-to-face contact with the child.

D. The decision as to whether an item on the Safety Assessment is marked "indicated" reflects the best judgement of the social worker based on the information available at the time of the assessment.

E. If an initial Safety Plan is not put into place, the DLR/CPS investigator will document the reasons why an initial safety plan is not possible in the space provided on the Safety Assessment and must confer with the supervisor regarding the case circumstances in a timely manner.

F. If the signatures of parents or other parties to the initial Safety Plan cannot be obtained, the assigned DLR/CPS investigator may note in the signature block on the form the date on which verbal agreement as to their specific responsibilities in the safety plan was reached.

G. Safety Plans may also be completed in situations where they are not required per the written policy at the discretion of either the assigned DLR/CPS investigator or DLR/CPS supervisor.

H. Once the assigned DLR/CPS investigator has completed a Safety Assessment and Safety Plan, and has determined that there is a need for monitoring of the Safety Plan and/or provision of services, the DLR/CPS Supervisor shall contact the appropriate DCFS Supervisor.

1. The supervisor will ensure that the appropriate DCFS case assignment will occur to provide monitoring of the Safety Plan and/or provision of services.

2. In the event of disagreement between the DLR/CPS supervisor and the DCFS supervisor, the matter will be immediately referred up the chain of command for resolution.

3. As with any case transfer, appropriate staffings will occur to ensure the transition of services to the family.

I. When DCFS staff assume responsibility for the case, DCFS also assumes responsibility for making ongoing decisions about the safety of the child and/or provision of services. DCFS and DLR will utilize joint staffings and shared decision making whenever appropriate, especially if the license remains active.

J. The DLR/CPS supervisor will review the Safety Assessment and Safety Plan prior to transfer of a case to DCFS. In addition, the following timelines must be met:

1. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be reviewed within 10 working days of its completion, or sooner at the discretion of the worker and supervisor.

2. On all referrals risk tagged 3 or less/non-emergent at intake, the Safety Plan will be reviewed at the regular monthly conference.

3. All Safety Assessments are to be reviewed at the regular monthly conference if not reviewed previously.

K. Supervisory review of Safety Plans completed in CAMIS will be documented in CAMIS, by opening the individual Safety Plans online and utilizing the button provided to indicate approval. Supervisory review of Safety Plans completed on NCR forms will be documented by signing on the NCR form.

L. Under no circumstances will any case with an "indicated" response on the Safety Assessment be closed without supervisory review of both the Safety Assessment and Safety Plan.

2340 ONGOING RISK ASSESSMENT AND CPS

A. Risk Assessment continues throughout the life of a case from the initial CPS referral until the case is closed. CPS is defined by the type and goal of provided services and not limited by the organizational structure of local DCFS offices.

B. CPS is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

2400 CASE PLANNING

2410 DESCRIPTION

A. Case planning builds on the principles of risk assessment by linking the identified risk factors to their case plan.

B. The CPS worker must follow the requirements of WAC 388-15-131 and WAC 388-70-095 in determining if the reported child(ren) is Indian/Native American.

1. The social worker must document in the SER the steps taken and follow the requirements contained in the *Indian Child Welfare (ICW) Manual*.

2. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker **must** do this **in every case**.

3. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.

C. The CPS social worker must develop and implement culturally responsive case plans, consistent with the risk assessment model, designed to reduce the risk of CA/N to children.

2420 PROCESS

A. The social worker develops service plans with available parents using empowerment strategies that identify and build on parental strengths. The worker provides available parents with regular feedback about progress.

B. The social worker develops a case plan with each available family when services are provided. The social worker completes a service plan on the summary assessment form and negotiates service agreements with the family and outlines the steps that are to be taken to achieve the case plans. See chapter 4000, section 45023, for procedures to access Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). The social worker makes reasonable efforts to ensure that service agreements are translated into the primary language of the child and the child's caretaker.

2430 SERVICE AGREEMENTS

2431 PURPOSE AND CONTENT

A service agreement is a written agreement between the social worker and the parents that emerges from the case plan. The social worker, with the family, makes efforts to have the service agreement with the family:

A. Provide the family and social worker with an organized, realistic method of seeing the logical connection between a problem and how to resolve or lessen that problem.

B. Result in services that are prioritized, is targeted to address major parenting problems and family concerns, and builds on the strengths and resources of the family.

C. Address the key patterns associated with CA/N.

D. Clearly define expectations for both the social worker and the family.

E. Dated and signed by the social worker and the parent(s) of the child.

2432 DEVELOPMENT

A. The first priority in the development of a service agreement is the protection of the child(ren).

B. Services are chosen based on the assessment of the problem, identification of the strengths and resources of the family and the community, and the likelihood that the service will reduce or eliminate risk of harm to the child(ren).

C. The agreement will make use of concrete services when appropriate to supplement treatment/counseling.

D. The outcomes of the agreement will be evaluated by whether there is a reduction of risk.

2433 ELEMENTS

A. The CPS social worker includes the following elements in service agreements:

1. Issues needing to be addressed.

2. Means of addressing the issues.

3. Behavioral objectives to be achieved.

4. Significant activities to be completed, and by whom.

5. Known or anticipated cost of services.

6. Who will be responsible for costs.

7. Significant dates and time frames for completion.

8. Goal/outcome expectations for successful completion.

9. Methods for verifying compliance and measuring outcomes.

B. Service agreements are not legally binding.

C. The social worker discusses factors relevant to the agreement with the parent to determine the level of compliance that can reasonably be expected. The social worker monitors progress toward achievement of activities in these agreements and may use telephone contacts and reports from providers.

D. The social worker incorporates service agreements into the service plan. For specific criteria to be addressed in service agreements, see the *Risk Assessment Guide*.

E. The social worker may authorize interim services prior to completing or updating the Individual Service and Safety Plan (ISSP) or Summary Assessment. The social worker may use the service agreement process to authorize interim services.

2500 SERVICE DELIVERY

2510 DESCRIPTION

The social worker's primary goal is to attempt to ensure the safety of the child within the context of the child's need for permanence in a family setting. The social worker's emphasis is to strengthen the family in order to prevent removal and/or reduce the length of stay in temporary out-of-home care.

2511 SERVICE MODEL

DCFS employs the least intrusive service delivery model which engages the family in problem solving efforts provided the child is adequately protected. Service delivery is based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

2512 ACCESSING AVAILABLE SERVICES

DCFS supervisors are responsible for orienting all social work staff with information regarding agencies and services available to clients. Social workers refer clients to appropriate available services necessary to alleviate the risk of CA/N. Such services include FPS and IFPS. See chapter 4000, section 4502 for complete descriptions of the two programs.

2513 CASE MANAGEMENT FUNCTIONS

Service delivery/case management functions include:

A. Ongoing review of case plan as needed.

B. Regular assessments of risk of CA/N.

C. Coordination of service delivery, including assisting families and children in accessing DSHS and community resources.

D. Consulting with service providers regarding:

1. Reason for referral.

2. Family's attendance and progress in service efforts.

3. Provider/family identification of service needs.

4. Other case coordination.

E. Monitoring a child's safety.

F. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further CA/N.

G. Decision-making regarding the timing and goals of permanency planning.

H. The assigned social worker shall invite the following parties to any staffing in which decisions regarding the child are being made:

1. Treatment Providers;

2. Other professionals who play a significant role with the family;

3. Individuals with responsibilities identified in the safety plan;

4. The family, if appropriate, if not present, their perspective should be represented;

5. Foster Parent;

6. Child, if over 12 years of age.

2514 SERVICE CONTINUITY

The supervisor shall work to assure continuity of service delivery when CPS cases are transferred from one social worker to another. Continuity of service delivery includes communication and case staffing among DCFS staff who have recently worked on the case.

2520 INVESTIGATION

The social worker shall complete an investigative risk assessment on all investigations of child abuse and neglect upon completion of the investigation and no later than the 90th day after the referral is received unless the requirement is waived by the supervisor per section 2610.

2530 SERVICE OUTCOMES

The social worker shall achieve one of three outcomes for investigations:

A. A written voluntary service agreement with the family signed by the participants.

B. A dependency action filed in juvenile court.

C. Closure of the case.

2540 INVESTIGATIVE RISK ASSESSMENT

The Summary Risk Assessment has been revised and replaced with the Investigative Risk Assessment (IRA). It must be completed at the end of the investigation, but no later than 90 days after the date of the referral.

A. The social worker must complete a CAMIS Investigative Risk Assessment form which includes:

1. A listing of risk factors included on the risk factor matrix. This listing must include a completed substance abuse screen as provided in CAMIS.

2. A narrative account of important risk factors and family strengths and how these factors contribute to or reduce the risk of CA/N.

3. Disposition; e.g., a description of DCFS case status.

4. A record of case findings regarding alleged abuse or neglect. CPS investigators will base findings for victims on CA/N codes designated in the referral according to the following definitions:

   a. **Founded** means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did occur.

   b. **Unfounded** means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did not occur.

RCW 26.44.020

   c. **Inconclusive** means: Following the CPS investigation, based upon available information, the social worker cannot make a determination that, more likely than not, child abuse or neglect has or has not occurred.

B. The social worker must complete the CAMIS Investigative Risk Assessment form as follows:

1. Cases Closed Within 90 Days Without Services

a. Complete the following sections by the 90th day after the referral is received:

i.	Section I	Baseline Level of Risk
ii.	Section II	Child Characteristics
iii.	Section II	Caretaker Characteristics
iv.	Section IV	Familial, Social and Economic Factors
v.	Section V	Protective Factors & Family Strengths
vi.	Section VI	Basis for Overall Level of Risk

2. Cases Closed Within 90 Days With Services

a. Complete the following sections no later than the 90th day after the referral is received:

i.	Section I	Baseline Level of Risk
ii.	Section II	Child Characteristics
iii.	Section II	Caretaker Characteristics
iv.	Section IV	Familial, Social and Economic Factors
v.	Section V	Protective Factors & Family Strengths
vi.	Section VI	Basis for Overall Level of Risk

b. Complete a service plan that addresses the relevant high risk factors identified through the risk assessment prior to starting services. Parents are not required to sign the service plan if the case is closed by the 90th day after the referral was received.

3. Cases Opened Beyond 90 days With Voluntary Service Agreement

a. Complete the following sections of the Investigative Risk Assessment prior to having the parent sign the service agreement.

i.	Section I	Baseline Level of Risk
ii.	Section II	Child Characteristics
iii.	Section II	Caretaker Characteristics
iv.	Section IV	Familial, Social and Economic Factors
v.	Section V	Protective Factors & Family Strengths
vi.	Section VI	Basis for Overall Level of Risk

b. When a case remains open for services after completion of an IRA, and no Individual (ISSP) is required, a Reassessment of Risk will be completed at case closure, transfer, and every six months. If an IRA or Reassessment of Risk has been completed within the previous 30 days, and no significant change has occurred, a new Reassessment of Risk is not required.

4. Cases Open Due to Placement or Dependency Action

a. Complete Sections II, III, IV, and V of the Investigative Risk Assessment by the 90th day after the referral is received **OR** at case transfer if transfer occurs less than 90 days after the intake is received.

b. At case transfer to Child Welfare Services complete a Reassessment of Risk if transfer occurs more than 90 days after the referral was received.

c. Prior to returning a child home if the child was in placement no longer than 60 days, the assigned worker must: complete a Reunification Assessment, Transition Plan and (if the child is under age 12 and was placed due to child abuse or neglect) a Safety Plan.

d. The social worker must, on placement/dependency cases, include SER documentation of important observations, events and collateral contacts, as well as dates of contact with parents, children, foster parents and service providers. The social worker must also include the visitation record in the case file.

2550 SPECIAL PROCEDURES

2551 PRENATAL/NEWBORN, DRUG/ALCOHOL EXPOSURE

A. The CPS social worker shall take the following steps:

1. Accept as "information only" referrals which document the use, by a pregnant woman, of alcohol or controlled substances that are not medically prescribed and are teratogenic or known to potentially cause fetal toxicity or damage.

2. Refer all prenatal referrals to the local Economic and Medical Field Services (EMFS) or contracted First Steps social worker for determination of eligibility for the First Steps program. EMFS and First Steps shall be responsible for case management and treatment services funded under the Maternity Care Access Bill and the Drug Omnibus Act.

3. Accept and open for investigation referrals made by the Community Services Office (CSO) or contracted First Steps case manager, or other mandated reporter, on women believed to be within four (4) weeks of delivery and who are using substances as defined above. Earlier CPS intervention may occur based on the decision of a joint CPS/EMFS case staffing. The social worker shall accept the referral if the pregnant mother meets one or more of the following conditions:

   a. Refuses to get prenatal care and/or has made no provisions for the baby.

   b. Refuses to enter substance abuse treatment.

   c. Is mentally ill or seriously emotionally disturbed.

d. Is without a social and financial support system.

e. Has a history of prior CPS involvement where other children are in out-of-home care or where parental rights have been terminated.

f. Is under the age of 18 and lacks a place to live.

B. The purpose of prenatal CPS involvement is to:

1. Allow adequate time prior to birth to assess the parent(s)' ability to provide safe and adequate care for the child at birth.

2. Explore relatives or other placement possibilities if it appears unlikely that the parent(s) will be able to provide care.

3. Encourage the parent(s) to participate in treatment.

4. Advise of possible CPS action at birth.

C. The social worker does not file prenatal dependency petitions except when the social worker believes it is necessary to assume immediate custody of the infant at birth. The social worker files prenatal petitions only in consultation with assigned legal counsel.

2552 REFERRALS ON DRUG/ALCOHOL-EXPOSED NEWBORNS

The CPS intake social worker shall accept referrals from mandatory reporters on drug/alcohol-exposed newborns. These referrals include, but are not limited to, infants with a positive drug screen at the time of birth.

A. The DCFS supervisor shall assign these referrals for investigation.

B. The social worker conducts an investigation, following the risk assessment model, focusing on the ability of the parent(s) to protect and care for the infant and including consultation with the referring source. The CPS social worker or supervisor shall refer cases to law enforcement or to the prosecutor's office per local agreement.

C. Factors such as signs of infant or maternal drug withdrawal or evidence of current maternal substance abuse may result in referral to CPS, and the CPS supervisor may consider them for assignment.

D. The social worker, when completing an assessment, shall specifically address the following factors:

1. History and pattern of parental substance abuse.

2. Parental mental health and physical condition.

3. Home environment, including presence of other substance abusers or transience of parent(s).

4. Physical condition and medical needs of the child.

5. Support available to the parent(s).

6. History of previous allegations of CA/N by parents.

7. Chemical dependency testing (e.g., urinalysis) and monitoring of parent(s), when available within existing resources.

E. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan shall document specific safeguards to protect the child. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.

F. The social worker monitors, through regular personal and collateral contacts, the service plan for compliance when the infant remains in the home. The social worker immediately re-assesses the need for court involvement or out-of-home placement if the parent fails to comply with the service plan.

G. The social worker may, if appropriate, refer the child/family to the Supplemental Security Income (SSI) facilitator for assistance in applying for SSI on behalf of the child.

2553 INSTITUTIONAL ABUSE

A. Institutional abuse is any child maltreatment as defined in DSHS Administrative Policy 8.02, *Client Abuse*, occurring in any DSHS certified, licensed, or staffed child care facility, including adoptive home placements prior to finalization. For investigation, DCFS staff shall follow the policy and procedures outlined in the *Operations Manual*, chapter 5000, section 5300.

B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities using the steps outlined in the CA *Operations Manual*, chapter 5000, section 5100.

C. Certified and licensed facilities include foster homes, including those licensed by child placing agencies, child day care facilities, group homes, hospitals, Crisis Residential Centers (CRC), and some juvenile detention facilities. Division of Licensed Resource, CPS Section must notify the licensing authority of alleged CA/N and must investigate in accordance with the *Operations Manual*, chapter 5000, section 5300. Any plan for remedial action with the facility must be the responsibility of the licensing authority. The CPS social worker and the licenser must consult during the investigation.

WAC 388-73-036, 388-73-048, and 388-73-050

2554 ALLEGED ABUSE OF CHILD CLIENTS BY DSHS PERSONNEL

A. The social worker takes referrals using CAMIS intake and must attach any supporting documents. See the CA *Operations Manual*, chapter 15000, section 15204, for procedures regarding administrative files.

B. The intake social worker places all relevant material into a confidential file folder and brings it immediately to the attention of the supervisor.

C. The supervisor briefs the area manager and agrees on a plan for independent investigation by CA staff which includes the following elements:

1. Consultation with the Office of Special Investigations (OSI) under DSHS Administrative Policy 6.01.

2. Referral to the Employee Services Director for possible investigation per DSHS Administrative Policy 6.01.

3. Designation of specific CA social work staff to conduct the investigation.

4. Making an initial incident report to the Regional Administrator.

5. Notification to law enforcement as required by RCW 26.44.030 and 74.15.030.

6. Notification to the head, or designee, of the facility where the staff is employed that:

   a. A CPS referral has been made.

   b. A CPS investigation will follow.

   c. No action shall be taken by the facility which might interfere with the CPS investigation.

7. Assessment of the alleged perpetrator's access to the child victim or other potential child victims.

8. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs.

9. Notification of the parents and/or person(s) who had legal custody prior to the grant of legal custody to the state of the alleged victim and the facility head of the allegations and the results of the CPS investigation.

10. Provision of the written results of the investigation to the Assistant Secretary through the Regional Administrator on an incident report format, in accordance with the incident reporting provisions of the *Operations Manual*, chapter 5000, section 5100.

D. The CPS social worker must coordinate the investigation with other authorized investigative activities.

E. The assigned social worker and the supervisor are responsible for the assessment of continued risk to the alleged victim.

2555 ALLEGED MEDICAL NEGLECT IN HEALTH CARE FACILITIES

A. DCFS investigates alleged incidents of medical neglect, including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition, in a health care facility. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting such conditions.

B. There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:

1. The child is chronically and irreversibly comatose.

2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting the child's life-threatening conditions, or otherwise would be futile in terms of survival of the child.

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

   Appropriate nutrition, hydration, and medication must be provided without exception. The medical professional reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

C. The CPS social worker shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation.

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk.

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred with by two consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence of two consulting physicians.

i. Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

ii. The department has final responsibility for determining whether further intervention or court referral is necessary.

6. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in number five above exist. Such a meeting shall include:

   a. The hospital or facility designee.

   b. The attending physician.

   c. The CPS social worker.

   d. The DCFS medical consultant (as necessary).

   e. Others as appropriate.

   The social worker shall document the reason for the non-attendance of a representative of 6a through 6d.

7. Pursue remedies, including initiating a dependency action in juvenile court, as may be necessary to prevent the withholding of medically indicated treatment from children with life threatening conditions.

8. Encourage inclusion in treatment of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

D. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices shall maintain and update agreements annually with each facility that shall include the following elements:

1. Procedure specifying that the CPS social worker shall promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of CPS concerns involving the facility.

2. CPS referral procedures consistent with the intent of RCW 26.44 that facilitate direct referral by the person observing the risk situation.

3. Arrangements for preliminary interviews of children by the CPS social worker before notification of parents when such notification of parents would interfere with the appropriate collection of information.

4. Arrangements for allowing access to medical records by the social worker involved in a CPS investigation.

5. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by RCW 26.44.056.

6. Procedure for the investigation of alleged incidents for medical neglect by the facility, including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

   a. Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.

   b. Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.

   c. Agreement and procedures for the meeting of the social worker and facility representatives, including, as necessary, the contracted medical consultant designated by DCFS.

   d. The social worker may refer unresolved issues to the Attorney General's Office or its designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

2556 REFERRALS TO CPS FROM RESIDENTIAL FACILITIES WHEN ALLEGED ABUSE OCCURRED PRIOR TO PLACEMENT

A. DCFS response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility includes:

1. **Where to Report**

   a. CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

   b. Intake serving the area in which the facility is located shall take the referral when:

      i. The child is not a DCFS-related placement.

      ii. The facility is unable to contact the placing office.

2. **CPS Response to Reports**

a. When CPS in the local office serving the area where the facility is located receives a call, the intake worker:

i. Obtains the following information as necessary to identify the case and the placing office:

- A brief description of the information.
- The name, birth date, and case number (if any) of the child.
- The name and address of the child's parent(s) or other caretaker.
- The name of the family's caseworker, if any.
- The name and phone number of the reporter.

ii. Calls CPS intake in the placing office. If this can be done with the facility on hold, then the worker need only connect the facility when the placing office is on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

iii. Will be available to provide coordination and facilitation of the referral; e.g., interview the child victim or other facility staff when requested by the placing office.

iv. Provides consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

b. The placing office coordinates the:

i. Investigation, including the interview of the child.

ii. Reports to law enforcement.

iii. Other activities as necessary.

c. The placing office:

i. Has CPS in the location of the facility conduct the investigation.

ii. Completes the CAMIS referral with the notation "This is a residential facility" and screen the referral for sufficiency.

iii. Informs the referrer of the initial decision and reason.

- If accepted, non-emergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, etc.).
- If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker for information, possible non-CPS follow-up, or other action as may be necessary.

iv. Assigns cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.

v. The intake supervisor notifies staff/supervisors with the open cases on the child/victim and forward a copy of the referral to the currently assigned social worker.

vi. The investigating worker keeps the facility advised of the investigation time-frames, progress, and findings.

2557 CPS ALERTS

A. Any DCFS supervisor may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. Before initiating the alert, the social worker needs to check for the subject individuals in Automated Client Eligibility System (ACES). The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

B. A DCFS supervisor may initiate an alert within the state by contacting the CAMIS Help Desk or using E-mail requesting acknowledgment and providing information in the following format:

1. **Identification**:

   a. Name and birth date of child at risk.

   b. Names and birth dates of persons presently caring for the child.

   c. Current legal status of the child.

2. **Problem**: Describe why the child is at risk, the degree of risk, and, if known, the probable destination. Historical, legal, or other identifying information may be added, but it should be brief and relevant.

3. **Contact**: Name of assigned social worker and complete mail and phone contact instructions.

C. The DCFS supervisor follows the above format for interstate alerts and must submit them in typed memo form to DSHS, DCFS, Mail Stop 45710, Attention: CPS Program Manager.

D. The supervisor may provide printed copies of the alert to CSO intake units.

E. The intake supervisor maintains a printed copy of all alerts in either a chronological or alphabetical file at the office for 180 days after receipt. The local office may destroy the printed alerts after that time. The originating office may renew alerts after 180 days.

2558 SEXUALLY AGGRESSIVE YOUTH (SAY)

A. Social workers must arrange for the provision of appropriate and comprehensive evaluation, treatment and supplemental services for sexually aggressive youths (SAY) as approved by Regional SAY Teams. See chapter 4000, section 4536 for information regarding services and placement guidelines.

RCW 74.13.075

B. Sexually aggressive youths means those juveniles who:

1. Have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature; and

2. Are in the care and custody of the state; or

3. Are in the care and custody of a federally recognized Indian tribe located within the state; or

4. Are the subject of a proceeding under chapter RCW 13.34 or a child welfare proceeding held before a tribal court. This allows service to children in their own home who are in shelter care status or dependent; or

5. Have been determined by law enforcement (for children under eight years of age) or a prosecutor's office (for children eight through 11 years of age) to be a sexually aggressive youth who will not be prosecuted.

RCW 26.44.160 and 9A.04.050

C. CPS must investigate any referrals from law enforcement or a prosecutor's office that allege that a child is a sexually aggressive youth. The purpose of the investigation is to determine whether the child is abused or neglected, whether any siblings are at risk, and whether the child or the child's parents are in need of services or treatment.

RCW 26.44.075

D. DCFS may offer appropriate available services and treatment as provided in RCW 74.13.075 and may refer the child and his or her parents to appropriate services available within the community. If the parents refuse to accept or fail to obtain appropriate treatment or services under circumstances that indicate that the refusal

or failure is child abuse or neglect, the department may pursue a dependency action as provided in chapter 13.34 RCW.

2559 HOSPITAL HOLDS

CPS must receive a child taken into custody by a law enforcement agency pursuant to a determination by a hospital administrator or physician that the child would be in imminent danger if released to the child's caretaker. CPS must detain the child until the court assumes custody. However, if in the opinion of the CPS worker and supervisor, based upon documented evidence and in consultation with appropriate entities such as the Child Protection Team (CPT), the child's safety will not be unduly endangered if the child is returned, the social worker may return the child to the parent or legal guardian. If the child is returned home, the assigned social worker must monitor the continued safety of the child for a six-month period.

25591 FINDING NOTIFICATION AND REVIEW

A. Review and Appeal Rights

When a CA CPS investigator completes an investigation of a report of alleged child abuse or neglect under chapter 26.44 RCW, the assigned CA staff must notify the alleged perpetrator of the findings of the investigation and provide the alleged perpetrator with the opportunity to review and appeal the finding if applicable.

1. The assigned CA staff must provide notice on all findings, including founded, unfounded, and inconclusive, by certified mail, return receipt requested, to the person's last known address. When department staff knows that the alleged perpetrator has moved, assigned staff must make good faith efforts to determine the new address of the alleged perpetrator.

2. A person named after October 1, 1998, as an alleged perpetrator in a **founded** report of CA/N has the right to seek review and amendment of the finding.

    a. After receiving written notice from the department that the department has named the person as a perpetrator in a founded CA/N report, the named person may request that the department review the finding. The department must receive the request for review within 20 calendar-days following the named person's receipt of the notice.

    b. The named person must make the request in writing.

    c. If the alleged perpetrator does not make a request for review in accordance with this section, the alleged perpetrator may not further challenge the finding and has no right to an administrative hearing or judicial review of the finding.

3. Upon receipt of a written request for review, CA must review and, if appropriate, amend the finding. CA staff above the first level of supervision must retain responsibility for the review. See paragraph B(7) below.

a. Upon completion of the review, the Regional Administrator or Division of Licensed Resources (DLR) Director, or designee, as applicable must notify the alleged perpetrator in writing of the agency's determination.

b. The CA representative must send the notification by certified mail to the named person's last known address.

4. If, following agency review, the report remains founded, the person named as the perpetrator may request an administrative hearing to contest the finding. The named person must file the request for an administrative hearing with the Office of Administrative Hearings within 30 calendar days after receiving notice of the agency review determination.

5. If the named person does not request an administrative hearing as provided in this section, the person may not further challenge the finding and has no right to further agency review or to administrative hearing or judicial review of the finding.

B. Department Procedures

1. The CPS social worker must complete the summary assessment and enter a finding in CAMIS.

2. The CPS worker must complete the client notification letter template for founded or unfounded/inclusive investigative results, as appropriate to the finding entered.

3. Per local office procedure, assigned staff must generate and send the client notification letter to the CPS supervisor for review. After review and approval, the CPS supervisor must sign the letter and provide the letter to the tracking clerk for mailing.

4. The tracking clerk must send each notification letter by certified mail, return receipt requested, and must maintain a tracking system for the notification process. For notification of founded allegations, the clerk must send the letters by certified mail, restricted delivery.

5. When the social worker or the worker's supervisor determines that notification by personal delivery is in the best interests of the alleged perpetrator's family, the assigned social worker may personally deliver the notification letter to the alleged perpetrator.

a. The social worker must document in the CAMIS SER and must notify the tracking clerk that the worker delivered the notification letter in person.

b. If the subject of the referral refuses to accept the in-person delivery, the social worker must arrange for the tracking clerk to send the letter by certified mail, return receipt requested, restricted delivery.

6. When the CA office receives a request for an internal review regarding a founded report, the tracking clerk determines if the alleged perpetrator has made the request within 20 calendar days of the alleged perpetrator's receipt of the notification letter.

    a. If the alleged perpetrator made the request within the required timeframe, the tracking clerk sends the request to the area manager or DLR/CPS section manager for an internal review of the finding.

    b. If the alleged perpetrator's request did not come within the designated timeframe, the CPS supervisor must notify the alleged perpetrator that the alleged perpetrator has no further right to review of the finding.

7. The DCFS area manager, or designee, or DLR Director, as applicable, must complete the internal review. The review may include an interview with the social worker and/or the worker's supervisor. At a minimum, the internal review must include:

    a. A review of the case file, including the referral, the SER, the summary assessment, and the findings screen; and

    b. A review of any written information provided by the subject of the referral, but not an in-person meeting with the subject of the referral.

8. The DCFS area manager, or designee, or DLR Director, as applicable, must notify the alleged perpetrator of the result of the review within 45 calendar days from the date the department received the request for review. The designated manager must:

    a. Provide the notification of the department's determination in writing; and

    b. Send the notification by certified mail to the alleged perpetrator's last known address.

9. If the assigned manager or designee upholds the founded report of CA/N, the subject of the referral must request, in writing, an administrative hearing with the Office of Administrative Hearings within 30 calendar days from the date the subject receives the department's notice of decision.

10. Assigned staff must document any change in findings made as a result of an internal review or an administrative hearing in CAMIS. The assigned manager or designee provided security access to change the finding in CAMIS must enter any change in finding within 10 working days of the decision to change the finding. The manager or designee must make the changes in the findings screen of CAMIS so that the changed finding will be evident when the finding is subsequently called up in CAMIS.

11. All findings will remain in effect as originally determined pending any internal review or administrative hearing.

2560 COMMUNITY COLLABORATION

2561 COMMUNITY INVOLVEMENT

DCFS managers, supervisors, and line staff are expected to allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

A. Law enforcement agencies.

B. Juvenile courts.

C. Schools.

D. Ethnic/minority communities.

E. The medical community.

F. Appropriate social service agencies.

2562 CHILD PROTECTION TEAMS

A. Purpose and Scope

1. Regional Administrators must establish and maintain one or more CPTs in each region.

RCW 74.14B.030 and Executive Order (EO) 95-04

2. The Regional Administrator must utilize the team(s) for consultation to:

   a. Assist in assessment of the future risk of abuse and neglect to children; and

   b. Assist in assessment of the need to place children in out-of-home care in CA cases where a risk of serious harm to the child exists, including situations outlined below:

      i. Any case in which there is serious professional disagreement, including disagreement by the foster parent(s), regarding risk of death, serious injury, out-of-home placement of a child, or the 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;

      The CPT may be told the facts and may opt not to review the situation, on a case-by-case basis;

      ii. Cases in which the risk assessment, following initial investigation, results in a moderately high or high risk classification, and the child victim is age six or younger;

iii. In all cases prior to return home or dismissal of dependency, when the child is age six or younger and any risk assessment has resulted in a risk level of moderately high or high risk;

iv. Cases that are opened solely on the basis of risk of imminent harm following initial investigation where there are no allegations of abuse or neglect; and/or

v. Complex cases where such consultation will help improve outcomes for children.

B. Requirements

1. Multidisciplinary CPTs provide confidential case staffing and consultation to CA. Recommendations by CPTs are advisory to DCFS staff, except when deciding to place a child or return a child home.

a. Each Regional Administrator must establish and maintain one or more culturally diverse and responsive multi-disciplinary CPTs.

b. Each CPT must consist of at least four persons, selected by the Regional Administrator, from professions that provide services to abused and neglected children and/or the parents of such children.

i. Participants may include, but are not limited to, law enforcement officers, physicians, mental health and substance abuse counselors, or other mandated reporters of child abuse and neglect.

ii. In addition, treatment providers, other professionals who play a significant role with the family, individuals with responsibility identified in the safety plan, the family, if appropriate (if not present, their perspective should be represented), foster parent, and child if over 12 years of age shall be invited.

iii. A written report shall be requested from any providers unable to attend.

2. Before participating in the business of the CPT, each member must register with CA as a volunteer.

3. Multi-disciplinary CPTs provide confidential case staffings and recommendations to CA. Release of information is subject to laws regarding public disclosure and confidentiality contained in RCW 74.04.060.

4. Each Regional Administrator must develop and implement written procedures for establishing, convening, and managing the region's CPTs. The Regional Administrator must designate a staff person to serve as CPT

coordinator for the region or local area as well as a facilitator for CPT staffings.

a. With the approval of the Regional Administrator, the CA office may use other types of community review teams or team members from other review and consultation teams for CPT under this procedure when they meet the criteria of this procedure and are willing to staff cases for the express purposes of this procedure.

b. A person with a personal or fiduciary interest in the outcome of the case under review may participate as a CPT member in the review of that case after declaring that personal or fiduciary interest.

C. Procedures

1. CA field staff refer cases for staffing to the CPT through their supervisor.

2. A community professional may schedule a CPT staffing, pursuant to this policy, with the CPT coordinator when the professional has reviewed and discussed the issues with the social worker and the supervisor and wishes to pursue a staffing.

3. Among the responsibilities of the CPT coordinator are:

a. Coordination and management of membership recruitment, training, scheduling, record-keeping including CPT recommendations, reporting, and communication for the CPT.

b. Provision of written staffing recommendations to the assigned social worker and supervisor following the staffing.

c. Maintenance of a tracking system to document activity for staffings and recommendations.

4. If the social worker decides not to place a child or to return a child home when the CPT has recommended otherwise, the social worker, the supervisor, and the Area Manager will consult the Regional Administrator immediately upon making the decision. DCFS staff will follow the recommendation of the CPT regarding placement unless the Regional Administrator specifically authorizes the action contrary to the recommendation. The supervisor and the Area Manager will report the Regional Administrator's decision, in writing, to the CPT, through the coordinator, within seven working days.

5. The CPT may request the Regional Administrator to review the social worker's case plan decision and present additional information to support a concern for the health, safety, and welfare of the child or the effectiveness of the DCFS plan. The Regional Administrator or designee must review the issue and determine if another course of action is appropriate. The Regional Administrator may also consider minority opinions when the CPT has been unable to achieve a consensus of opinion.

6. If the CPT disagrees with the decision of the Regional Administrator, the team may appeal to the Assistant Secretary.

2563 MILITARY PERSONNEL

CPS service guidelines for on-post military families shall be developed administratively with the base commander or commander's designee and the Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for, off-post families.

2570 LAW ENFORCEMENT

2571 MANDATED REPORTS TO LAW ENFORCEMENT

A. The social worker or supervisor shall report, as required by RCW 26.44.030(4) and 74.13.031(3), to law enforcement within 24 hours of receipt of a report by the department in cases where the response time is labeled "emergent" and the child's welfare is believed to be in immediate danger. With the exception of a child fatality, which the social worker or supervisor shall report immediately, the social worker or supervisor shall notify law enforcement within 72 hours of receipt of any reported incident of:

1. Sexual abuse.

2. Non-accidental physical injury of a child.

3. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.

B. Unless otherwise agreed in a local written working agreement with law enforcement, developed in consultation with the Attorney General's Office, DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed *Report of CA/N*, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

C. Social workers and supervisors are not required by statute to report to law enforcement instances of CA/N where no criminal misconduct is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

2572 CRIMINAL HISTORY CHECKS

A. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification section. Local social workers and supervisors make requests following instructions in the CA *Operations Manual*, chapter 5000, section 5500. The social worker must include documentation in the service record that each of the following conditions exists before making the inquiry:

1. The inquiry is about an alleged perpetrator in an open CPS case.

2. The alleged CA/N incident has been reported to law enforcement as required by RCW 26.44.030.

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in RCW 26.44.050 and RCW 74.13.031.

B. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

C. Information gained will be subject to public disclosure policy as outlined in chapters 43.43 and 10.97 RCW and the CA *Operations Manual*, chapter 13000, section 13500.

2573 LAW ENFORCEMENT ASSISTANCE

A. A social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.

B. A social worker may receive children taken into custody under RCW 26.44.050 from law enforcement with a *Child Custody Transfer*, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

2574 LAW ENFORCEMENT AGREEMENT

Each CA office must develop a written working agreement with each law enforcement agency in its catchment area. Such agreements will detail local mechanisms for handling matters contained in sections 2571 - 2773.

2575 CONFIDENTIALITY OF RECORDS

CA records are confidential, and CA staff must not disclose them to law enforcement other than as described above. Law enforcement or the prosecutor may subpoena other information from the CA record. See CA *Case Services Policy Manual*, chapter 4000, section 4120.

2576 CONFLICT OF INTEREST

A. RCW 26.44.190 requires law enforcement agencies not to permit law enforcement officers to participate in the investigation of alleged abuse or neglect concerning a child with whom the officer is, or has been a parent, guardian, or foster parent. See the CA *Case Services Policy Manual*, chapter 2000, section 2131.

B. To assist the law enforcement agency to meet this requirement, the assigned CA social worker must inform the law enforcement agency if CA's records indicate that the assigned investigating officer is, or has been, a parent, guardian, or foster parent of the alleged child victim.

C. If the law enforcement agency continues the investigative assignment with an officer who is the current foster parent of the alleged child victim, the CA social worker must remove the child from placement with the investigating officer.

2600 CASE REVIEW

2610 SUPERVISORY REVIEW

The supervisor must review all cases open to CPS for 90 days to determine if:

A. The case record and CAMIS file are complete.

B. The service is appropriate and effective.

C. The 90-day rule requirement has been met.

D. The service may continue.

1. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed.

2. The supervisor may refer the case back for further investigation.

E. The supervisor must document the reasons for the 90-day review decision in the CAMIS SER.

2700 RESOLUTION

2710 CLOSURE OF CONTINUING SERVICE CASES

A. The social worker may close continuing service cases when the problems resulting in risk of CA/N identified in the Summary Assessment form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

B. The social worker may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

1. Further voluntary services are not available or accepted.

2. There is no plan to file a dependency petition.

C. The social worker must not close cases for service while a dependency order or voluntary placement agreement is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

D. The social worker must properly complete all forms and narrative recording 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.

CHAPTER 3000 FAMILY RECONCILIATION AND CRISIS RESIDENTIAL SERVICES

CHAPTER 3000 FAMILY RECONCILIATION AND CRISIS RESIDENTIAL

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3100 INTRODUCTION

A. Family Reconciliation Services (FRS) are intended to preserve, strengthen, and reconcile families, maintain the family as a unit, and prevent out-of-home placement of adolescents. Services are voluntary, family-focused, and depend upon family participation in determining the focus of intervention. They are available 24 hours per day, seven days per week, without regard to family income.

B. Services are available at no cost to the family and consist of intake/assessment and crisis counseling. When appropriate, short-term placement of the child may be provided, with recovery of the cost of care a possibility. When less intensive services fail to resolve the conflict, alternatives such as a Child in Need of Services (CHINS) petition, At-Risk Youth Petition, or voluntary placement may be used.

C. Those eligible for services include a child, age 12 or older, and his/her parents who are in severe conflict or a family with a child who has run away from home.

3110 COMPLIANCE WITH COURT ORDERS AND LIABILITY REPRESENTATION

See chapter 4000, Child Welfare Services, section 43073, for staff expectations for compliance with court orders and legal representation for employees.

3200 INTAKE

A. An FRS intake is the initial request for service and input of the information obtained into the Case and Management Information System (CAMIS). The intake worker takes an active role in discussing the family situation and obtaining comprehensive family history from the family and from existing DCFS data, including CAMIS.

B. The social worker must determine ethnic status of family members, complete the *Ethnic Identification Form*, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. Interpreter services will be provided as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

C. The social worker shall adhere to all requirements of the Indian Child Welfare Act (ICWA) and the CA *Indian Child Welfare (ICW) Manual* throughout all phases of FRS service provision.

D. The intake worker shall provide written information about the FRS program to parents and children upon request. Information may also be provided by telephone.

E. The intake worker shall refer non-eligible applicants to other agencies, when appropriate.

3210 ELIGIBILITY

A. Families and youth age 12 through 17 may request service when they are experiencing serious conflict, non-compliance with family rules, family relationship problems, or running away.

B. DCFS provides services, on a voluntary basis, including assessment and counseling, without regard to the family's income.

C. Law enforcement may also make referrals to FRS of runaway children who are in their custody under a runaway statute. The department may receive these youth and place for up to 72 hours (excluding Saturdays, Sundays, and holidays) before other legal authorization is necessary.

D. Youth and families not eligible for services include those involved in custody disputes, those actively receiving crisis counseling services from other DCFS social workers, or those receiving family services in the community.

E. The DCFS office in the county of residence of the custodial parent provides FRS. However, the social worker may authorize services to the youth and non-custodial relative when the child has been living with the non-custodial relative, with the concurrence of the custodial parent.

3220 RESPONSE TIME

A social worker shall contact the family to obtain basic intake information within four (4) hours of the initial inquiry. A telephone contact is permissible.

3230 DISPOSITION

Based on preliminary data gathered at intake, the social worker determines whether to proceed to assessment.

3300 ASSESSMENT

A. Assessment is short-term interaction directed toward defusing the immediate potential for violence, identifying problems, and exploring options leading to problem resolution. Assessment is a continuation and expansion of the activities of Intake. Assessment is an ongoing process through the life of the FRS intervention, and additional services shall be flexible to respond to changing dynamics.

B. FRS social workers shall initiate an assessment with the family within forty-eight (48) hours of intake, excluding weekends and holidays. After-hours social workers provide emergency assessment services as needed during those periods when offices are closed.

3310 COMPONENTS OF ASSESSMENT

The FRS social worker utilizes the following when performing assessment activities:

A. Exploration of the seriousness of the crisis situation and history of efforts to resolve similar situations.

B. Assessment of roles, interactions, dynamics, and communication among family members.

C. Identification of family demographics (names, ages, sexes, schools, occupations, ethnicity, socio-cultural environment, household composition, etc.)

D. Engagement of the family in defining problems and identifying options.

E. Assessment of child safety issues in the home and the need for referral to Child Protective Services (CPS) or to community services; e.g., mental health, drug and alcohol treatment. The social worker continues to be aware of protection considerations for the family.

3320 SERVICE EPISODE RECORDING

Social workers shall record results of the assessment and subsequent interventions in the case record in accordance with CAMIS policy and the *Operations Manual*, chapter 13000, section 13100.

3400 CASE PLANNING

3410 GOAL SETTING AND TASK DEFINITION

Based upon the assessment, the social worker guides the family to identify and prioritize immediate and longer-term goals.

3420 EXPLANATION AND DESCRIPTION OF SERVICES

A. The social worker explains and describes appropriate services to the family. Services offered by the DCFS include but are not limited to assessment, contracted crisis counseling, intensive family preservation services, family preservation services, home based services, crisis residential or receiving foster care placement, assessment bed placement, treatment foster care, regular foster care, and group care.

B. The worker continues to assess whether services could be more appropriately provided outside the agency. Such services might include mental health, private therapy, anger management, substance abuse treatment, or family counseling. The worker shall play an active role in helping to access culturally appropriate service.

3430 SPECIALIZED STAFFING

The social worker identifies the need for and refers to specialized staffing such as a CPT, Multi-Ethnic Councils, Multi-Disciplinary Teams, Local Indian Child Welfare Advisory Committee (LICWAC), Resource Committees, etc.

3500 SERVICE DELIVERY

Service delivery begins with the least intensive, least intrusive intervention. Services are time-limited, family-focused, goal-oriented, culturally appropriate, and voluntary.

3510 AVAILABLE SERVICES

A. The social worker shall initiate short-term crisis counseling services within 48 hours of intake. This provision is a specific waiver of WAC 388-15-570(5)(a), which limits the service to four hours within a 24-hour period. All FRS services are to be completed within 90 days. The social worker shall design services to develop skills and supports within families to resolve family conflicts and to achieve a reconciliation between parent and child to avoid out-of-home placement.

B. Thirty-day crisis counseling services are usually provided by contractors but may be provided directly by DCFS staff at the Regional Administrator's discretion.

1. Families eligible for 30-day crisis counseling are those who, in the opinion of the family and the social worker, require more intensive services than those described above.

2. Families must make a commitment to participate in the 30-day crisis counseling service and must not be currently receiving family counseling services through other agencies or practitioners. At a minimum, there must be a parent and a child willing to participate.

3. Thirty-day crisis counseling services are sessions, limited to 15 hours within 30 days, directed toward developing skills and supports within the family to resolve conflicts or to refer to appropriate resources including medical, legal, ongoing counseling, and CPS for problem resolution.

    a. Thirty-day crisis counseling may be extended for an additional 30 days for up to 15 additional hours of service, with supervisory approval, subject to availability of funds.

    b. Thirty-day crisis counseling may be made available a maximum of twice in the lifetime of any one child within a family.

    c. The FRS social worker must review and be familiar with the department's statements of work in FRS contracts with vendors.

    d. The Regional Administrator arranges for provision of basic contract information to social workers to give them a working knowledge of FRS 30-day crisis counseling services contract provisions. The social worker reports to the supervisor problems with contract compliance which cannot be resolved by the social worker. The supervisor refers the issue to the regional contracts coordinator if unable to resolve the problem with the contractor.

3511 CRISIS RESIDENTIAL CENTER (CRC) PLACEMENT

A. CRC is a short-term, temporary shelter available on a 24-hour-a-day, 7-day-a-week basis to runaways and youth in serious conflict with parents or guardians. CRCs serve youth 12 and older for up to five calendar days.

B. CRCs provide on-site family counseling aimed at early reunification of the youth with his/her family. Family CRC beds are located in family foster homes, and therefore counseling services are provided by DCFS or, when available, contractor staff.

C. For youth placed in a family CRC, the child's assigned social worker must conduct and document in the SER a face-to-face interview, or have face-to-face contact with the child incapable of being interviewed within the next few business days following placement. For regular CRC placements, the contractor provides this service as part of the contract requirements.

35111 SERVICE DESCRIPTION

A. Crisis Residential Center (CRC) placements provide 24 hour, 7 day-a-week crisis intervention and emergency shelter placements to runaway youth, and youth in conflict with their families.

B. CRC's provide on-site family counseling with the specific intent of stabilizing the crisis situation affecting reunification of the youth with his/her family as soon as possible, and linking youth and their families to on-going counseling and/or treatment services.

C. CRC's assess the youth/family issues, needs and problems, and provide counseling emphasizing communication skills and problem solving.

D. A CRC focuses on the current conflict underlying the youth's placement in the CRC, and with input from the youth and his/her family, develop a goal-directed treatment plan to address the presenting problems.

35112 TYPES OF CRC PROGRAMS

There are four types of CRC facilities: Family CRC; Group CRC; Regional CRC; and Secure CRC.

A. Family CRC's are located in homes licensed as family foster homes. Counseling services are provided by DCFS, or, if available, contractor's staff.

B. Regional and Group CRC's are classified as semi-secure facilities, and as such, do not use locking doors or windows. The CRC's are operated in a manner to reasonably assure that youth placed will not run away by having a high staff to child ratio.

C. Secure CRC's (SCRC) are physically secure facilities located within a juvenile detention center, or operated by a private contractor. SCRC's do have internal locking doors and windows, or perimeter fencing, but must adhere to local Fire Marshall regulations regarding time release mechanisms.

35113 LENGTH-OF-STAY

A. Youth may reside in a CRC of any type for a maximum of five consecutive days. Youth may transfer from one CRC to another but the combination of placements shall not exceed five consecutive days from the point of intake.

B. Youth admitted to a SCRC must remain a minimum of 24 hours before they can be transferred to a less restrictive placement setting. DSHS or other agencies having custody of the youth may remove him/her after 24 hours if the assessment indicates the youth has a low risk to run.

C. Parents/legal guardians may remove the youth at any time if no CPS issues are present.

35114 ELIGIBILITY

A. Only youth between 12 through 17 years of age may be placed into a CRC program. CRC's are not licensed to accept youth younger than 12.

B. CRC programs are not intended as an alternate resource for youth awaiting placement in another placement setting.

35115 PLACEMENT

A. Secure CRC:

1. Law enforcement places youth that have run away from his/her parent(s) in a SCRC.

2. Law enforcement may also place youth into a SCRC if the youth is in a dangerous situation, as determined by the officer, or the youth has violated a local curfew ordinance.

3. Law enforcement must make an initial attempt to reconnect the youth with his/her family before placing the youth into a SCRC.

4. DCFS staff may place a youth into a SCRC only after the filing of a CHINS petition. Any youth placed into a SCRC on a CHINS petition MUST be considered at eminent risk of harm or running away. Placement may not exceed 5 calendar days.

5. Under limited circumstances, youth may be transferred from either a semi-secure CRC or HOPE Center, to a SCRC if the youth is assessed as a high risk to run.

6. Juveniles who are alleged or adjudicated offenders shall not be placed into a SCRC in lieu of detention.

B. Semi-secure CRC

1. The Regional Administrator shall designate a FRS supervisor to serve as a "Gatekeeper" for semi-secure CRC placement services.

   a. The Gatekeeper assures compliance with legislative intent of the CRC program and;

   b. That youth being placed fall within the CRC provider's statement of work specified by their contract.

2. Social workers must be familiar with the CRC statements of work to ensure compliance with the CRC contract and to avoid duplication of services. The statement of work outlines the CRC program's responsibilities regarding family counseling, transportation, medical treatment, termination summaries, and record keeping.

35116 ROLE OF DSHS

A. Upon placement into any type of CRC program, each youth placed shall be assigned a DCFS social worker. The assigned social worker performs the following duties with respect to CRC placements:

1. Assess the need for CRC placement, and obtain Gatekeeper approval for any placement into a semi-secure CRC.

2. Obtain proper legal authorization for placement within 72 hours of placement, excluding weekends and holidays.

3. Record the placement in the Legal History & Placement module in CAMIS, as well as in the SER, and authorize relevant SSPS codes.

4. If required, authorize emergency medical or dental care for the youth, being sensitive to the cultural or religious needs of the youth.

5. Make contact with the youth at the CRC within 24 working hours of placement.

6. If there are CPS allegations, notify the parents of the CPS referral, including information about their rights, and notify the CRC of the youth's status and whether to proceed with reunification plans

7. Coordinate reunification plans with youth admitted to Family CRCs.

8. Assist with further case planning when reunification efforts are unsuccessful.

9. Assist the family, as requested by the family and as is appropriate, in obtaining services designed to strengthen the family following discharge of the youth from the CRC.

3512 INTENSIVE FAMILY PRESERVATION SERVICES (IFPS)

FAMILY PRESERVATION SERVICES (FPS)

IFPS and FPS are family-focused, behavior-oriented, in-home counseling, and support program available in most counties. The services may be utilized when youth are at imminent risk of placement or for children returning to the home from out-of-home care. See chapter 4000, section 4502, for full descriptions of IFPS and FPS.

3513 HOME BASED SERVICES (HBS)

HBS is flexible funding for short-term services for families with children at risk of out-of-home placement. HBS is focused on behavioral and environmental change. Services include, but are not limited to, basic needs (food, clothing, shelter, furniture, health, home repair, utilities, transportation) and professional services such as anger management classes, family counseling, drug testing, and child care. The social worker reviews regional instructions for specific information related to services available and authorization procedures.

3514 OTHER SERVICE OPTIONS

If FRS services fail to resolve the conflict and placement appears unavoidable, the social worker consults with the family and with the supervisor. The following may be considered as options for placement, depending upon regional and local policy:

A. Relative placement.

B. Assessment Center placement.

C. Foster care placement.

D. Treatment foster care placement.

E. Group care placement.

See chapter 4000, Child Welfare Services, for descriptions and instructions regarding these services.

3520 OUT-OF-AREA RUNAWAYS

3521 WASHINGTON JURISDICTIONS

Runaway youth from other Washington jurisdictions may be held with proper legal authority in CRC or other out-of-home care facilities until one of the following occurs:

A. The social worker, juvenile court officer, or law enforcement contacts the legal custodian and arrangements are made for transport home.

B. If the child is receiving services from another DCFS social worker, the social worker responsible for returning the youth coordinates transportation arrangements with that social worker.

C. If the child is placed, the social worker shall notify the DCFS office in the area of the youth's legal residence.

3522 OUT OF STATE JURISDICTIONS

Out-of-state runaway youth may be held with proper legal authority in a CRC or other out-of-home care facility until one of the following occurs:

A. The legal custodian is contacted and arrangements made for transportation home.

B. If the youth is a dependent of another state, the DCFS social worker coordinates transportation arrangements with the proper authorities in that state.

3530 DOCUMENTING INFORMATION ON PERSONS CARING FOR RUNAWAYS

3531 PURPOSE AND SCOPE

This section identifies minimum information to be collected by Children's Administration field staff and made available through CAMIS for preparation of required reports by headquarters staff.

3532 POLICY

RCW 13.32A.082 requires persons caring for runaways to report those youth to parents, police, or the department within eight hours of learning that the youth is away from home without parental permission. As required by RCW 13.32A.082, when the department receives these reports, it must notify the parent that a report was received and must offer services to help resolve the conflict and reunite the family.

3533 PROCEDURES

A. Each field office will designate staff to receive reports from persons or shelters caring for runaways. Staff will take reports by telephone or in person and document them in CAMIS. Staff receiving the reports will normally be the FRS or intake units or the assigned workers if the case is already open.

B. These reports are to be taken only from persons directly caring for (i.e., receiving) runaways. Parents wanting to report a youth who has run from home must report the youth to the police in the area where the youth ran away. The department at this time is not logging third party reports.

C. Staff receiving the reports about runaway youth must attempt to notify parents of the report and offer unification services to the family. Usually, those services will be FRS services, such as FRS assessment, CRC placement, or thirty-day crisis counseling services.

D. Whether to release the child's exact location to the parent will be a case-by-case decision by the worker receiving the report. Usually the local DCFS office will be a neutral place where parents can pick up their youth and meet with DCFS staff about possible services. Shelters and other "harborers" vary in their willingness to allow parents or police to come to their site; with many preferring to bring the youth to the DCFS office.

E. Unless the parents or youth request services, or the case is already open for service, the department's responsibility ends with the parent notification and offer of services.

F. Staff designated at the field office shall log these reports from people caring for runaways under "Run" on the intake screens in CAMIS. This "Run" field is not to be used for any other purpose. The following information is to be included on the intake screens:

1. Date and time information received on runaway youth;

2. Name of youth;

3. Name of shelter or person reporting, if given;

4. Location of youth;

5. A "Help" screen (F1) explains which codes to use for documentation of parent notification.

G. **Codes**

Blank space after "Run" indicates a regular case. The "Run" line is used only when someone is reporting they have a runaway youth in their care.

1. A person reported a youth staying with them without parental permission. The parent's telephone number was not available or the parent did not answer when staff attempted to call the parent.

2. A person reported a runaway in their care. The child's parents were reached and received the information and offer of services.

3. A person reported a runaway in their care. Parents were notified and refused services.

4. A person reported a runaway in their care. If parents were unavailable, police were notified.

3540 PLACEMENT OR DECLINE OF PLACEMENT OF RUNAWAYS AND REPORTING REQUIREMENTS

3541 PURPOSE AND SCOPE

A. This section outlines steps to be taken by law enforcement and department staff when a runaway youth is in need of placement. It includes guidelines for Children's Administration staff to follow when deciding if placement is appropriate. It also describes elements that the department is required to report to the legislature.

B. This section pertains only to youth taken into police custody as runaways under Chapter 13.32A RCW and does not apply to youth served under dependency or child protection statutes.

3542 REQUIREMENTS AND PROCEDURES

A. Police may take a youth in custody to the department for placement, if the parent or a CRC bed is not readily available. The department must accept the youth for placement if an "appropriate placement is currently available." The department may decline the youth if a suitable placement is unavailable. If the department declines the youth, the police must attempt to take the youth to the home of an adult relative, a responsible adult, or a licensed youth shelter (in that order). If those efforts fail, police may release the youth and make a report to DCFS.

B. When picking up runaways identified as Indian youth, police should first attempt to return the youth to the parent or other legal guardian. If the parent or guardian is not available, the officer should then contact the youth's Tribe. If neither the parent nor a tribal contact is immediately available, the police should take the youth to the department for emergency placement under Indian Child Welfare (ICW) procedures.

C. Reporting Requirements

1. The department is required to report to the legislature:

   a. The number of children it declines to accept from police; and

   b. The number of times the police released youth because the department declined custody.

2. The law specifically requires dates, places, and reasons why the department declined custody and dates and places youth are released by police.

D. DCFS field staff will make reasonable attempts to find a suitable placement for youth brought by law enforcement to the department for placement. Parental consent or a court petition is necessary after 72 hours (excluding Saturdays, Sundays, and holidays) if a youth remains in placement.

E. DCFS field staff will use the following guidelines when determining whether the department will accept custody from law enforcement:

1. Whether a bed is available within a reasonable distance;

2. Whether a foster parent can reasonably be expected to manage the youth's behavior;

3. Age of the Youth

No youth under 12 years of age should be turned away unless police are pursuing a placement for the child with a relative or other responsible adult.

4. Special Needs of the Youth-If the youth has serious medical problems or is developmentally disabled and would be endangered if released by police, staff will make every effort to locate a placement.

5. The youth states strongly that a relative or responsible adult will let him or her stay the night. A telephone call will be made to confirm this alternative while the youth and officer are in the office.

6. If a bed is available, but social work staff believe the youth is not appropriate for it, the staff will confirm that fact with a supervisor. For example, a youth with a history of physical assault on adults would usually not be appropriate for an emergency placement into a family foster home. However, a youth who has run away several times previously should not be denied placement on that basis alone.

F. Reporting

1. CAMIS contains a reporting screen to be used when DCFS field staff decline placement of a youth. To access this screen from the CAMIS main menu, press "2" for "Referral, Intake Procedures/Reports." Then, from the Intake menu, press "1" for "Intake Procedures." Hit "enter" twice or enter

"23" to select "Decline Plcmnt of Youth in Police Custody." This screen does not link to other CAMIS case data, but is simply a listing of youth declined from police custody. To retrieve information from it, simply type "A" on line "Youth Last Name: ____." A listing of all declined youth will appear.

2. The lower section of the screen described above is used when law enforcement officers report that a youth who has been declined by DCFS for placement was later released because no placement was available with a relative, other responsible adult, or licensed youth shelter. This section is to be completed by DCFS staff who are taking the information from law enforcement officers by telephone, in person, or from a police report. To access the "decline" information about a particular youth, follow procedures in paragraph (1), above.

3550 RELEASE OF JUVENILES BY THE COURT TO THE DEPARTMENT

3551 PURPOSE AND SCOPE

This section outlines steps to be taken by department staff when juvenile court staff release a youth that has been in their facility to the department. These actions are authorized under RCW 13.32A.060. See the CA *Case Services Policy Manual*, chapter 5000, section 5410.

3552 REQUIREMENTS AND PROCEDURES

A. A juvenile taken into custody, whether he/she is held in detention or released after the posting of a bond, can be released by the court to a responsible adult or the department. If the court cannot locate a parent or responsible adult, or if the department does not agree to receive the youth, the court shall immediate notify the department if the youth is released. The department is not obligated to accept the youth unless he/she is in the legal custody of the department.

B. Court staff should confer with DCFS staff before sending the youth to the DCFS office. If DCFS staff agree, the department may choose to do an FRS assessment or CPS screen to determine the youth's eligibility for services. The law does not require DCFS staff to transport youth from juvenile court to the DCFS office. The department should not be placed in the role of trying to locate parents and responsible adults without the court first making serious efforts to do so.

C. When the department agrees to accept these youth, DCFS staff will conduct an assessment to determine if the youth can go home or needs to go into placement. The DCFS social worker will attempt to locate the parent and, if no serious CPS issues are present, return the child home. If the child is unable to return to the parent's home, DCFS staff will work with parents to find a relative or other adult with whom the parents will allow the child to reside.

D. The law does not give the department authority to place a child. If the parent is not available and/or does not agree to placement with another individual, the worker will need to obtain legal authority – police custody, voluntary placement agreement, CHINS, or dependency petition – before placing the youth in licensed care. If the youth runs from the DCFS waiting room after court staff have released him/her to

the department, DCFS staff reports the youth as a runaway to local law enforcement or determines that court staff have submitted the runaway report.

RCW 13.32A.060

E. Local DCFS offices have established agreements with juvenile court facilities regarding the release of a youth to the department. Staff need to refer to these established protocols for specific regional/local procedures.

3600 REVIEW

A. Reviews will usually pertain to children in placement or those for whom longer term placement is a likely outcome. Social workers are expected to comply with regional and local procedures. Examples of reviews may include LICWAC reviews for Native American children, children in care over 30 days, multi-disciplinary team staffing, and court-mandated legal reviews. chapter 4000, Child Welfare Services, contains additional guidelines for such reviews.

B. See chapter 2000, section 2562, for requirements relating to Child Protection Team (CPT) staffings.

3700 RESOLUTION

The ideal outcome of an FRS service episode is the reduction in level of conflict, the stabilization of the family, and the reduced risk of out-of-home placement or the return home of a runaway youth.

3710 OUTCOMES

Specific outcomes may include:

A. Youth and family received FRS counseling, and the youth remains at home. Case is closed.

B. Youth and family received FRS counseling, and the youth was placed temporarily in out-of-home care. The family's ability to cope was strengthened, and the youth was then returned home. Case is closed.

C. Youth and family received FRS counseling, but serious conflict remained unresolved. The youth was placed in longer term out-of-home care. The social worker shall transfer placement cases to CWS social workers when family reunification is not the immediate goal.

D. Youth and family chose not to participate in further FRS service. Case is closed.

E. During FRS intervention, youth disclosed sexual abuse or serious physical abuse and, following supervisory staffing, the FRS worker carried the case jointly with or transferred to CPS.

F. Family was referred to community services, and the case was closed.

3711 OUT-OF-HOME PLACEMENT

A. After reasonable efforts (which may include but are not limited to crisis counseling, CRC placement, IFPS, etc.) at resolving conflict have failed to achieve

reconciliation, the parents, the youth, or DCFS may file a CHINS petition. See the CA *Case Services Policy Manual*, sections 5500-5530 and section 7200, for references to the statute and relevant policy and practice considerations for the social worker.

B. An order resulting from a CHINS petition allows the youth to remain in out-of-home placement while continuing efforts to reconcile with their parent or guardian. The social worker shall not utilize CHINS for protection issues or to resolve custody disputes.

C. Kidscreen-If a youth is expected to remain in care beyond 30 days, the youth must be screened for needs using the standardized instruments

3712 AT-RISK YOUTH (ARY)

A. Where parents are willing to participate in FRS services, but the youth remains uncooperative, the family fits criteria for At-Risk Youth Petition (ARY). This petition has provisions which allow the court to order the youth home or into placement of the parent's choosing and at the parent's expense. See the CA *Case Services Policy Manual*, Appendix A and section 5540, for policy and practice considerations.

B. This service is not funded and is not available in most counties. Social workers shall attempt to engage persons inquiring about ARY in FRS or other appropriate service.

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4100 INTAKE

4110 PURPOSE

The purpose of Child Welfare Services (CWS) intake is to determine whether the family's need for service is most appropriately addressed by a Division of Children and Family Services (DCFS) assessment or by referral to another agency or other family members.

4120 ELIGIBILITY

4121 NEW REFERRALS

Requests from parents or children for child placement services are received by CWS Intake when the placement request is not a direct result of a need for child protection due to abuse or neglect or the family's needs are beyond the scope of Family Reconciliation Services (FRS).

4122 TRANSFER OF OPEN CPS OR FRS CASES

See section 4132, below, for case transfer standards.

4130 SCOPE

4131 NEW REFERRALS

A. The intake function for new CWS referrals includes obtaining brief initial information from the referrer regarding the family composition, nature, duration and urgency of the problems leading to the request for placement services and an initial determination of the family and child's desire to obtain services.

B. Intake social workers determine if a family assessment by CWS is needed or if another state or community based resource can more appropriately provide an assessment or services. Intake staff provide information and referral to other services when appropriate.

C. Intake services may, with the permission of the family, involve gathering collateral information from schools, doctors, other agencies, or family members if such information is necessary to make a decision regarding acceptance of the intake referral.

4132 CASES TRANSFERRING FROM CPS AND FRS

A. Purpose and Scope

This section provides guidelines for CA staff for the transfer of client records between Child Protective Services (CPS) or Family Reconciliation Services (FRS) and Child Welfare Services (CWS) within an office following out-of-home placement or establishment of an in-home dependency by court action.

B. Policy and Procedure

1. The Regional Administrator shall establish procedures for the transfer of CPS and FRS cases and files to CWS consistent with the CA *Operations Manual*, chapter 15000, section 15202 and this section.

2. In those offices where the Regional Administrator has determined that a single worker or unit will carry a case from intake or case assessment through case resolution (i. e., from CPS through CWS), the Regional Administrator shall ensure that the assigned worker(s) has received CA Academy training in each program "track" within a reasonable period following assignment to multiple programs.

3. For all cases being transferred from CPS, the assigned CWS social worker shall review and provide input on proposed dispositional plans, to the CPS social worker, prior to their submission to court. If the CPS and CWS social workers cannot come to agreement, supervisory review will be required.

4140 SCREENING NEW REFERRALS FOR ACCEPTANCE

A. When the family requests an assessment or services but is not requesting placement, the family will normally be referred to the appropriate agency/school providing services without opening a case. Examples of this type of situation include:

1. Requests for mental health assessments or counseling. Youth who need immediate psychiatric treatment because they are a danger to themselves or others or are gravely disabled as a result of a psychiatric condition.

2. Requests for assessment for in-home services for developmentally disabled children unless the family has already applied for and exhausted services available through the Division of Developmental Disabilities (DDD).

3. Requests for assessment of a child who is primarily delinquent and will be in a detention or institutional setting for more than six weeks.

4. Requests for educational evaluations or other services made primarily because the child has a problem in school.

B. When the family requests placement, the intake social worker screens in referrals against the following criteria, which must be met:

1. The child can be located.

2. If the youth is an adolescent, she/he is willing to accept services.

3. The child's future safety and well being will be seriously compromised.

4. The family does not have adequate strengths or resources to resolve the problem without DCFS intervention.

5. There are no more appropriate services immediately available for the family than DCFS CWS Assessment Services.

If the above criteria do not apply, but the parent is requesting voluntary termination of their rights, the referral shall be accepted for assessment.

4141 ACCEPTED REFERRALS

Following screen-in, the intake worker shall document the intake information consistent with Case and Management Information System (CAMIS) policy and the CA *Operations Manual*, chapter 13000, section 13100. Regional offices may establish priorities for case assignment of accepted CWS intakes.

4150 CASE OPENING ACTIVITIES

A. Screened in referrals will become DCFS cases. The local office opens a family case, in CAMIS and a paper file, for the family. The office will open an individual child case only if a child is placed in out-of-home care.

B. The intake supervisor sends cases to the appropriate CWS supervisor for assignment to a social worker for a full assessment.

4200 ASSESSMENT

4210 PURPOSE

The central responsibility of DCFS is to serve the needs of children who are at risk of abuse and neglect. Included in the responsibilities are in-home and out-of-home placement services to protect children. To the extent possible, within available funding, DCFS collaborates with other agencies in the identification of services and resources, including placement, for developmentally disabled, mentally ill, and other children with behavioral problems.

4220 ASSESSMENT FOR NEW CWS CASES

4221 FAMILY-FOCUSED ASSESSMENTS

The social worker shall complete a full family-focused case assessment to identify family strengths and problems. The assessment includes multi-family groupings; e.g., the family home from which the child was removed as well as the home of another parent.

RCW 74.14A.020

4222 COMMUNITY-INFORMED DECISION-MAKING

The CWS assessment focuses first on identifying family resources or services within the community, which can be utilized to safely maintain a child in his/her own home and community. The social worker identifies services that may be needed in the future through coordination with the family and other relevant community agencies.

4223 CULTURALLY APPROPRIATE ASSESSMENT

Culturally sensitive assessment means viewing the family from its own perspective, cultural context and values. The family, the extended family, and the community must be encouraged to identify their own solutions to mitigate the need for services.

4224 INITIAL ASSESSMENT

The CWS social worker's initial assessment includes:

A. Identification of family needs and strengths.

B. Determining who is or may be legally responsible for the child, including presumed and alleged fathers.

C. Clarifying the presenting problems and resolutions expected.

D. Obtaining the family and child's own description of the situation and family's recommendations for how to solve the problem.

E. Reviewing family history, including such factors as ethnic and cultural heritage, family and community resources, emotional/social support systems, medical histories, family dynamics, educational backgrounds of parents and children, work histories/employment stability, availability of financial resources (TANF, public housing, Supplemental Security Income [SSI], Social Security, Veterans Administration benefits), and family mobility.

F. Reviewing available case records, previous service/placement history, and response to previous services.

G. Making collateral contacts necessary to complete assessment.

H. Consultation with supervisor as needed.

I. Determine Native American status.

J. The social worker shall determine ethnic status of family members, complete the *Ethnic Identification Form*, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. Interpreter services will be provided as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

4230 ONGOING ASSESSMENT

Assessment is an ongoing process within service provision. New information or changes in family circumstances may require the worker to revise the original assessment and service plan.

4240 ASSESSMENT FOR TRANSFERRED CASES

The newly assigned CWS social worker reviews the assessments completed by CPS, FRS, or another CWS unit upon case assignment.

4250 ASSESSMENT FOR OUT-OF-HOME PLACEMENT

4251 LEAST RESTRICTIVE SETTING

A. When assessing a child's need for services and placement, the social worker shall select the least restrictive setting available consistent with the safety and best interest of the child. This means serving a child in a setting where he/she has an

opportunity to maintain parental attachments that is the least restrictive available to meet the child's needs. The setting means "least restrictive, most family-like, and most appropriate" placement option.

RCW 74.14A.020

B. Least to most restrictive are defined as:

1. Child's own home.

2. Relatives/Tribe.

3. Out-of-home care in a family setting. This includes a family setting that provides a child with a primary parental attachment figure. It may include receiving care, family foster care, and treatment/therapeutic foster care with live-in house parents.

4. Rehabilitative Group Placement, including non-institutional settings that are shift staffed.

5. Short and long-term psychiatric facilities.

6. Other institutions, accessed only through court commitment.

4252 ASSESSING FOR REASONABLE EFFORTS

The social worker shall assess services available to serve the family within the home. The social worker shall not place any child unless the child is at risk of imminent harm, and/or there are no alternative services available to keep the child safely at home.

4253 ASSESSMENT FOR DECISION TO PLACE IN OUT-OF-HOME CARE

A. Some children have dual status in that they may be dependent as well as meeting the service definitions for other programs or divisions. For example, a child may be found by the court to be both a dependent child and a juvenile offender who may also be committed to a Juvenile Rehabilitation Administration (JRA) placement for a period of time, or a child may be developmentally disabled and eligible for some DDD services. In such cases, DCFS services will be offered in accordance with state and local interagency agreements.

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. The electronic referral sent by IV-E Specialist staff 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 for those situations DCS will not collect support to reimburse the FC expenditures.

4. Basis for a good cause determination as defined in CA's WAC 388-25. For a more complete description see 91400 in the CA *Operations Manual*.

B. Within the constraints of available financial resources, placement services will be provided to children according to the following ordered priorities:

1. Children who urgently require protection from child abuse or neglect (CA/N).

2. Children who are developmentally disabled as defined by DDD and are referred for placement shall be assessed against the process/criteria outlined in the DCFS/DDD agreement.

3. Children who are mentally ill or who are among the priority populations identified by statute and Regional Support Networks (RSN) shall be assessed according to criteria defined in local DCFS/Mental Health agreements.

4. Referrals of children with conduct disorders or juvenile offender histories shall be assessed utilizing DCFS guidelines. The juvenile justice system has primary responsibility for community protection. However, DCFS staff will assist in planning to the extent possible and as defined by DCFS agreements with the Juvenile Rehabilitation Administration (JRA) or other local agreements.

C. DCFS social workers shall not place children in the types of situations outlined below, as they relate to CWS. For placement standards for CPS, see chapter 2000, and, for FRS, see chapter 3000 of this manual.

1. Children who, after assessment, the DCFS worker believes will not be helped in out-of-home care.

2. Youth 12 - 17 years of age in conflict with parents and who have not been through FRS, except adoption support families that have already received extensive counseling services.

3. Youth 12 - 17 years of age whose parents are unwilling to have them at home due to misbehavior and who have not been through FRS.

4. Youth for whom the primary placement issue is community protection, including sexual predators not covered by the Sexually Aggressive Youth (SAY) statute.

5. Youth who are unwilling to live in the home of parents who are willing to have them at home, when this is the only presenting problem.

6. Youth who are mentally ill and a danger to themselves or others as defined by a mental health professional.

D. Admission of Children to Nursing Facilities

1. Upon receiving a referral of a child for admission to a nursing facility, the Home and Community Services (HCS) division, Aging and Adult Services Administration (AASA), will confirm the involvement of the child with DCFS.

If the child is not currently involved with DCFS, HCS will refer the child to DCFS or DDD if that is appropriate.

2. DCFS will decline acceptance of the referral of the child if the child does not meet the service definitions of DCFS' programs.

3. If the child is or becomes a client of DCFS and the DCFS social worker, in consultation with the worker's supervisor, determines that nursing facility admission is the most appropriate service for the child, the social worker will request that HCS staff:

   a. Attend any multi-disciplinary team staffings held; and

   b. Complete, or assist with the completion of, the HCS Comprehensive Assessment and, if appropriate, authorize nursing facility care.

4. If the child to be placed is a DCFS client, DCFS will be expected to cover the cost of care through its programs in most instances. The DCFS social worker should consult with HCS and DDD staff, as appropriate, to identify other suitable resources to cover the cost of care. In addition, the social worker must establish the child's eligibility for and authorize Title XIX Medicaid.

5. DCFS will not place the child in any facility without a court order or a voluntary placement agreement signed by the responsible parent or other person legally authorized to sign such agreement.

6. If the child is a DCFS client, the assigned DCFS social worker retains case management responsibility, including locating the appropriate nursing facility, discharge planning, and other activities. The DCFS social worker may request assistance of HCS staff in locating an appropriate nursing facility for the child.

E. The social worker shall conduct, and document, a social study whenever a child is placed in out-of-home care under the supervision of the department. The study shall be conducted prior to placement, or, if it is not feasible to conduct the study prior to placement due to circumstances of the case, the study shall be conducted as soon as possible following placement. The social study includes, but is not necessarily limited to, an assessment of the following factors:

1. The physical and emotional strengths and needs of the child.

2. The proximity of the child's placement to the child's family to aid reunification.

3. The possibility of placement with the child's relatives or extended family.

4. The racial, ethnic, cultural, and religious background of the child.

5. The least-restrictive, most family-like placement reasonably available and capable of meeting the child's needs.

6. Compliance with RCW 13.34.260 regarding parental preferences for placement of their children.

RCW 74.13.065

4260 CONSIDERATIONS FOR PLACEMENT CHOICE

4261 TYPE

A. The social worker works with the family to choose the least restrictive placement setting, based upon availability, that is in the child's best interest and can meet the child's special needs. The worker, absent good cause, follows the wishes of the birth/adoptive parent regarding the placement of the child.

B. CA staff must place only children for whom the staff have legal authority for the placement and then only in homes or facilities licensed or certified under chapter 74.15 RCW or relatives not required to be licensed under chapter 74.15 RCW. CA staff must not place children in unlicensed, non-relative homes, only with exceptions identified in RCW 74.15.020. Licensed physicians and attorneys need not be licensed to provide care. Staff may place children in unlicensed adoptive homes following completion of a home study, in accordance with RCW 74.15.020.

4262 SPECIFIC PLACEMENTS

A. The actual placement chosen must be the least restrictive available that meets the child's special needs and that is in closest proximity to the child's home and the child's current school if he/she is of school age. Preferably, the placement will allow the child to continue at the same school and with the same medical providers.

B. Community professionals who wish to become a placement resource for the children known to them must be licensed or certified by CA or a licensed or certified child placing agency under chapter 74.15 RCW and chapter 388-73 WAC. The child's social worker may consider the community professional as a placement resource for the child. The social worker must discuss with the worker's supervisor and with the professional's supervisor the appropriateness of the placement and whether the placement is in the best interest of the child.

4263 SPECIAL NEEDS

The social worker considers and documents special needs, including cultural, educational, medical, religious, psychological and safety factors. The placement provider need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless a compelling reason is identified, the social worker will not match children on the basis of race to foster or adoptive families, except as provided in the Indian Child Welfare Act. The social worker considers whether the placement provider chosen can cooperate with the overall permanency plan in a positive way that contributes to a timely and safe resolution of problems for the family. In addition, the worker always considers the child's need for stability in relationships when choosing a placement.

42631 CONFLICT OF INTEREST

A. The department shall ensure that an assessment of potential conflict of interest occurs before any child is placed in an out-of-home placement. The assessment

shall include asking any adult living in the out-of-home placement whether any conflict of interest exists.

B. A conflict of interest exists when:

1. An adult in the home conducts or has conducted an investigation, as a result of the adult's employment, of an allegation of abuse or neglect of the child; or

2. The child is or has been, or is likely to be a witness against an adult in the home in any pending legal action or claim involving:

a. An allegation of abuse or neglect of the child or sibling of the child; or

b. A claim of damages for wrongful interference with the parent-child relationship between the child and his or her biological parent.

C. For purposes of this provision, "investigation" means the exercise of professional judgement in the review of allegations of abuse or neglect by:

1. Law enforcement personnel;

2. Persons employed by, or under contract with the state;

3. Persons licensed to practice law and their employees;

4. Mental health professionals as defined in RCW Chapter 71.05.

D. The department shall not place or allow a child to remain in a specific our-of-home placement when there is a conflict of interest on the part of any adult residing in the home in which the child is to be or has been placed.

4264 NATIVE AMERICAN CHILDREN

CA social workers must follow the provisions of the *Indian Child Welfare (ICW) Manual* when placing Native American children.

A. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker must do this in every case.

B. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.

4265 MINIMIZING PLACEMENTS

The social worker develops and chooses placements designed to provide stability and permanency for the child. Utilizing short term receiving care does not violate this principle. Although multiple placements may occur, they are generally not considered to be in the best interest of children or their families.

4266 OUT-OF-STATE PLACEMENTS

A. Purpose and Scope

1. This section establishes guidelines for CA staff to follow when considering placement, usually in a treatment setting, of a child in an out-of-home care setting in another state. Such placements include, but are not necessarily limited to, Behavior Rehabilitation Services/Group Care, Treatment Foster Care, Child in Needs of Services (CHINS) placements, and mental health treatment. They typically do not include relative placements.

2. While providing directions regarding such placements, CA reaffirms its commitment to meeting needs of children through resources that are geographically close to their families and that are the least restrictive, most home-like setting, consistent with the individual needs of the child.

3. This procedure applies to placements from this state to another state as well as to placements of children into specialized out-of-state facilities from out-of-state foster care or relative placements when the department no longer considers the home from which the child has been removed to be the child's permanent placement.

B. Procedure

1. Placements in out-of-state programs with which CA has current contracts in the states of Idaho and Oregon require only approval of the Division of Children and Family Services (DCFS) Region which utilizes the contract with the particular program and the Interstate Compact on the Placement of Children (ICPC) program manager. See paragraph 3.f below. Current programs meeting this criterion are Northwest Children's Home, Lewiston, Idaho; Morrison Center, Portland, Oregon; and Janus, Portland, Oregon.

2. CA does not pay educational costs of children, including those placed out-of-state. The school district in which child resides has the responsibility for these educational costs. If the social worker finds the school district reluctant to cover the educational costs, the social worker needs to consult with the worker's supervisor and area manager, as appropriate, as well as the regional group care coordinator, to develop a plan for obtaining school district support.

   a. If the proposed placement is due, in part, to the inability of the educational district of the child's current residence to meet the educational needs of the child, the school district should be involved in the planning for the placement and should agree to pay for the educational costs for the child in another district, including a district in another state.

   b. If the child's educational needs are being met in the child's residence school district, the school district is under no obligation to pay for the education of the child in another district. However, as the district may be expending large amounts to meet the child's

educational needs, the district may be willing to help support the educational needs of the child in another district. It is the school district's decision to make.

c. The procedure, for any out-of-state placement being considered, is:

i. The social worker, at the earliest opportunity, must contact the school district in which the child is enrolled and ask for an Individual Education Plan (IEP) conference to discuss the benefits of the possible placement. If the child is not in special education and the placement is not imminent, the social worker must ask that the child be made a "focus of concern," a federal term related to accessing federal special education dollars.

ii. The social worker must invite the school district to participate in the placement planning process.

iii. In situations where there is an additional charge for educational services within the out-of-state facility, school districts have the ability to write a contract directly with the facility for these services. The district can then apply for federal funding by making the child a "focus of concern."

3. For children to be placed in non-currently contracted out-of-state programs, CA staff must meet the following requirements.

a. The social worker must consult with the regional group care coordinator to discuss the child's needs and options to meet those needs.

b. The child's social worker must explore all reasonably available and appropriate placement options within this state that may be reasonably expected to meet the child's special needs. CA discourages out-of-state placement of children unless the child's needs can clearly be met only in the out-of-state placement. The social worker must consult with and advise the Juvenile Court and the child's *guardian ad litem* on the need for out-of-state placement, the proposed placement, and the plan for the child. In addition, the social worker must complete and document in the child's case file the following steps:

i. Use of a team process to identify child and family needs, including names of participants and dates of meetings or consultations;

ii. Development of a plan to meet identified family and child needs;

iii. Exploration of non-traditional, alternative ways of meeting the child's needs; identification of barriers to these options;

iv. Assessment of relationship of the proposed placement to the child's permanency plan;

v. Preparation of a description of the behavioral goals to be achieved through this placement;

vi. Determination of anticipated length of stay in out-of-state placement; and

vii. Development of a preliminary discharge plan which includes a description of how supports will be developed so that the child can be returned to the community quickly and which relates to barriers previously identified.

c. The regional group care coordinator must consult with the CA Residential Care Program Manager to explore all options that may be available within the state before proceeding to place the child out-of-state.

i. This consultation must occur prior to submission of the written request described in subparagraph d below to the Regional Administrator for the out-of-state placement.

ii. The program manager can provide technical assistance or facilitation of meetings as requested and explore with the group care coordinator goals of the out-of-state placement and discharge planning.

d. The child's social worker must document, in writing using an Exception to Policy (ETP) form, the need for out-of-state placement, efforts to locate a suitable in-state placement, how the placement will further the permanent plan, a description of the specific facilities considered, the reasons for their rejection, the planned length of out-of-state placement, and the plan for return of the child to this state.

e. The Regional Administrator or designee must sign the ETP form to approve the placement, and the social worker files the signed form in the child's record.

f. For all out-of-state placements, CA staff must comply with the requirements of the Interstate Compact on the Placement of Children (ICPC) and the CA *Practices and Procedures Guide*, chapter 4000, section 4533, REHABILITATIVE TREATMENT SERVICES. For those placements in Oregon and Idaho facilities with which CA has contracts, the social worker needs only to complete the CAMIS/ICPC page or an *Interstate Compact Placement Request*, DSHS 15-092, and fax it to the headquarters ICPC program manager at (360) 902-7903 for ICPC approval.

g. The Regional Administrator or designee may authorize an out-of-state placement only in a facility within 100 miles of the home from which the child is being placed, with the exception of a currently contracted program. The CA Assistant Secretary, or designee, must approve any out-of-state placement where the placement treatment facility is located more than 100 miles from the child's home and is not a currently contracted facility or program.

h. The Regional Administrator, or designee, as applicable, may approve out-of-state placement of a child only when:

   i. The placement is consistent with the child's permanent plan;

   ii. Necessary services to meet the child's special needs are unavailable within this state;

   iii. Appropriate services are offered in closest proximity to the family resource;

   iv. There is a plan to return the child to this state within a limited period of time, unless the plan is to achieve proximity to the child's permanent planning family.

   v. Placement is in a facility licensed in accordance with the rules of the state in which the facility operates; and

   vi. The child placed under a dependency or CHINS order is not placed in an out-of-state locked facility.

i. The assigned CA social worker does not require Regional Administrator approval for placements of children into specialized out-of-state facilities from out-of-state foster care or relative placements when the department continues to consider the home from which the child has been removed to be the child's permanent placement.

j. When the state of Washington pays for services, the regional contracts coordinator or other regional staff assigned by the Regional Administrator must negotiate a written child-specific purchase of service agreement between the department and the facility. This agreement must conform to form, content, and approval required by the CA Division of Management Services.

4267 REMOVAL OF CHILDREN FROM LICENSED CARE

42671 PURPOSE

The purpose is to provide guidelines for Children's Administration (CA) Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) staff involved in the placement and removal of children from licensed or certified care. Such care may be provided by DLR licensed facilities, private child care

agencies, and tribal social service agencies. However, CA does not remove children in the custody of Tribes or a private agency.

42672 POLICY

A. DLR has the responsibility to investigate all allegations of child abuse and neglect (CA/N) in DSHS licensed, certified, and state operated care facilities for children. DLR also must ensure the immediate safety of alleged child victims and other children in the home or facility in the course of any investigation. DLR has the responsibility to make licensing decisions.

B. RCW 26.44.056 and RCW 13.34.050 provide that a child may be removed from a biological parent, adoptive parent, or legal guardian when CPS or law enforcement determines that the child would be at risk of imminent harm or danger if left with the parent. Only law enforcement may remove a child from a biological or adoptive parent or legal guardian or custodian without a court order.

C. The standard that must be met before a foster child can be removed from foster care is lower than that for removal from the child's parent or guardian. RCW 74.13.300 states the standard for removal from foster care by providing that removal may occur if the foster child's safety is in jeopardy. The term "child's safety is in jeopardy" is a lower standard than the imminent harm standard. RCW 74.15.010, the intent section for the licensing statute, clarifies this standard.

D. For children placed through a tribal Child Placing Agency, CA must consult with the Tribe's social service program when undertaking the steps for removal of children under this policy. Such actions must be consistent with the requirements of the federal Indian Child Welfare Act (ICWA),
25 U. S. C. 1901, et. seq., and the CA *Indian Child Welfare Manual*. CA may not remove a child in the custody of the Tribe.

E. RCW 13.34.236 requires that a dependency guardian meet the minimum requirements to care for children as provided in RCW 74.15.030.

42673 PROCEDURES

A. If the investigating social worker determines that a child is at imminent risk or the child's safety is in jeopardy, CA staff will follow the steps below:

1. The DLR/CPS supervisor will make a recommendation to the appropriate DCFS supervisor so that DCFS staff can act to protect the children at risk.

2. DLR/CPS will consider whether a safety plan to enable the child to remain in the placement is appropriate.

3. The two divisions must make every effort to resolve any differences of opinion regarding the assessment of risk.

4. If DLR and DCFS staff are unable to resolve differences of opinion and DLR/CPS still believes that the child or children are at risk and need to be removed, the DLR/CPS Section Manager makes the final decision regarding initial assessment of risk.

B. DLR/CPS staff must inform the licensed or certified person or agency of the investigation findings. DCFS staff, who are responsible for the child in the placement, must inform the care provider of the need to remove the child, unless DLR staff has agreed, on an individual basis, to inform the provider.

C. DLR and DCFS staff will coordinate and cooperate regarding the removal of the children to ensure that the removal is in accordance with CA policy and procedures. DLR/CPS staff may assist in the transport of children if this is the agreed upon plan with DCFS.

D. If, in the course of a CPS or licensing investigation, OFCL staff determine that DLR will revoke the license and DCFS, child placing agency, or tribal-supervised children in the custody of CA (foster care, guardianship, pre-adopt) are present in the home, DLR and DCFS staff will take the following steps:

1. The DLR Regional Manager will notify the DCFS Regional Administrator (or designee) and the private agency or tribal social service agency, when applicable. The DLR Regional Manager will convene a staffing to include ALL parties. The focus will be to review the issues and concerns AND to discuss the dual mandates of safety and permanency.

2. If DCFS, the private agency, or the Tribe requests DLR to continue the license of a foster/group care provider after a finding of child abuse/neglect, the continuation must be within the Adoption and Safe Families Act (ASFA) guidelines.

   a. This provision covers only homes and facilities licensed or certified by CA; it does not include homes or facilities licensed by sovereign Tribes.

   b. DLR Regional Managers need to consult ASFA guidelines for corrective action plans and continuation of foster care licenses.

3. The DCFS Regional Administrator or the applicable private agency or Tribe must initiate a request for a continuation of the foster care license, under a corrective action plan, and the DLR/OFCL Regional Manager must make a decision on the request before DLR takes any adverse licensing action.

4. If DCFS, or the private agency or Tribe and DLR still cannot reach agreement, the DCFS Regional Administrator or the designated representative of the private agency or Tribe and the Director of DLR must meet to discuss and resolve the situation, taking into consideration both safety and permanency.

5. All removals of children from foster care placements must comply with RCW 74.13.300. The foster parent has the right to request a review of the decision to move the child pursuant to RCW 74.13.045, the department's complaint resolution process.

6. The DCFS Regional Administrator and the Director of DLR must review the situation with the Assistant Secretary before DCFS staff process adoption

consents and/or guardianship agreements if a child remains in a facility with founded CA/N or where OFCL believes revocation is indicated.

4300 CASE PLANNING

4301 INTRODUCTION

This section contains procedures for case planning and case review. Legal mandates for case plans are included in the CA *Case Services Policy Manual*, chapter 4000. Details on requirements to comply with federal funding mandates are contained in the *Operations Manual*, chapter 11000.

4302 PARTICIPANTS IN CASE PLANNING

43021 SOCIAL WORKER ROLE

A. Social workers have primary responsibility to coordinate the case planning efforts of all persons working on behalf of the child. This includes helping to develop goals and the means to their achievement with the parents in order to strengthen the family.

B. Information Sharing

Either prior to or soon after placement, the social worker must have a candid discussion with the care providers to inform them of the following:

1. The reasons for the placement.

2. Full disclosure of the child's needs and characteristics.

3. The agency plan for the child's parents, relatives, and the care providers.

4. The legal process.

C. The social worker must give the foster care provider/agency information and resources, within available funding, to assist with the stability of the placement and to meet the needs of the child.

D. The social worker works with the placement family/agency and with the other professionals involved in the case to support the permanent plan for the child.

E. See the *Case Services Policy Manual,* chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

43022 PARENT INVOLVEMENT

A. Whenever possible, the social worker involves the child's parents in the decision to place their child prior to removing the child from his/her home.

1. Except when the child's health, safety, or welfare might be compromised, the social worker must attempt to involve the child's parent(s) in the placement choice and must document this effort in the SER.

2. Whenever a child is placed in out-of-home care on a non-voluntary basis by a Child Protective Services (CPS) worker as a result of a court order or a law enforcement transfer of custody, the social worker must provide to the parents the *Parent's Guide to Child Protective Services* and have the parent(s) sign a *Temporary Custody Notification*, DSHS 09-731.

B. The social worker solicits the parents' active participation in the development of an Individual Service and Safety Plan (ISSP) to obtain expedient remediation of risk factors to facilitate the child's timely return home. Social workers are encouraged to develop the ISSP in a family in-person conference. All parents whose locations are known must be provided with a copy of the ISSP.

C. The parents and/or the parents' attorney may request an initial case conference following the shelter care hearings and up to 25 days prior to fact-finding. The purpose of the conference shall be the development of a written service agreement that addresses the findings at the shelter care hearing. The written agreement shall be incorporated into the ISSP and reviewed by the court on a regular basis. Parties to be invited to the case conference include:

1. Social worker

2. Social work supervisor (when indicated)

3. AAG

4. Parent

5. Parents' attorney

6. Guardian Ad Litem

7. Other professionals who play a significant role with the family

D. A case conference requested by the parent shall be convened by the parent and/or parent's attorney and facilitated by the department. The conference may be a multi-disciplinary team staffing, a family group conference, a prognostic staffing, or a case conference.

E. The parent and/or parent's attorney may request a case conference or staffing at any point in the dependency.

F. The case conference may be used to meet other staffing requirements, as appropriate and if the timeline requirements are consistent with the scheduled conference.

G. Following placement, the social worker informs the parent(s), whose location is known, of all illnesses and injuries requiring medical treatment while the child is in out-of-home care, with notice of any serious injury or illness requiring hospitalization within 24 hours following its occurrence.

H. The social worker does not have authority to approve a child in placement's participation in driver's education or to obtain a driver's license. The parent(s) or court must give formal approval.

43023 OUT-OF-HOME CARE PROVIDER

A. Out-of-home care providers are responsible for the protection, daily care, and nurturance of the child in placement. A primary function of the providers is to assure the health and safety of child.

B. Out-of-home care providers are members of the child's treatment team, and the social worker shall invite the provider to participate in the development of the service plan for the child and his/her family, assist in family visitation and monitoring, and model effective parenting behavior for the family. The child's social worker shall invite the out-of-home care provider to participate in prognostic and other staffings. See the CA *Case Services Policy Manual*, chapter 5000, section 5760, regarding placement provider participation in court hearings. Therapeutic foster care and group/rehabilitative care providers are responsible for additional therapeutic service as defined in their contracts with the department.

C. Care providers, because of their day-to-day contact and care of the child, have valuable input about the child's behavior, school and medical status, response to parental visits, and growth and development. Care providers have a responsibility to record and share that information with the social worker or other agency/ community staff working on behalf of the child; i.e., schools, therapists, and SSI facilitators.

43024 EXTENDED FAMILY/SUPPORTIVE NETWORK

Whether or not a child is placed with relatives, the social worker encourages the parents to build upon the strengths found in their extended family and include those individuals in case planning.

43025 INDIAN TRIBES/BANDS

Indian Tribes/bands have a substantial legal and social interest in those children who are members/eligible for membership in the Tribe/band. In cases involving Native American children, the child's Tribe/band is a primary resource for identifying appropriate placement options and for service plan development/implementation. See the CA *ICW Manual* for specific instructions.

43026 OTHER PROFESSIONALS

Professional members of the medical, educational, tribal, social services, and legal community work in accordance with the ISSP to provide services that support the child and his/her family moving toward permanency. These professionals may share their recommendations with the social worker through written reports or network staffing.

43027 CHILD

Many children who enter the child welfare system are willing and able to participate in the ISSP by sharing their needs, feelings, and goals. Although the child is not always in a decision-making position, the social worker listens, acknowledges, and responds to the child. The social worker must make special efforts to involve

adolescent children in planning. The social worker must provide a copy of the ISSP to the child, if age 12 or older, upon completion and at each point of update.

4303 CASE PLANS

A. The social worker prepares a written case plan for each case open for services after assessment. All case plans require:

1. A statement of specific behaviors or risk factors the case plan is to address.

2. Specific services to address those behaviors and/or risk factors.

3. Screening results and action plans to meet the child's needs.

4. Expected outcomes, including a projected date of completion of the permanent plan.

5. Estimated duration of the service plan, not to exceed six months.

B. Cases involving out-of-home placement require completion of the ISSP, form DSHS 15-209(X) within 60 days of placement to meet Federal Case Plan Requirements. For all children 16 and over, the social worker must include a plan for developing the child's independent living skills.

1. ISSP for children in care for 60 days need to include screening results and action plans concerning the child, which addresses the child's multiple needs.

2. For all children 16 and over, the social worker must include a plan for developing the child's independent living skills.

4304 SCOPE OF REASONABLE EFFORTS

Unless the child is at risk of imminent harm, the social worker is expected to make the following reasonable efforts to prevent placement:

A. A determination of what services would be appropriate for the family to address issues identified in the assessment.

B. Primary focus on those problems preventing the child's safe return home.

C. Consideration and involvement of parental opinion in determining what services to pursue.

D. Consideration of cultural issues, including availability of planning and services offered in the native language and culture of the family.

E. Consideration of the distance of the family from services and transportation available to the family.

F. Consideration of financial ability to pay for services, on the part of both DCFS and the family.

G. Development of specific time-lines for demonstration of parental improvement.

H. Consideration of specific behavioral indicators that progress has been made toward alleviating parental deficiencies.

I. Development of parent-agency service agreements and/or a written case plan with parents.

J. Decisions on use of court action to mandate services to the child or family members who may be resisting cooperation with the case plan.

K. Regular review of parent-agency service agreements and case plans by social workers, supervisors, and, if court-ordered, the juvenile court.

If, due to the risk of imminent harm to the child, it is not feasible for the social worker to make the above reasonable efforts prior to placement, the social worker is expected to offer reunification/preventive services to the family, as provided in section 43051, in an attempt to eliminate the need for placement.

4305 PERMANENCY PLANNING

A. Permanency planning is goal-directed case planning that begins when work commences with a child and family. The goal of permanency planning is to provide a child with a safe, stable environment in which to grow up while in the care of a life-long nurturing caregiver. Permanency planning involves working concurrently to reunify a family while planning for the possibility that reunification may not be successful.

B. CA social workers must use permanency planning to:

1. Safely protect the child in the child's own home;

2. Allow a child placed in out-of-home care to be safely reunited with the child's family; and

3. Implement another plan when reunification is not possible.

C. CA social workers must meet the timelines in this section when determining and implementing a permanency plan for a child when return to the parents has not occurred by the ninth month of placement. The requirement affects all children in out-of-home care, regardless of the legal basis for the placement (dependency, CHINS, voluntary placement agreement).

42 U.S.C. 622 through 679; RCW 13.34.030 through 13.34.180

D. The social worker begins permanency planning when commencing work with the child's family.

E. The social worker designs the primary permanency plan to preclude placement of any child in foster care when the child can receive effective protection in the child's own home. The social worker must also design the plan so that, when removal is necessary, the social worker attempts reunification before seeking any other permanent plan. If reunification is not possible in the foreseeable future, the social

worker must implement an alternate permanency plan at the earliest possible date. "Imminent" means that the parent(s) is exhibiting significant progress and safe return home is set for a specific date within six months.

F. The social worker must identify an alternate, concurrent plan to work toward the child's stability. Consistent with court order, the social worker's attempts to achieve the primary or alternate plan must not prevent reunification efforts when the parents are involved.

1. In the Individual Service and Safety Plans (ISSP) submitted to the court for permanency planning hearings, or for dependency disposition hearings when aggravated circumstances exist, the social worker must declare a primary or alternate permanency planning goal other than reunification with the legal parent(s).

2. If reunification with a parent is imminent, the social worker need not meet this requirement.

43051 REASONABLE EFFORTS TO RETURN A CHILD HOME

A. Following placement of the child in out-of-home care, the social worker must offer reunification/preventive services to the family in an attempt to eliminate the need for placement. See section 4304 above for the scope of reasonable efforts.

B. If a child is reunified with a parent following placement in out-of-home care due to abuse or neglect, and the placement is less than 60 days in duration, a Safety Assessment and Safety Plan will be completed prior to the reunification of the child. Supervisory review of the Safety Assessment and Safety Plan will occur as part of the decision-making process to reunify the child with his/her family.

C. For children 11 years of age or younger and in care longer than 60 days due to child abuse or neglect, a Reunification Assessment will be completed before a reunification decision is made. The decision to reunify shall be documented in the Reunification Assessment, which will state why reunification is the case plan.

1 If the reunification is indicated or if reunification is ordered by the Court, a Transition and Safety Plan will be completed.

2 Unless the Court orders a child be returned to a parent immediately, the Transition and Safety Plan will be completed prior to transitioning a child to the parent. If the Court orders the child returned immediately, then the Transition and Safety Plan will be completed as soon as possible after reunification is accomplished.

3 The results of the Reunification Assessment shall be used in developing the Transition and Safety Plan.

4 All Transition Plans shall include a Safety Plan, ongoing services to be provided, and a plan for monitoring the child's well being.

D. The social worker's reasonable efforts to reunify a family must take the following factors into account:

1. A schedule of visitation between parent and child taking into account the need to maintain the child's developmental level and to maintain or form an attachment, as long as visitation is not harmful to the child or prohibited by the court.

2. Services offered geographically accessible to the family.

3. Services offered responsive to the family's cultural background and native language.

4. Placement of the child as close to the family home as possible while still meeting the needs of the child.

5. Consideration of parental opinion in the development of all case plans.

6. Services offered are related to identified risks and needs.

7. Identification of clear timeframes for the completion of services.

8. Description of behavioral indicators of progress in the case plan.

9. Monitoring and review of case plans at least every six months by courts, citizen review boards, and administrative review boards as required by state and federal law.

10. Description in updated case plans of efforts to offer/provide services and of outcomes.

11. Reassessment of families at least every six months to evaluate the continuing risk to the child if the child were returned home.

12. Referral of the child's case to the SSI facilitator for review for possible application and benefits.

E. The decision to reunify shall be documented in the file and in the ISSP, stating the reasons why reunification is the case plan, supported by the results of the reunification assessment.

43052 ACCEPTABLE PERMANENCY PLANS

A. When CA places a child in out-of-home care under RCW 13.34.130, the social worker must provide the court with a written permanency plan of care to secure a safe, stable, and permanent home for the child as soon as possible.

B. The permanency plan must identify one of the following arrangements as a primary goal and may identify additional arrangements as alternative goals.

1. The following plans are considered Permanent Legal Arrangements:

a. Return to home of a parent, guardian, or legal custodian;

b. Adoption;

c. Guardianship; and

d. Third party custody with someone other than the parent (permanent legal custody).

2. The following are Other Planned Arrangements:

a. Long-term relative or foster care placement, until the child reaches age 18, with a written agreement between the parties and the care provider; or

b. Independent Living at age 18, if appropriate. The youth must be age 16 or older to select this as a permanency goal.

RCW 13.34.

c. Responsible Living Skills residential program.

C. If return home is not imminent, the social worker must identify and document an alternate, concurrent plan that will provide stability for the child. Consistent with court order, the social worker's attempts to achieve the primary or alternate plan must not prevent reunification efforts when the parents are involved.

D. When a plan other than return home, adoption, guardianship, or Third Party Custody (permanent legal custody) is selected as the primary plan, the social worker must identify the compelling reason why the other plan is in the best interest of the child. See section 43063, below, for a list of compelling reasons.

43053 PLACEMENT PREFERENCES

A. When considering the placement of a child, the social worker must undertake placement planning as outlined in the CA *Case Services Policy Manual*, chapter 4000, section 4420.

B. The social worker must place the child in the following order of preference as required in the *Case Services Policy Manual*, chapter 4000, section 4422:

1. The child's birth or adoptive parents;

2. The child's relatives as defined in this manual, chapter 5000, section 5230;

3. A family foster home or group home licensed pursuant to chapter 74.15 RCW or not required to be licensed pursuant to chapter 74.15 RCW; or

4. Institutional care (medical hospitals, mental health institutions, residential habilitation centers).

5. For Native American children, see the CA *Indian Child Welfare Manual*.

43054 PERMANENCY PLANNING STAFFING

A. Case staffings occur to develop and assess permanency plans. If the child has a series of placement episodes with the result that the child has been in out-of-home placement for six months or more of the previous 12 months, the worker will either:

1. Schedule a prognostic or permanency planning staffing; or

2. Discuss the permanency topics with the worker's supervisor.

B. If regional policy currently requires a staffing, CA staff must include in those prognostic or permanency planning staffings the questions and issues identified in this section. If the region does not require a staffing, the assigned social worker and the worker's supervisor must together review the questions and issues.

1. At minimum, the following people must attend the staffing:

a. The child's social worker;

b. Supervisor assigned to the case; and

c. Supervisor, or designee, of the adoption unit.

2. The social worker must invite the following additional participants:

a. Treatment Providers;

b. Other professionals who play a significant role with the family;

c. Individuals with responsibilities identified in the safety plan;

d. The family, if appropriate, if not present, their perspective should be represented;

e. Foster Parent;

f. Child, if over 12 years of age.

g. The *Guardian Ad Litem* (GAL) or Court Appointed Special Advocate (CASA), as appropriate;

h. The foster home licenser.

3. Written reports shall be requested from any providers unable to attend. If the family is not present, their perspective of the situation shall be presented.

C. Staffing for Plan Development

1. Participants must address the following topics during the staffing:

a. Description of the Family Functioning-Strengths as well as weaknesses;

b. Parents' plan for the children;

c. Disposition plan for return to the parent(s) - Including assessment of potential risk to the child;

d. Assessment of prognosis for return home;

e. Discussion of search efforts for a relative placement;

f. Decision on appropriate placement resource - with first and continuing priority on relative placement; and

g. Extensions for receiving care/temporary placements - to allow for continuing diligent relative search.

2. If a child's placement episode has been interrupted and the child returns to out-of-home care and has been in out-of-home placement for six months or more of the previous 12 months, the social worker will schedule a prognostic or permanency planning staffing or discuss the case with the worker's supervisor. The social worker will document the staffing in the case file in accordance with the CA *Operations Manual*, chapter 13000, section 13100.

D. Staffing for Plan Assessment

1. Prior to each permanency planning hearing, the social worker will schedule a permanency planning staffing or discuss in a supervisory case conference if there are significant changes in circumstances that may alter the permanency plan. The staffing may be combined with a prognostic staffing, Local Indian Child Welfare Committee (LICWAC) staffing, administrative review, child protective team, family group conference, or other staffing as long as it meets the requirements contained this section.

2. The decisions or reviews will cover the following issues:

a. The permanent plan for the child and, if appropriate, an alternate permanency plan;

b. Whether the social worker has provided reasonable efforts to return the child to the legal parents and if additional efforts are appropriate;

c. Further efforts needed to search for relatives or further assess the appropriateness for placement with relatives already identified;

d. Information the social worker has gathered concerning the child's family and medical background and efforts needed to gather additional information or evaluation;

e. Efforts needed to locate a permanent placement resource in the event that reunification is not possible.

f. If a child is legally free for adoption and the social worker has not yet identified a permanent placement resource, efforts, at minimum, to register the child with the Washington Adoption Resource Exchange (WARE) and Northwest Adoption Exchange (NWAE);

g. If a DCFS social worker or supervisor decides the primary permanency goal should be one of the defined "Other Planned Arrangements," a compelling reason for this choice; and

h. Whether the child's case should be referred to the Office of the Attorney General to initiate proceedings to terminate parental rights, including an assessment whether compelling reasons exist not to refer to terminate parental rights.

E. Documentation of Decisions

1. The social worker will document in the ISSP submitted for the permanency planning hearing or next review hearing the decisions made at the permanency planning staffing or supervisory case conference. The social worker shall also document who attended the staffing and/or who submitted reports for consideration at the staffing.

2. In any ISSP with a primary or alternate plan other than reunification, the social worker must document all efforts to place the child in a safe and stable home which, in the event reunification is not possible, will serve as the child's permanent placement resource. If the child's current placement will be the child's permanent home, in the event reunification is not successful, the social worker will document this in the child's ISSP.

3. If the primary permanency plan is other than return home, the social worker must document the compelling reason in the ISSP.

4. Within 60 days of recommending the initial permanency plan or of recommending modification of the permanency plan, the social worker must record the new or revised plan in CAMIS. The worker must not wait until the court review of the new or revised permanency plan.

5. If compelling reasons exist not to file for termination of parental rights, the social worker must document reasons in the ISSP.

F. Referral for Termination of Parental Rights

1. If the social worker or CA manager has not identified compelling reasons to the contrary, the child's social worker will refer the child's case to the Office of the Attorney General to initiate a petition to terminate parental rights no later than the 12th month of placement. See section 43063 for a description of compelling reasons.

a. If a child's placement episode interrupts, the social worker must make the referral no later than the 12th month of the time the child has spent in out-of-home care of the previous 19 months.

b. If a child currently in out-of-home care has had multiple placement episodes, the social worker must make the referral not later than when the accumulated length of stay in out-of-home care has reached 12 of the previous 19 months.

2. If the social worker has not made a referral to the Office of the Attorney General following the initial permanency planning review, the social worker will document current compelling reasons for not filing a petition to terminate parental rights in all subsequent ISSPs. If compelling reasons not to file a petition to terminate parental rights no longer exist, the social worker must immediately refer the child's case to the Office of the Attorney General to initiate proceedings to terminate parental rights.

G. CA may not delay or deny placements of children with adoptive parents due to the location of the adoptive family in a different office or state jurisdiction.

43055 PERMANENCY PLANNING HEARINGS TIMELINES

Permanency planning hearings must occur:

A. By the 12th month of placement for all children in out-of-home care even if reunification with parents is imminent. "Imminent" means that the parent(s) is exhibiting significant progress and the social worker expects reunification within six months.

B. Within one year of a previous permanency planning hearing as long as the child remains in out-of-home care without a guardianship established.

C. If, following 90 days of service delivery, the parents have failed to make progress in resolving the problems which brought the child into care.

D. Within 30 days after the court has determined that the reunification services for a family are no longer required in a finding of aggravated circumstances. In the ISSPs submitted to the court for permanency planning hearings, or for dependency disposition hearings when aggravated circumstances exist, the social worker must declare a primary or alternate permanency planning goal other than reunification with the legal parent(s).

E. If child remains in a temporary placement following the first permanency planning hearing, the social worker will document in each subsequent ISSP the efforts made to find the child a permanent placement.

4306 TERMINATION OF PARENTAL RIGHTS

If, at the permanency planning hearing, the decision is not to return the child home and the permanent plan is adoption, the social worker must refer the case of any child to the Office of the Attorney General to initiate proceedings to terminate parental rights.

A. A petition to terminate parental rights is a step toward the implementation of a permanent plan of adoption. If a termination petition is to be filed in any other circumstance, a staffing should be held including the child's social worker and supervisor and a representative, as designated by local procedures, of the adoption unit to approve the filing of a termination petition. If the parents, after filing of the termination petition, begin to make progress toward a permanency plan of returning the child home, then the petition may be dismissed at the request of the department or the termination fact-finding hearing may be continued to allow the parents the opportunity to make the changes required.

B. When a decision is made to file a petition to request termination of parental rights, the social worker must discuss permanency planning issues with the parents. Permanency planning for the child is a joint responsibility, and the social worker must encourage parents to help plan for the child.

C. The Social Security Administration does not recognize "termination of parental rights" with regard to survivor's benefits. A child remains eligible for said benefits due to the death or disability of a birth parent. These benefits may be paid even after a child is adopted, if the adoptive family so chooses.

43061 AGGRAVATED CIRCUMSTANCES

See the CA *Case Services Policy Manual*, chapter 5000, section 5762, Termination of Parental Rights, paragraph A, for legal requirements regarding determination of aggravated circumstances in termination proceedings. The list of aggravated circumstances contained in section 5762 is not exclusive. The social worker must consult with the assigned Assistant Attorney General or County Prosecuting Attorney whenever the social worker identifies circumstances that are similar to but not specifically those listed in the statute.

43062 TIMELINES FOR DECISION-MAKING

A. The social worker must consider initiating a petition to terminate parental rights when any of the following conditions exist:

1. The child has been in out-of-home placement for 90 days pursuant to an order of dependency and disposition, and the parents have failed to engage in services.

2. The parents have failed to make any progress in a service plan following 90 days of service delivery or a qualified expert has stated the parents are unable to make the changes required to safely parent the child.

3. Aggravated circumstances exist, and the court has, at the request of CA, ordered the filing of a termination petition in the Disposition order on the dependency. In such cases, a social worker or legal representative must schedule a permanency planning hearing within 30 days of the finding of aggravated circumstances.

4. The child has been in out-of-home care for a total of 12 of the last 19 months, and the parents have not made sufficient progress to allow the child to be safely returned home in the near future.

B. For children not protected under the Indian Child Welfare Act (ICWA), the social worker must continue reasonable efforts toward reunification until the court has:

1. Terminated parental rights;

2. Determined aggravated circumstances exist excusing the department from providing reasonable efforts; or

3. Established a dependency guardianship or entered a permanent legal custody order.

43063 COMPELLING REASONS

A. Compelling reasons for selecting a plan other than return home, adoption, guardianship, or permanent legal custody (third party custody) include, but are not necessary limited to, circumstances in which a child:

1. Is older and, following a discussion with the social worker of the alternatives, opposes adoption as a permanent plan;

2. Has significant ties to the child's family which are positive and expected to be on-going;

3. Is in placement for reasons other than abuse, neglect, abandonment, or no parent able or willing to care for the child; for example, children in care due to the risk they pose to others, due to behavioral management issues, etc.

4. Does not have a permanent placement resource identified and for whom there is significant risk that an adoptive resource will not be found; or

5. Has other unique situations described in the ISSP by the social worker that constitute a compelling reason not to file a petition to terminate parental rights.

B. If the social worker does not refer the child for a petition to terminate parental rights, the worker must document the compelling reasons for not doing so in the ISSP. For cases involving findings of aggravated circumstances, cases of children in out-of-home care at the permanency planning hearing, and cases where the child has been in out-of-home care 12 of the most recent 19 months, compelling reasons not to file a petition to terminate parental rights include, but are not limited to:

1. CA has not provided reasonable efforts to return the child to the legal parents except in those cases in which a court has found aggravated circumstances exist, thus relieving the department of the requirement to provide reasonable efforts to reunify the family. See RCW 13.34..

2. Parents are making significant progress in addressing the problems that brought their children into care, and the social worker expects reunification within six months.

3. The child resides with relatives, the relatives have agreed to be a permanent placement resource but, after a discussion of the alternatives, have made an informed decision that they do not wish to adopt the child.

4. A permanent plan of adoption is not in the child's best interests. Such a child may be one described in paragraph A, above.

5. If the department makes a decision not to file a petition to terminate parental rights due to the existence of compelling reasons to the contrary, the social worker must review this decision not to file a termination petition in each subsequent ISSP. If compelling reasons no longer exist, the social worker must refer the child's case to the Office of the Attorney General to initiate a petition to terminate parental rights.

43064 FILING A PETITION TO TERMINATE PARENTAL RIGHTS

A. The social worker must achieve permanency for each child at the earliest possible date. If the permanency plan is not to return of the child to a parent's home, then an alternate plan must be identified and implemented by the social worker. Adoption provides a child the greatest legal security for connection to a family. If this is the plan identified for the child, then termination of parental rights is necessary. The department social worker must initiate the drafting of a petition to terminate parental rights with the Office of the Attorney General or, if appropriate, the county prosecutor's office. The worker must follow local procedures for drafting and filing petitions.

B. When a decision is made to file a petition to request termination of parental rights, the social worker must discuss permanency planning issues with the parents.

C. The Department, represented by the Assistant Attorney General, may ask for no more than two continuances of a trial for termination of parental rights. Such a request by the social worker for a continuance must include the written agreement of the assigned social worker's supervisor. Under extraordinary circumstances, and with prior approval by the Area Administrator, an additional continuance may be sought.

43065 VOLUNTARY TERMINATION OF PARENTAL RIGHTS

A. The juvenile courts are authorized to terminate parental rights voluntarily (relinquishment) under chapter 26.33 RCW. Social workers must use the forms provided by the Office of Attorney General or county prosecutor, as applicable, relating to relinquishment of parental rights. In order to achieve legal sufficiency it is important to use the most recently revised forms whenever handling a voluntary relinquishment. If out-of-date forms are used rather than the most recent form, the relinquishment may not be legally binding.

B. Petitions for voluntary termination of parental rights may be initiated for either an unborn or born child. The hearing on the petitions for relinquishment or termination cannot occur until at least 48 hours after the birth of the child or the parent's signing the consent to adoption, whichever is later. See section 43068 below for requirements regarding Indian children.

C. In considering a petition for termination of parental rights based on a voluntary consent to adoption by a parent, the judge will review whether the consent was genuinely voluntary and whether the termination of parental rights is in the best interest of the child.

1. The social worker must take care to inform the parent that any relinquishment is voluntary throughout this process.

2. If the parent has an attorney, that attorney must be involved in the legal process for termination of parental rights. When the parent has an attorney, the social worker does not work with a parent to secure a relinquishment and consent to adoption without the involvement of the parent's attorney.

D. Under a voluntary adoption plan, the department must follow the wishes of the alleged father, birth parent, or parent in identifying an adoptive placement. See the *Case Services Policy Manual*, chapter 5000, section 5762, and this chapter, section 45404.

43066 PARENTS UNDER AGE 18

A. If any parent seeking to relinquish the parent's parental rights is under age 18, or incapacitated if over age 18, or when there is a question about the parent's capacity to voluntarily relinquish, the court must appoint a GAL for that person prior to the relinquishment being entered and before an order to the court. If a social worker learns that a parent is under 18 or of questionable capacity, the worker must seek a hearing to have a GAL appointed for the parent before taking any other legal action to proceed with a voluntary termination.

B. The GAL for a parent must do an investigation and report to the court concerning whether any written consent to adoption or petition for relinquishment signed by the parent was signed voluntarily and with an understanding of the consequences of the action.

RCW 26.33.070

43067 OPPOSING A VOLUNTARY PETITION

Prior to agreeing to entry of a voluntary relinquishment, the department, through the social worker, must agree that termination of parental rights and adoption is in the best interest of the child. Financial concerns alone are not grounds for a parent to relinquish a child. The social worker may also oppose a termination petition because no adoptive family is available to care for a child. Other concerns, such as the child's support of the adoption case plan and the family's use of services available to correct parental deficiencies, may also be considered.

43068 INDIAN CHILDREN

A. Active Efforts

If the Indian Child Welfare Act (ICWA) protects the child, the social worker must continue active efforts toward reunification with the child's parents or Indian custodian, if any, until the court terminates parental rights. See Appendix A for the definition of "Indian Child."

B. Compelling Reasons

The fact that the Tribal/State agreement defines the child as Indian and the child's involved Tribe or Canadian First Nation does not concur with the filing of the petition or with adoption as the permanency plan for this child may be a compelling reason not to file a termination of parental rights petition.

C. Termination of Parental Rights to a Native American Child

1. Special procedures apply when handling the voluntary or involuntary termination of a Native American child. The social worker must refer to the *Indian Child Welfare Manual*.

2. Petitions for voluntary termination of parental rights may not be initiated for an unborn Indian child. The hearing on the petitions for relinquishment or termination cannot occur until at least 10 days after the birth of the child or the parent's signing the consent to adoption.

4307 VOLUNTARY PLACEMENT AGREEMENT

A. If a child and a parent cannot agree to the child's return home, but do agree to the child's placement out of the home, or when a parent is unable to care for a child, the parent(s)/guardian may request a voluntary placement.

1. CA may accept children for voluntary family foster care or group care placement only when the parent(s) have signed a DSHS 9-004(X), *Placement Authorization and Acknowledgment*, and the social worker has eliminated alternative placements, including in the family home with social service supports.

2. CA staff must place only children for whom the staff have legal authority for the placement and then only in homes or facilities licensed or certified under chapter 74.15 RCW or relatives not required to be licensed under chapter 74.15 RCW. CA staff must not place children in unlicensed, non-relative homes, only with exceptions identified in RCW 74.15.020: Licensed physicians and attorneys need not be licensed to provide care. Staff may place children in unlicensed adoptive homes following completion of an approved home study, in accordance with RCW 74.15.020.

3. The social worker must file a dependency petition in spite of the parent(s) willingness to place the child voluntarily when it appears that a placement of more than 180 days is needed. To meet federal funding requirements, a court order for out-of-home placement of the child must be entered prior to the 180th day of placement.

4. When a request for a voluntary placement involves a Native American child, involvement of the court with jurisdiction, either tribal or juvenile, is required. The social worker must follow the requirements of the *ICW Manual*.

B. In choosing between a voluntary placement agreement and a dependency order as legal authority to place, the social worker considers the following factors:

1. Safety of child.

a. Screening results and action plans to meet the child's needs.

b. ISSP for children in care for 60 days need to include screening results and action plans concerning the child, which addresses the child's multiple needs.

2. Parents' capability and willingness to complete the case plan within six months.

3. Effects on permanency planning for the child.

a. For all children 16 and over, the social worker must include a plan for developing the child's independent living skills.

4. The need to preserve existing evidence.

C. Foster care required beyond 180 days must be authorized by a court order or a newly signed voluntary placement agreement and an Exception to Policy (ETP), approved by the Regional Administrator or designee and utilizing an Alternative Administrative Review or Citizens Review as appropriate. Regional procedures may require approvals to continue consents to place at earlier time intervals. A court order authorizing placement must be obtained by the 180th day of placement or federal funding is lost.

D. The social worker must release a child from placement within 72 hours after the worker receives a written request from the legal custodian or guardian who consented to the placement by signing a *Voluntary Placement Agreement* (VPA), DSHS 09-004B, unless a court order authorizing out-of-home placement has previously been entered, or unless the child has been placed in protective custody by law enforcement.

4308 LEGAL ACTIVITY

43081 DEPENDENCY PETITION PROCESS - RCW 13.34.030 THROUGH 13.34.050

A. The social worker files a dependency petition if the child is at risk of imminent harm and if the parents refuse or are unwilling to immediately make changes adequate to protect the child, or after all other reasonable attempts to help correct the family problems have been exhausted.

B. The Office of the Attorney General or its designee represents the department in dependency matters and presents the evidence supporting department petitions alleging dependency or seeking the termination of a parent and child relationship. In Class 1-9 counties the Attorney General may contract with the prosecuting attorney of the county to perform duties of the Attorney General.

C. If a child is alleged to be dependent and if a child's health, safety, and welfare will be seriously endangered if he/she is not taken into custody, a service worker must file a petition and request a court order that the child be taken into custody. If the court enters such an order, the court may direct a law enforcement officer, a probation counselor, or a CPS official to take the child into custody.

D. The social worker is required to testify at the first shelter care hearing as to notice given to the parents.

E. The social worker must refer to the *ICW Manual* when working with American Indian/Alaskan Native children.

43082 JUVENILE COURT HEARINGS AND REPORTS

The service worker may be required to submit written reports, attend, and present testimony at court hearings. See the CA *Case Services Policy Manual* for detailed legal requirements.

43083 COMPLIANCE WITH COURT ORDERS AND LIABILITY PROTECTION

A. CA staff must make good faith efforts to comply with all court orders.

B. In cases where it is not possible to comply, with a court order, despite staff's best efforts, the social worker must promptly consult with the worker's supervisor and legal counsel to explore alternatives. If compliance is not possible, the worker must take steps to obtain a modification of the order. If the parties will not approve an agreed order of modification, the worker and legal counsel must schedule the matter for a hearing as soon as possible so that the situation can be brought to the court's attention and DCFS can request that the order be modified.

C. Employees are eligible for liability protection and may seek legal representation through the Office of the Attorney General, consistent with the provisions *of DSHS Personnel Policy 523.*

4309 INDIVIDUAL SERVICE AND SAFETY PLAN AND HEALTH AND EDUCATION RECORD

43091 INDIVIDUAL SERVICE AND SAFETY PLAN

A. When a child is in out-of-home care, the social worker must complete or update the ISSP in the following timeframes.

1. The first ISSP is due no later than 10 working days before the dependency Disposition hearing or by the 60th day of the placement episode of a child (whichever date occurs first). The second ISSP is due by the 180th day of placement, and periodically thereafter at six month intervals.

2. If the worker completes the ISSP earlier than required, the next ISSP is due no later than six months from the date of the last one completed.

3. The ISSP plan shall include screening results and action plans to address the child/youth's multiple needs.

B. The social worker must submit the ISSP in the following situations:

1. For all court disposition, permanency planning, and review hearings.

2. To obtain approval to place a child in Behavior Rehabilitation Services, formerly called group care.

3. For prognostic staffings and administrative reviews.

4. For citizen reviews.

5. For tribal or Local Indian Child Welfare Advisory Committee (LICWAC) staffing, as appropriate and as defined in the *ICW Manual*.

C. The social worker must develop the ISSP after consulting, in person if possible, with the parents of the child, and, if developmentally appropriate, with the child. Following completion of the service plan, the social worker's supervisor must approve and sign each ISSP and update. The social worker must provide a copy of the initial ISSP and updates to the parent(s) if the parent(s) whereabouts are known.

D. The child's ISSP contains information that is important for the child's caregiver to know so that the caregiver can provide appropriate care to the child. The social worker must share the ISSP with the child's foster parent, relative caregiver, or pre-adoptive parent(s).

E. Before sharing the ISSP with the child's caregiver(s), the social worker must remove the section titled *Current Status/Social Summary of the Parent*, which contains confidential information about the parent that is not relevant to providing appropriate care for the child. Following are examples of information the social worker may include in the *Social Summary* section of the parent:

1. Detailed confidential information about the parent's mental health, such as:

   a. The treatment modalities being used;

   b. The types of medication prescribed; and

   c. The details of the parent's personal life that may be contributing factors to inconsistencies in the parent's progress in treatment.

2. All specific details related to alcohol or substance abuse, including details about:

   a. The specific types of substance abuse, except as this information relates directly to health care for the child;

   b. The details of any relapses; and

   c. Information about treatment modalities and locations, except as this information would impact the child; for example, when residential treatment disrupts the visitation schedule.

3. Details of the parent's personal life that do not impact service provision and planning for the child.

F. The child's caregiver must preserve the confidentiality of information contained in the ISSP. A social worker who becomes aware of a breach of confidentiality must discuss this with the caregiver, the social worker's supervisor, and the licenser. The social worker and supervisor may decide to use another strategy to provide the caregiver with all information pertinent to providing appropriate care for the child. The social worker must document the alternate strategy for sharing information in the child's electronic record.

43092 HEALTH AND EDUCATION RECORD

A. Children Initially Entering Care - Not Yet Enrolled in the Foster Care Passport Program

1. For children initially entering care, CA staff must document any information regarding the child's health, mental health, and/or health care provider on that child's health screen in CAMIS.

   a. The name and address of the child's school, dates of enrollment, grade level, and any remedial education services provided/required, must be documented by the social worker in the Education section of the child's Health & Education database.

   b. Information regarding the child's behaviors, daily routine, and/or counseling must be documented by the social worker in the appropriate Health & Education data entry screens.

2. The social worker must provide the caregiver copies of the health data and educational screens within two working days of placement. The social worker must update the health data and education screens at the point of any placement changes, and provide copies to the new out-of-home caregiver.

B. Children Enrolled in the Foster Care Passport Program (FCCP)

1. At the time the social worker is notified that FCPP is in the process of constructing a Passport for a child, the responsibility for entering all of the health related data, including immunizations, becomes the responsibility of the Passport program. The social worker may continue to note anecdotal health and/or mental health information on the child's health screen in CAMIS as an aid to the Passport program.

2. The FCPP must provide a copy of the original Passport, along with any updates and Health Recommendations letter, to both the child's social worker and out-of-home caregiver. The FCPP is responsible for updating the child's Passport at regular intervals.

3. The child's social worker must have the primary responsibility for:

   a. Maintaining the data located in the education, behavior, and counseling sections of the child's Health & Education database; and

b. Assuring that the educational data is current prior to Passport completion.

4. The social worker must attach a copy of the most current Passport and Health Recommendations letter at the time of any ISSP update.

5. The FCPP must forward all of the health records obtained in the process of constructing or updating the child's Passport to the social worker. The social worker must file the Passport, the Health Recommendations letter, and the health records in the Health & Education section of the social file.

B. Change in the Child's Placement Setting

1. If a child with a Passport has a change in placement, the social worker must provide the child's new caretaker with a copy of the child's most current Passport.

2. When discussing an emergency placement, the child's Health & Education database may be viewed in CAMIS in order to relay information to the new caretaker.

3. As soon after placement as possible, the FCPP is responsible for providing the new caretaker with an official Passport.

4310 INDEPENDENT LIVING SERVICES

43101 CRITERIA FOR PROVIDING INDEPENDENT LIVING SERVICES

Children's Administration is responsible for providing Independent Living Services for youth who are likely to remain in foster care until age 18. Independent Living planning must occur concurrently with permanency planning. An Independent Living Coordinator is available in each DCFS region to assist with planning.

A. Youth who are likely to remain in foster care until age 18 are identified in the following chart. These youth must receive assistance to gain the Independent Living Skills necessary to move toward a successful transition to adulthood in a developmentally appropriate way.

1. Youth without family supports are the primary target for referral to IL limited resources.

AGE	LEGAL STATUS	LENGTH OF STAY	PERMANENCY PLAN
13-15	Legally Free and Dependent	>12 Months	Not Completed or Completed through written agreement for: Long Term Foster Care or Relative Care
16-17	Legally Free and Dependent	>60 Days	Not Completed or Completed through: Dependency Guardianship or Written agreement for: Long Term Foster Care or Relative Care
17	CHINS	>60 Days	Primary or Secondary Plan to reach independence at age 18

B. The types of assistance, service, and support the program offers will vary based on the chronological age, the developmental stage, family resources, and the supervision needs of the individual youth. Assistance should be offered in the broad categories of:

1. Skills for independence (budgeting, comparative shopping, cooking, cleaning etc.);

2. Basic educational competencies (including support for regular school attendance, homework completion, tutoring or summer school to catch up to grade level, high school graduation, or GED);

3. Employment preparation (including vocational training, volunteer experiences, paid employment);

4. Interpersonal skills and health care (including education in nutrition, pregnancy prevention, sexually transmitted infections, substance abuse, insurance, etc.);

5. Housing (including skills needed to be a good roommate, options for housing, landlord/tenant relationships, etc.); and

6. Significant adult connections (identifying adults who can be a positive example and a support in the future).

43102 SERVICES FOR YOUTH 13 THROUGH 15 YEARS OF AGE

A. Services for youth ages 13 through 15 will primarily focus on successful school achievement and the skills critical for negotiating early adolescence. Such services may include but are not limited to:

1. Supports for school completion such as tutoring or summer school;

2. Identification and encouragement of talents, interests, and skill areas;

3. Assistance with skills for interpersonal interactions such as anger management.

43103 SERVICES FOR YOUTH 16 THROUGH 18 YEARS OF AGE

A. The assigned social worker must ensure completion of an assessment of the skills for successful independence of all youth age 16 or above in care more than 60 days. Based on the results of the assessment, the social worker must develop and document a plan for acquiring independent living skills in the youth's ISSP.

1. Assigned DCFS staff must inform all youth of the services available to assist them in developing independent living skills.

2. The social worker must include the youth in the development of the IL plan. The goals identified must be goals the youth is interested in and will work toward (within appropriate health and safety limits).

3. Pregnant and/or parenting teens (either female or male) should receive special attention around life skill development, including parenting.

B. ***The Life Skills Inventory*** (DSHS form 10-267) is the assessment tool used to assess the skill level of each youth working toward a successful transition to adulthood.

1 Working with the youth, this assessment tool must be completed by:

a. The DCFS social worker;

b. A contracted provider;

c. The youth's foster parent;

d. The relative caregiver;

e. Any other persons knowledgeable about the skills of the youth; or

f. Any combination of the above.

2. The completed assessment form must be placed in the child's case file in the Health and Education section. The social worker must also reference the assessment form in the youth's ISSP including the date the assessment

was completed and some commentary about its use in the development of the IL plan.

C. The ***Initial Independent Living skills Plan*** (DSHS form 10-265) builds on the information obtained from the ***Life Skills Inventory***, and follows the outline contained in the ISSP.

1. Each section must have proposed goals with a plan for attaining those goals. The social worker completes the IL plan with the youth unless the youth has been referred to and is participating in services through a contracted provider.

2. The Initial plan is documented in the Independent Living section of the ISSP or may be attached to the ISSP. The Initial Plan should also be filed in the Health and Education section of the case record.

D. The ***Independent Living Progress Report (DSHS form 10-266)***

1. The social worker must review the Independent Living Plan every six months and document progress towards attaining the desired goals in the ISSP:

   a. The social worker documents all services provided to the youth;

   b. The social worker should help the youth identify milestones achieved; and

   c. Celebrate the accomplishments of the youth.

   d. Each youth should participate in evaluating progress toward a goal or in redefining the goal, if needed.

2. The six-month progress report must address each of the six areas identified in the ISSP. If all areas were not targeted during the six months, the update needs to include what decisions were made, and if that area will be addressed in the next six months. The six- month progress report is placed in the youth's case file in the Health and Education section.

E. ***Independent Living Checklist (DSHS form 10-264***)

1. The ***Independent Living Checklist*** is to ensure that the youth has the minimum documentation and supplies needed for a successful transition to independence at age 18.

   a. The IL Checklist can be started at any time.

   b. The IL Checklist should be maintained in the youth's case file in the Health and Education section.

   c. The worker may check items completed at any time.

43105 LIFE BOOK

A. Youth leaving-state-assisted care at age 18 should have some documentation of their life events.

1. Life Book information is located in Section VIII, Life Book, of the case file.

2. Documents noted in the IL Checklist may be stored in the envelope noted in the section and may include certificates of accomplishment the youth attained over the youth's life in care.

3. Other documents to include may be a resume; certificate of successful completion of volunteer work experience; a picture of the youth at various ages; and (with the foster parents' permission) addresses where the youth has lived.

B. The Life Book may be started at any stage in the life of the case and is more helpful to the youth if it covers as much time as possible. Foster parents, teachers, relatives, and others may contribute to the Life Book.

C. The Life Book should be given to the youth upon exit from care. If the youth does not want it at that time, it should be given to a reliable adult identified by the youth.

43106 CONTRACTED IL SERVICES

A. Each region determines the contracted services they will provide to assist youth in developing skills for independence.

B. Regions may contract with community agencies to provide Independent Living Services to eligible foster youth.

C. The social worker and the youth may determine that the assistance of a contracted provider is the best way for the youth to gain the skills needed to achieve independence.

D. Once a youth has been referred for services he/she remains eligible until age 21. Contracted providers:

1. Serve youth 16 until 21 years of age;

2. Complete the formal ***Life Skills Inventory***;

3. Develop an ***The Independent Living Plan*** with the youth;

4. Provide copies of the completed assessment and plan on each youth to the social worker;

5. Assist youth in attaining the goals they have identified in their IL plan;

6. Have group and individual skill building sessions with youth;

7. Provide IL services for the youth until age 21;

8. Maintain case files on each youth indicating contacts, services, and expenditures;

9. Provides copies of the ***IL Progress Reports*** to the social worker until exit from care;

10. May re-enroll a former participant up to age 21.

E. Referral Process

1. The social worker must refer the youth while the case is open. The referral includes a copy of the ISSP and an SSPS authorization.

2. Some contracted providers have additional referral forms for the social worker to complete. The SSPS authorization to contracted providers has three payment points (services):

   a. ***Outreach and Intake (3905, Objective A)*** Note: This authorization accompanies the referral;

   b. ***Assessment and Plan (3905, Objective B)***; and

   c. ***IL Progress month report (3907)***.

F. Payment: Details about authorizing payment are contained in the SSPS Manual, Appendix C, 3900.

G. Documentation:

1. Upon completing the ***Outreach and Intake*** with the youth, the contractor sends a summary of the contacts and the outcomes to the social worker. For youth continuing in the program, the social worker authorizes the two additional payment points.

2. Upon completion of the ***Life Skills Inventory*** and the ***Initial Independent Living Plan***, the contracted provider sends the forms to the social worker.

3. After working with each youth for six months, the contracted provider sends the social worker a copy of the ***IL Progress Report*** with a plan for the next six month time period.

4. After receipt of the appropriate documentation, the social worker closes the SSPS code, generating payment for each completed service.

5. The social worker may attach all provider-prepared documentation to the ISSP, and no additional text is required for the IL section of the ISSP.

43106 NON-CONTRACTOR SSPS CODES 3901 AND 3902

A. In the course of a youth preparing for adulthood, there are expected costs that will arise. The SSPS Codes 3901 and 3902 are targeted for those needs and are not to exceed $500.00 for each eligible youth.

B. When the social worker and the youth have developed and established the IL plan and goals, the social worker may use SSPS codes 3901 and 3902 to assist with attaining an identified goal or plan.

C. The social worker initiates use of these codes, which may require supervisory approval.

D. Details about these codes are contained in the SSPS Manual, Appendix C, 3900.

43107 SERVICES FOR YOUTH FORMERLY IN OUT-OF-HOME CARE (18-20 YEARS OF AGE)

A. ***"Former foster youth"*** are defined as an individual, 18 through 20 years of age who has been in out-of- home care.

B. Former Foster Care recipients from 18 through 20 years of age are now eligible to receive transitional services to compliment their own efforts to achieve self-sufficiency.

1. The same assistance may be provided to transitioning youth as is provided to foster youth under age 18.

2. Assistance may also be offered in the form of maintenance expenses including, but not limited to, housing costs (rent) and utility bills.

3. Housing costs are only available to former foster care youth age 18 through 20 who are no longer receiving foster care payments.

****Youth who participate in any illegal activities may be declared ineligible to continue receiving services***.

C. Eligible youth are those youth ages 18 through 20 who have established a baseline skill level through completion of the ***Life Skills Inventory*** (DSHS form 10-265) and who have at least one IL plan (DSHS form 10-267) in their ISSP.

1. Each recipient of services shall have a plan for achieving independence by the time the recipient reaches age 21.

2. The plan will be written within 30 days of enrollment and reviewed every 90 days.

3. Performance toward the goals shall be measured and must demonstrate improvement from involvement in the program.

4. Youth who consistently fail to adhere to the elements of the plan shall be evaluated by staff and may be declared ineligible to continue receiving services.

5. All recipients of transitional services and or funds shall be contacted ***six (6) months*** after transitional funds have been authorized to document the youth's status in:

   a. Housing;

   b. Employment;

   c. Education.

D. The types of services available and the budget for services for former foster youth vary by region.

E. The regional Independent Living Coordinator identifies the services available in the region and the process for accessing those services. Contact the regional Independent Living Coordinator for specific information.

F. Youth leaving care at age 18 are eligible for continued MEDICIAD insurance until age 19. To establish medical eligibility the MEDS unit of Medical Assistance Administration (MAA), 1-800-204-6429, needs the following information:

1. Name and address of the youth;

2. Household income (only the youth, unless living with the youth's legal family);

3. Citizenship;

4. Social Security Number; and

5. Relationship to others in the household.

4330 OPEN ADOPTION AGREEMENTS

Open adoption agreements are allowed under RCW 26.33.295. The paramount consideration in setting an open adoption agreement is the child's best interest. An open adoption agreement must not be entered solely as a means to negotiate a settlement in a proceeding for involuntary termination of parental rights.

A. Drafting of the open adoption agreement is between the birth parent(s), adoptive parent(s) and their respective legal representatives.

B. Adoptive parents and birth parents are entitled to and the worker must advise and encourage both sets of parents to seek their own independent legal representation, prior to entering into any such agreement.

C. Such agreements must be initiated early in the termination planning process and must not delay permanency planning for the child.

D. An agency staffing must occur to review the proposed agreement. The child's worker and supervisor, the adoptive home social worker and supervisor, and other individuals deemed pertinent to the approval of the agreement must attend the staffing. The initial adoption planning review is an appropriate time for such consideration.

E. The social worker must seek advice from the assigned Assistant Attorney General or county prosecutor, as applicable, regarding legal implications of the agreement.

F. The social worker must prepare the department's decision to approve or reject such an agreement in writing and state:

1. The agreement is in the child's best interest now and in the future;

2. The agreement does not encumber the department to any financial costs or services related to such an agreement now or in the future;

3. All placement options were reviewed, and this prospective adoptive family is the family of choice for adopting this child;

4. The prospective adoptive family has a completed and approved home study on file.

G. If the staffing decision is that the agreement is not in the child's best interest, then the agreement must either be rejected or renegotiated/modified.

H. If the staffing decision is that the agreement is in the best interest of the child and appropriate, the Regional Administrator or designee must sign the approval to the agreement confirming that the above policy has been followed.

I. All such agreements entered into must have the written approval of the child's representative (GAL) as required by statute.

J. Children 14 years of age and older, unless of limited capacity, must approve of and consent to the agreement in writing.

K. If the agreement cannot be modified so as to satisfy all necessary parties, then the social worker must pursue the permanency plan without the agreement. The worker must pursue termination of parental rights if appropriate.

L. Under RCW 26.33.295(2), the open adoption agreement can only be entered into by a birth parent who has not had parental rights terminated.

43301 OPEN ADOPTION AND ADOPTION SUPPORT

A. For a child to be eligible for adoption support, the child must be "legally free" and, under RCW 74.13.109, "hard to place" at the time the adoption support agreement is established. Entering into an open adoption agreement under the terms of RCW 26.33.295 may prevent establishing the child as being "hard to place."

B. If there is an open adoption agreement in place, the following procedures must be followed when applying to the adoption support program:

1. Any application submitted for the adoption support program with an open adoption agreement shall include a copy of the open adoption agreement.

2. The costs and services related to open adoption agreements will not be covered by the adoption support program.

4340 GUARDIANSHIP

43401 FILING A DEPENDENCY GUARDIANSHIP PETITION

Dependency Guardianship, as an alternative to return of the child to the birth parents, provides a child with long-term connection with a family while continuing financial supports to the child. This may be the permanency plan of choice, despite greater legal security for connection to a family in adoption, for the following reasons:

A. Cultural norms may oppose termination of parental rights or adoption, which would cause a break between the child and his/her community if an adoption is completed.

B. Ongoing and frequent contact between a child and his/her family or shared decision-making between the guardians and the parents may be best served by the legal framework of a guardianship.

C. If the proposed guardians are relatives, there may be family conflict caused by termination proceedings which are contrary to the best interest of the child. Relatives may be strongly opposed to termination of parental rights but maintain a commitment to raise the child. Family philosophy and attitudes must be honored while formulating the permanency plan for the child.

D. Older children may be unwilling to be adopted but may support a guardianship to establish the legal commitment and authority of the guardians.

E. If dependency guardianship is the plan identified for the child, then a petition must be filed with the court in coordination with the Office of the Attorney General or, if appropriate, the county prosecutor's office. Local procedures dictate how petitions are drafted and filed.

43402 TIME-LINES FOR DECISION-MAKING -- DEPENDENCY GUARDIANSHIP

A. Time-lines which guide when to initiate a dependency guardianship petition are similar to those which govern when to file a petition to terminate parental rights. The guiding philosophy of establishing a stable and nurturing environment for the child at the earliest possible date also holds true with the permanency plan of dependency guardianship.

B. The social worker shall discuss permanency planning issues with the parents. Permanency planning for the child is a joint responsibility, and the worker shall encourage parents to help plan for the child. The worker informs dependency

guardians of their responsibilities and the intent for this to be the child's permanent placement. The worker advises them that the court may not agree to set aside the guardianship order at their request.

43403 DEPARTMENTAL RESPONSIBILITIES IN DEPENDENCY GUARDIANSHIPS

A. The homes of guardians to which the department makes foster care payments must be certified as meeting licensing requirements.

B. The department's rules and procedures regarding the certification and supervision of the home for licensing purposes must be followed in spite of the fact that the court may have relieved the department of responsibility to supervise the child.

C. Guardianship of a child, under RCW 13.34.231 and 13.34.232, does not preclude a guardian from continued eligibility to receive foster care payment.

D. Where a court order relieves the department of responsibility for providing supervision for a child and the child remains in foster care, the source of funds must be state funds.

E. When a foster care payment continues to the guardian, the service worker remains responsible to implement the payment and to assure the child's continued eligibility for foster care payment.

F. Establishment of a guardianship where DCFS is relieved of responsibility for supervision eliminates the automatic six-month review in Juvenile Court and periodic review and permanency plan hearing requirements, as the permanency plan is considered completed. However, if the service worker finds that the guardianship has failed or is terminated, the social worker shall bring the case before the Juvenile Court to review the status of the child.

G. A child found to be dependent as defined in RCW 13.34.030 remains under the court's jurisdiction, (i.e., dependency continues) even after a legal guardianship is established.

H. Appointment of guardianship for Native American children shall follow procedures as described in the *ICW Manual*.

43404 DECISION TO VACATE A GUARDIANSHIP

A dependency guardianship may be modified or terminated upon motion of any party or DCFS if the court finds by a preponderance of the evidence that there has been a substantial change of circumstances subsequent to establishment of the guardianship and that it is in the child's best interest to modify or terminate the guardianship. The court must hold a hearing on the motion before modifying or terminating a guardianship.

A. The social worker examines the reasons for a party's request to set aside the guardianship and reports to the court the interests of the child and planning for the child in the event the dependency guardianship is vacated. Although a dependency guardian may be requesting that the guardianship be vacated, the social worker need not concur with that recommendation to the court.

B. The social worker may request that a guardianship be vacated if the child's health, safety, or welfare would be jeopardized by continuation of the guardianship or if the guardian fails to meet minimum licensing standards.

C. If a child is placed under a dependency guardianship court order, CA staff must not seek nor obtain dismissal of the underlying dependency order on the child. If such action occurs, the dependency guardianship is no longer valid, and the child loses the legal protections of court intervention.

D. When a local CA office requests courtesy supervision of a child who is placed under or whose placement status is changed to dependency guardianship, the originating office retains responsibility for planning for the child if the dependency guardianship disrupts for any reason.

4350 STATUS OF RELATIVES OF SPECIFIED DEGREE WITH LEGALLY FREE CHILDREN

A. Children's Administration acknowledges a continuing relationship between relatives of specified degree and children whose parental rights have been terminated in those cases where the relatives choose to continue a relationship with the child and the continuing relationship is in the best interest of the child. This acknowledgment applies to all legally free children in the custody of the department.

RCW 13.34.180; 13.34.210; 26.33.295; and 74.15.020

B. Relatives of specified degree, as defined in RCW 74.15.020 and this *Practices and Procedures Guide*, chapter 5000, section 5230, remain legal relatives when a child becomes legally free if those relatives wish to maintain a relationship with the child and the social worker assigned to the child determines, consistent with the Shared Decision Making model contained in the CA *Case Services Policy Manual*, Appendix C, the continuing relationship to be in the best interest of the child.

C. CA staff must treat relatives of specified degree as the staff treats all relatives of specified degree under the rules of the foster care and foster family home licensing programs.

D. CA staff must treat these affected relatives of specified degree the same as all relatives of specified degree under the Interstate Compact for the Placement of Children (ICPC) program.

E. The rights of the affected relatives of specified degree do not extend beyond adoption of the child except through an open adoption agreement as described in RCW 26.33.295. See section 4330, above.

F. In determining which adoptive placement is in the best interest of the child, family relationships will be only one of the factors considered by DCFS staff. Other factors include, but are not limited to:

1. Attachment to and relationship with the child.

2. History of parenting.

3. Ability to meet the special needs of the child.

4. Ability to meet the basic needs of the child.

5. Family composition.

6. Child's preferences.

7. Ability to meet the cultural needs of the child. A placement resource need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. Unless a compelling reason is identified, CA staff will not match children to a placement family on the basis of race.

G. The rights of relatives of legally free Indian children, as defined in the CA *Indian Child Welfare Manual*, the Tribal-Washington State Indian Child Welfare Agreement of 1987, and the federal Indian Child Welfare Act of 1978 must be preserved in accordance with those requirements.

4400 SERVICE DELIVERY

4410 CHARACTERISTICS

4411 MISSION AND VALUES

For a description of CA's mission and values, see the CA *Case Services Policy Manual*, chapter 1000, section 1200.

4412 SUPPORTIVE SERVICES

Supportive services are those non-placement services available to either prevent the out-of-home placement of a child, reunify a family following placement, or maintain/improve functioning of a child in a placement setting. CA authorizes and provides all services within the context of a time-limited, goal-oriented case plan.

4413 PLACEMENT SERVICES

A. Placement services are those services available to a child to either temporarily care for the child (e.g. foster care, group care) while permanent placement is sought or to provide the child with a permanent placement setting; e.g., adoption, guardianship or foster/relative care with a permanency agreement. CA authorizes and provides all placement services within the context of a time limited, goal-oriented case plan.

B. The placement information must include the results of the screening results that identify the multiple needs of the child within 30 days of placement. The child's assigned social worker must share the results of the screening with the child's caregiver.

4420 GENERAL POLICY/PROCEDURES

4421 HEALTH AND SAFETY OF CHILDREN

CA services are provided while keeping the health and safety of children as a primary principle. In an attempt to promote the health and safety of children, DCFS and Division of Licensed Resources (DLR) social workers must pursue the following guidelines for all cases open for service.

A. The assigned social worker must interview children in out-of-home care in face-to-face visits in the out-of-home care facility at least once every 90 days and document the interview in the case SER. DLR licensers must also interview children in out-of-home care in face-to-face visits using the guidelines contained in this section when the licensers conduct health and safety reviews. See paragraph E, below, for guidance regarding observation of non-verbal children.

B. Social workers must provide each child capable of reading, writing, and using the telephone a card with the social worker's name, office address, and phone number.

C. During face-to-face visits, social workers must inquire of the child's caretaker about the health, safety, and emotional wellbeing of the child. For example, inquiries might include:

1. The child's daily schedule.

2. The child's progress in school.

3. If the child is in out-of-home care, how the child is adjusting.

4. Behavior or medical/dental problems of the child and what services are being provided to care for such problems.

5. How the caretaker has responded to any discipline problems.

6. Significant events in the caretaker's residence that might impact the care of this child; e.g., deaths, separation from cared about adults.

7. Special needs of the caretaker to care for this child.

8. How often the child is left alone, asleep, or in bed.

9. How often the child is allowed privacy, is bathed, and is involved in self-stimulating behavior.

10. Whether the child engages in self-destructive activities.

11. Whether the child has had problems with the law or other institutions.

12. Whether family members feel safe with this child.

13. What makes the child happy or upset.

D. During face-to-face visits, the social workers must talk to the child, and discussion may include:

1. Whether they feel safe or have concerns about their home or setting.

2. Whether they get enough to eat.

3. How they are disciplined.

4. Who they would call in an emergency.

5. What makes them happy or sad.

E. With non-verbal children or infants, social worker observation is important to determine if there are concerns. The worker must particularly check and document in the case SER:

1. How the child appears to be developmentally, physically, medically.

2. How the caretaker responds to the child.

3. Whether the caretaker has appropriate in-home assistance, respite, and support.

4. Whether the caretaker appears attached to the child.

5. If there are others besides the primary caretakers with close contact with the child capable of appropriate behavior with the child.

F. Besides face-to-face contact, the social worker may inquire of others involved in the child's life to determine if there are any concerns. For example, collateral contacts might include teachers, doctors, mental health professionals, or the GAL.

G. If the social worker has concerns about a licensed placement provider, the worker shall report those concerns in writing to the licensing authority for the home or facility.

H. The social worker also may, with concerns of a serious nature, consult with his/her supervisor about removing the child from the home or facility. Should a decision be reached to pursue removal from the home or facility, the social worker shall proceed with the move following procedures for out-of-home placements contained the CA *Case Services Policy Manual*, chapters 3000, 4000, and 5000, and chapters 2000, 3000, and 4000 of this manual.

I. For guidelines relating to health and safety reviews for children in group care and therapeutic foster care, see the CA protocol *Health and Safety Standards: Procedures for Group Care & Therapeutic Foster Care Health and Safety Review*.

4422 GUIDELINES FOR CLIENT REFERRALS TO CONTRACTORS

A. Social Workers must provide contractors with written information regarding referred cases. The release of information to contracting agencies is permitted under RCW 13.50.100. The social worker provides the following information in the initial referral, when available and applicable:

1. Date and time of referral.

2. Inclusive dates of service authorization.

3. Purpose of the referral. Provide a clear statement to the contractor regarding type of case; e.g., crisis intervention, child abuse, reunification, etc., and the services to be performed.

4. Clear, written expectations to the contractor; e.g., "This is a CPS case. Please provide unannounced visits, document your observations, and report them to the assigned social worker."

5. Description of family strengths and extended family networks (if known).

6. Family members' responses to current and past services.

7. Known or suspected past or current mental health, developmental, or other health related disabilities and conditions.

8. Known or suspected past or current involvement with drugs, alcohol, or illegal activities.

9. Copy of current court report and/or Individual Service and Safety Plan (ISSP).

B. The social worker complies with the following procedures for ongoing case management:

1. Keep the contractor informed of new developments/concerns regarding referred case.

2. Keep a written record of required reports, noting date due, date received, acceptable, non-acceptable, etc.

4430 COURTESY SUPERVISION

A. The DCFS Regional Administrator must establish procedures for the provision of Courtesy Supervision between offices and between regions, as well as Interstate Compact on the Placement of Children (ICPC), consistent with the provisions below and the remainder of this section.

1. The supervisor of the assigned social worker in the sending office must provide notice of the impending case transfer and request and receive an approved home study before the child actually moves to the new placement. If a court of competent jurisdiction has ordered placement within a

timeframe that prevents receipt of acceptance or a home study prior to the placement, the sending office must notify the receiving office of the placement of the child within 30 days of the placement and request the home study. The sending office social worker must include a copy of the court order in the child's file.

2. The receiving office supervisor must not decline to accept nor delay assignment of a case being transferred from another office if:

   a. The transfer is consistent with the child's case plan;

   b. The transfer is in the best interests of the child; and

   c. The proposed or actual placement is licensed to provide care under the provisions of chapter 74.15 RCW or, if not required to be licensed, has an approved home study.

3. The sending and receiving office supervisors must document agreement by the receiving office of acceptance of Courtesy Supervision within 30 days of the request.

4. The receiving office supervisor must ensure that transferred cases, including ICPC, receive the same levels of support and supervision as other cases, as required by the *Case Services Policy Manual* and this manual.

B. For courtesy supervision, at a minimum, the receiving office's service activity must include 90-day face-to-face contacts at the child's residence, with the first contact occurring within 90 days of the child's placement. These contacts are intended to ensure the health and safety of the child, to assess the child's adjustment to placement, to assess services needed by the child or placement resource, to provide casework support, and to facilitate the child's service plan on behalf of the sending social worker. The worker must document these activities in the case SER.

1. The sending social worker retains primary responsibility for the child and the plan. The social worker providing courtesy supervision does not make case decisions.

2. For the child in behavior rehabilitation services/ group care placement, the sending social worker and the worker providing courtesy supervision will mutually decide who will participate in the regularly scheduled treatment conferences with the provider. Normally, such activity remains the responsibility of the sending worker.

C. For dependency guardianships, the child placed in such guardianship remains a dependent of the court. In the event that a receiving office is providing courtesy supervision in behalf of another office and that placement disrupts and is not reconcilable, the child remains the responsibility of the originating office and will be returned to the originating office.

D. The receiving office primarily provides courtesy supervision to the child in placement away from the originating office. However, circumstances may exist where a parent has temporarily moved, or has recently moved, to an area other than the one in which the child is located. In some situations, a social worker in the parent's location may more effectively provide services to the parent. In cases where the department needs to demonstrate reasonable efforts toward unification, the originating office may request courtesy supervision for the parent only through the following procedures:

1. The supervisor contacts the receiving office supervisor to describe the circumstances and to summarize the parent's service plan as set forth in the ISSP or court order. The discussion should include the following:

    a. Whether the parent is engaged in services, actively working on requirements, or minimally engaged;

    b. A discussion of the reasons why the requesting social worker may not be able to get provider reports directly or to maintain contact with the parent by telephone or correspondence to a level sufficient for case planning/legal sufficiency;

    c. Services that a DCFS social worker needs to provide on a face-to-face basis; and

    d. If reunification is not the plan, the need for provision of direct services to establish reasonable efforts in a legally sufficient manner.

2. If the supervisors do not agree on a plan for courtesy supervision at this level, the supervisors will request involvement of their respective Area Managers.

3. The sending social worker prepares for the receiving office a brief memo requesting specific services for the parent and attaches the current ISSP and court order outlining the parent's responsibilities.

4. The receiving supervisor assigns a social worker and enters the assignment of the social worker for courtesy supervision (CSP) on the parent's name/case number (not the child's) in CASWRDAT. The receiving office will continue to sending office's prefix. The parent will have two social workers assigned, one for CWS and one for CSP. The receiving office establishes a case folder/binder, per its procedures, marked "courtesy supervision."

5. The receiving social worker must conduct a face-to-face interview with the parent within 90 days of case assignment and must documents the service delivery and parental responses, provides monitoring, and communicates information to the originating social worker to assist the worker with case planning.

4431 PLACEMENT OUT OF AREA - FAMILY FOSTER CARE OR RELATIVE PLACEMENT

A. Inter and Intra-County

Placement of a child in another DCFS office's service area may be necessary. However, before making a request to the court or placing the child on its own authority in the other service area, the placing DCFS office social worker or supervisor must notify the DCFS office serving the area of the proposed placement and obtain from that office a positive home study and/or assessment of the proposed placement. The assigned receiving office social worker or the placing worker, with the agreement of the receiving office, must conduct the home study in accordance with chapter 5000, section 5231. Such placements may be necessary when:

1. The child's family or alternate family has moved.

2. A permanent or other relative placement has been located in another DCFS service area.

3. There is a specific need for specialized medical, emotional, and/or educational services/facilities not available near the child's family.

4. The child needs placement outside his/her home community due to the child's behavior and/or the family's situation.

5. There are no suitable homes available for a child in the original DCFS service area.

B. Originating Office Duties

1. The social worker, through the worker's supervisor, requests a foster placement/relative home study from the appropriate supervisor in the receiving DCFS office. The worker or supervisor may make the initial request by telephone to the supervisor in the receiving office, but the social worker sends a written request and the most recent ISSP and court order, on the child within five working days of the initial request.

2. If the social worker makes a placement following location of a suitable foster home or a positive relative home study, the originating office retains responsibility for case planning, including approval of medical treatment, medication notifications, and confirming acceptance of the child into special education in the new school district if an eligible handicapped child, and maintains the case file and CAMIS data.

3. Legal jurisdiction remains with the originating area's court, if either parent continues to reside in the original area unless the parent with whom the social worker plans reunification resides in the receiving county.

4. If neither parent lives in the originating county, the original office may request that the court transfer jurisdiction three months after the parent has

established residence of some permanence in the new county. The procedures are:

a. Prior to requesting transfer of jurisdiction from the originating county, consult with the DCFS local office supervisor for the area in which the parent resides to request permission to transfer jurisdiction and case responsibility. The originating office supervisor does not request transfer of jurisdiction until permission has been obtained from the receiving office supervisor. If there is a disagreement between offices, it is resolved at the lowest possible level through the chain of command in the region(s).

b. Consult with and advise the AAG/Prosecutor in the sending and receiving areas of the desire/plan to request jurisdiction transfer. An official request for the legal case to transfer shall not be made until the local office supervisor and the AAG in the receiving area have agreed to accept the case.

c. When the court with original jurisdiction enters an order to transfer jurisdiction, the case must be transferred to the receiving office within five working days.

d. The receiving office requests that the court schedule a hearing to determine if the receiving county will accept legal jurisdiction.

e. If the receiving county's court refuses to accept jurisdiction, the case file is returned to the original office. The original office requests that the original court resume reviews and planning for the child.

C. Receiving Office Duties

The social worker in the receiving DCFS office:

1. Refers suitable licensed homes to the original DCFS office or notifies the original office that there are no suitable homes available.
2. Contacts the prospective family to complete a relative home study.

3. Completes the home study within 60 working days of receipt of the request for the study and then immediately notifies the referring DCFS office of findings. Exception: When fingerprint checks through the Federal Bureau of Investigation (FBI) are required prior to completion of the home study, the study shall be completed within 10 days of receipt of satisfactory criminal history reports from the FBI.

4. Helps coordinate actual placement with the originating office and prospective home, if requested.

5. Provides courtesy supervision of the placement, including monitoring health and safety, and provides written reports once every six months of the child's progress. The sending office needs to make a written request one month

prior to a scheduled court hearing, if the office wants the report for court. Maintains a courtesy supervision file in CAMIS per current standards.

6. Immediately notifies the initiating DCFS office for additional planning if the placement fails.

D. Other Considerations

1. When a child in a DCFS foster family placement runs away and is found in the catchment area of another DCFS office, the social worker in the DCFS office where the child is found:

   a. Arranges for the appropriate office to notify or directly notifies, if possible, the child's parents of the child's whereabouts;

   b. Arranges shelter care for the child, if necessary;

   c. Contacts the assigned social worker in the original office to request payment to the temporary care provider for that care;

   d. Arranges for transportation to return the child to the catchment area of the originating DCFS office and requests that the assigned worker establish payment, using the appropriate SSPS code;

   e. Does not open a new case file or assign a new case number;

   f. Forwards documentation of service activity, provided to the child to the office in which the case is assigned for placement in the case file. Such documentation includes the assigned worker's identity and activities, recorded in CAMIS.

2. The originating office retains responsibility for planning and payment in behalf of the child.

3. When a child in a foster home placement moves with the foster family to another area, the original DCFS office coordinates with DLR and the receiving DCFS office for licensing, continuation of payment, and courtesy supervision of the child.

4. If the originating office and the receiving office are within the same region, the Regional Administrator may determine that the case will not be transferred from one office to the other.

4432 PLACEMENT OUT OF AREA - GROUP CARE

A. The Group Care Coordinator, in conjunction with the child's social worker, makes the decision to place a child in group care out of area. Factors to be considered in the decision include the treatment and support needs of the child and family, the permanency plan, and the availability of in-region resources to meet identified needs.

B. The originating Group Care Coordinator provides courtesy notification of the child's placement to the Group Care Coordinator and DLR Regional Manager in the region where the child will be temporarily residing.

C. When youth are placed in contiguous states in out-of-care facilities with which CA has a contract, the placing social worker shall contact the CA Interstate Compact on the Placement of Children (ICPC) program manager and provided needed information. The program manager will then complete required paperwork to complete ICPC notification to the receiving state.

D. Responsibilities of the receiving region include:

1. CA Intake screens and refers to appropriate resources any report of neglect or abuse involving the child;

2. Appropriate DLR staff will conduct any investigation of alleged abuse or neglect of the child or of alleged licensing violations involving the facility;

3. Regional DLR staff will conduct the comprehensive biennial facility review.

4500 SPECIFIC SERVICES

4501 CASE MANAGEMENT

45011 SERVICE DEFINITION

Case management includes providing an assessment for eligibility for services, assessing risk of abuse/neglect, family conflict or placement, developing permanency plans, advocating for families in brokering services, ensuring that families understand how to access services, monitoring the progress of services/permanency plans, and making recommendations to juvenile courts and other reviewing bodies about the case plan and completing administrative requirements.

45012 ELIGIBILITY

Each family opened for DCFS services shall have an assigned DCFS social worker.

45013 PROCEDURES FOR ACCESS

A. Social workers refer families for case management by following established CPS, FRS, and CWS intake procedures.

B. Social workers are assigned by a local office supervisor following intake.

1. The entry point for case assignment for CPS is a referral alleging abuse and/or neglect. See chapter 2000.

2. For FRS the entry point is a family's request for services to resolve family conflict. See chapter 3000.

3. The entry point for CWS is a family's request for such intake/assessment services. See chapter 4000, sections 4100 and 4200.

45014 OTHER SOURCES

Case management services may be available through mental health, DDD, private child placing agencies, and schools in some communities.

4502 INTENSIVE FAMILY PRESERVATION SERVICES (IFPS)

FAMILY PRESERVATION SERVICES (FPS)

45021 SERVICE DEFINITION

IFPS, authorized and described in RCW 74.14C.040, and FPS, authorized and described in RCW 74.14C.050, are family-focused, behavior-oriented, in-home counseling, and support programs available in most counties. The services of both programs may be utilized when youth are, for IFPS, at imminent, or for FPS at substantial, risk of placement or for children returning to the home from out-of-home care. See section 45023, below, for procedures to access IFPS and FPS.

A. For IFPS, services begin within 24 hours of referral, are available 24 hours a day, are short-term, limited to a maximum of 40 days, unless paraprofessionals are used, in which case service is limited to a maximum of 90 days. The service can be up to 80 hours in a 30-40 day intervention or up to 100 hours in a 90 day intervention. Services include both clinical assistance (counseling, case management, parent education) and concrete help (financial, housing, utilities, clothing, food). IFPS services are provided by contracted vendors and are available statewide.

B. FPS begin within 48 hours of referral, are available 24 hours a day, and can be up to six months in duration. FPS is designed to be less intensive that IFPS, and interventions are focused on improving family functioning and assisting families with getting connected to local community resources. FPS are provided by contracted vendors and are available statewide.

45022 ELIGIBILITY

A. Families and children are eligible for IFPS and/or FPS when a child is in out-of-home placement and can be reunited within 30 days or the social worker has determined that, without intervention, the child, for IFPS, is at imminent risk of out-of-home placement or, for FPS, at substantial likelihood of being placed out-of-home due to at least one of the following:

1. Child abuse or neglect.

2. A serious threat of substantial harm to the child's health, safety, or welfare.

3. Family conflict.

B. The social worker need not refer otherwise eligible families and family preservation services need not be provided if at least one of the following conditions is met:

1. The services are not available in the community in which the family resides.

2. The services cannot be provided because the program is filled to capacity.

3. The family refuses services. or

4. The social worker or the service provider determines that the safety of a child, a family member, or persons providing the services would be unduly threatened.

C. IFPS/FPS may not be used for families in need of an in-home crisis resolution or therapeutic service to avoid possible family disruption or foster care placement at some unspecified time in the future and is not to be used as an interim measure until a planned placement resource is secured.

D. The family has a case open for service with CPS, FRS, or CWS. The child must be either residing in the family home or be able to go home immediately, within 30 days, with either IFPS or FPS.

E. The child, for IFPS, has been assessed by the assigned social worker as needing immediate placement or, for FPS, will need placement in the future if family dynamics do not change or is already in placement but could return home immediately with either IFPS or FPS.

F. For IFPS, immediate placement means that the social worker is planning to file a petition with the juvenile court to remove the child from the family home within 72 hours or is planning to obtain a voluntary placement authorization from the child's parents within 72 hours.

G. For FPS, substantial likelihood of placement means the assigned social worker has determined, through assessment, that there is a strong possibility that another injury or crisis will occur in the near future, resulting in the placement of the child, or the child is already in placement but could return home sooner with FPS.

H. The Regional Administrator may limit the provision of IFPS or FPS to families where children would be receiving paid DCFS placement services.

I. The social worker has determined that there are no less intensive services available that can meet the family need.

J. An immediate opening with the contracted IFPS and/or FPS agency is available.

45023 PROCEDURES FOR ACCESS

A. Referrals for IFPS or FPS must come through DCFS. Contractors shall not accept referrals directly from families or other sources.

B. The Regional Administrator or designee:

1. Appoints a Gatekeeper for each office served by an IFPS or FPS provider. The IFPS/FPS Gatekeeper:

a. Participates in a review or reviews all IFPS/FPS referrals to ensure conformance with eligibility requirements and the best use of the resource.

b. Makes final department determinations of family eligibility for IFPS/FPS prior to referral to and intake by the service provider, rejecting all families for whom placement is not imminent or substantially likely.

c. Facilitates the departmental review of all families entering placement for possible eligibility and referral to IFPS.

2. Develops a written protocol with IFPS and FPS contractors governing the assessment of client eligibility, procedures for service referrals, approval of service extensions, and utilization of IFPS - Assessment and Aftercare Services.

3. Distributes copies of the written protocol to IFPS/FPS Gatekeepers, Area Managers, supervisors, and all case carrying DCFS social workers.

4. Works to ensure that IFPS and FPS eligibility determination and case referral practices in local offices are consistent with statutory and protocol requirements.

5. Reports to the Assistant Secretary quarterly on the provision of IFPS and FPS in the region.

6. Monitors payments against allotment and contract dollar limits.

7. Monitors performance of contractors against standards set by the statement of work.

8. Notifies contractors when there is a rate change and amend contracts as needed.

C. The DCFS social worker:

1. Identifies families who may be eligible for the service in accordance with regional procedures, including consultation with an internal or external team, a supervisor, or a designated IFPS/FPS Gatekeeper.

2. Following referral, orally or in writing, per contract and regional procedure, supplies the contractor with referral information, release of which is permitted under RCW 13.50.100(3), that is as complete as possible and includes:

a. Name and case numbers of family caretaker(s).
b. Names, birth dates, Social Security numbers, and case numbers (if different) for all children at imminent risk of placement;

3. File a written report with his/her supervisor stating the names of families referred and reasons for which the client was referred. The social worker's supervisor verifies in writing his/her belief that the family referred meets the eligibility criteria in section 45022(A), above. The supervisor reports

monthly, through the Area Manager, to the Regional Administrator on the provision of these services. The Regional Administrator reports to the Assistant Secretary quarterly on the provision of these services for the entire region.

RCW 74.14C.090

4. Immediately opens payment on the *Social Service Authorization*, DSHS 14-154(A), utilizing SSPS codes at the time of authorization and sends a copy of the service authorization to the provider. The service termination date will not be entered until receipt of the service termination summary from the contractor.

5. For FPS, receives a monthly statement from the provider and immediately processes the statement to generate a payment for services provided that month.

6. During the delivery of contracted service, regularly consults with the IFPS or FPS contractor regarding the progress of the family.

7. Immediately notifies the contractor if CPS referrals are received on the family.

8. Participates in exit interviews with the IFPS/FPS therapist.

9. Enters the service termination date on the *Social Service Authorization* upon receipt of the contractor's termination report, using the last date of client contact as the termination date. The authorization is immediately processed to generate a payment for services provided by the IFPS or FPS contractor.

45024 OTHER SOURCES

Components of DCFS funded IFPS/FPS exist in other service delivery systems in some communities, including the Regional Support Network (RSN) and DDD.

4503 CHILD PROTECTIVE SERVICES CHILD CARE

45031 PROGRAM DESCRIPTION

The Child Protective Services (CPS) child care subsidy program provides short-term, time-limited subsidized child care for families that are currently involved in a CPS investigation by Children's Administration (CA). CPS child care subsidy must end when the case is no longer classified as a CPS or is transferred to another program.

45032 ELIGIBILITY

A. The CA social worker may authorize child care for a family with an open CPS case when the family is:

   1. Under stress and in need of respite care; or

   2. Working to complete a service plan.

B. To be eligible for CPS child care subsidy program the family must have:

1. An open CPS case; and

2. An income at or below 225% of Federal Poverty Level (FPL) adjusted for family size. See the CA *Operations Manual*, chapter 9000, section 91300.

C. The social worker may waive income eligibility and co-payment requirements on a case-by-case basis. See the *Operations Manual*, chapter 9000, section 91300, for information regarding income eligibility and co-payments.

D. When the CPS social worker places a child with a relative who is employed, the social worker may authorize Employed Foster Parent Child Care subsidies for the time the relative is at work.

E. When the family needs child care, the social worker determines if other resources are available to the family before authorizing CPS child care. For example, family members may be available to provide or pay for privately arranged child care. If the social worker determines there are no other resources available, CA may pay for care through the CPS Child Care Subsidy Program.

45033 PROCEDURES FOR ACCESS

A. The family's CPS social worker authorizes CPS child care through CAMIS and SSPS.

B. For more information regarding program requirements and eligibility standards, contact the CPS Child Care Program Manager at (360) 902-8046.

45034 OTHER SOURCES

A. OCCP maintains an information and referral service for parents who are seeking child care providers. Information on other sources of payment for child care is available through OCCP.

B. Head Start is a federally funded parent-participation pre-school program for low-income children.

C. The Early Childhood Education Assistance Program (ECEAP) is a state-funded pre-school program for low-income children.

D. Cooperative Pre-school and Crisis Nursery Services may be available in local communities to provide child care at low fee to parents.

4503A CHILD WELFARE SERVICES CHILD CARE

4503A1 PROGRAM DESCRIPTION

Child Welfare Services (CWS) childcare subsidy program provides short-term, time-limited subsidized child care for families to avoid out-of-home placement or other state intervention.

4503A2 ELIGIBILITY

A. If the case was formerly a CPS case, the social worker must close CPS child care and open for CWS child care, using CWS child care eligibility requirements.

B. CA may authorize CWS child care for a family that:

1. Has been through a CPS investigation and continues to participate with voluntary services; or

2. Is in crisis and needs care to avoid out-of-home placement of the child or other state intervention.

C. To be eligible for CWS child care subsidy program, the family must have:

1. Documented need for the service; and

2. An income at or below 225% of Federal Poverty Level (FPL) adjusted for family size.

D. CWS authorizing workers must use co-payment and income eligibility guidelines. See the *Operations Manual*, chapter 9000, section 91300, for information regarding income eligibility and co-payments.

E. When the family needs childcare, the social worker determines if other resources are available to the family before authorizing CWS childcare. For example, family members may be available to provide or pay for privately arranged childcare. If the social worker determines there are no other resources available, CA may pay for care through the CWS Child Care Subsidy Program.

4503A3 PROCEDURES FOR ACCESS

A. The family's CWS social worker authorizes CWS childcare through CAMIS and SSPS.

B. For more information regarding program requirements and eligibility standards, contact the CPS ChildCare Program Manager at (360) 902-8046.

4503A4 OTHER SOURCES

A. The Office of ChildCare Policy (OCCP) maintains an information and referral service for parents who are seeking childcare providers. Information on other sources of payment for childcare is available through OCCP.

B. Head Start is a federally funded parent-participation pre-school program for low-income children.

C. The Early Childhood Education Assistance Program (ECEAP) is a state-funded pre-school program for low-income children.

D. Cooperative Pre-school and Crisis Nursery Services may be available in local communities to provide child care at low fee to parents.

4504 THERAPEUTIC CHILD DEVELOPMENT

45041 SERVICE DEFINITION

A. Therapeutic Child Development (TCD) is child development and family service provided in a licensed child care setting to families of children at risk for maltreatment. Both children and parents receive treatment to reduce the risk of child maltreatment, strengthen the family, and enhance continuity and consistency in the child's environment. Contractors provide a daily day care program during which they monitor the child's welfare, complete regular assessments, and provide remediation activities. Services include home visits by TCD social workers, transportation to and from day care, and parenting education.

B. TCD provides four hours of service daily, in the child care setting, excluding transportation time.

C. TCD-enrolled children may require a full day of care due to the schedule of the parent or foster parent. The social worker may authorize payment for a ½ day of care to the same or other facility, in addition to the TCD payment, if it is appropriate for DCFS to be supporting a full day of care. The additional authorization would be at the standard half-day rate for that area. In no circumstances should the facility be expected to keep the child for a full day without additional reimbursement.

45042 ELIGIBILITY

A. TCD is available to children who are at risk of CA/N and their families who have open cases with CPS or CWS, including children in out-of-home placement. CA uses the program to support the ISSP or family service plan. Since this is a daily weekday program, the program is generally structured to serve children who have not yet entered school. The provider's contract with the department further defines the eligible population.

B. The child's CPS/CWS social worker determines eligibility. The social worker consults regional procedures to determine current availability of slots and other limitations.

C. The DCFS social worker and the TCD provider must negotiate the estimated length of enrollment at the time of enrollment, based on the ISSP, the family service plan, and/or available intake or assessment information, consistent with the contract.

45043 PROCEDURES FOR ACCESS

A. To use TCD, social workers must include TCD as part of the overall ISSP for the child, as appropriate.

B. When interviewing the family, the social worker inquires about the family's financial and family resources.

C. The child's social worker sees that the child's full legal name, birth date, and Social Security number are entered into CAMIS so that the information is available to the DCFS federal funding specialist.

D. The federal funding specialist verifies that the TCD providers have obtained the following information:

1. Client income. If the family is not receiving Medicaid benefits and their income is above $60,000, the TCD provider collects a one-time co-payment of $100.00 from the family and reports the collection to the social worker.

2. Medical necessity. Providers complete a statement of medical necessity during the initial physical assessment (EPSDT screening) and for each on-going physical examination, signed by a licensed practitioner of the healing arts. Providers forward this information to the CA federal funding specialist.

E. After receipt of the required information from the TCD provider, or after searching CAMIS to determine the child's enrollment in TCD, the federal funding specialist completes an Automated Client Eligibility System (ACES) search to determine Medicaid eligibility. The federal funding specialist makes a screen print of Medicaid eligibility.

F. The social worker completes an SSPS authorization for payment at the time he/she approves the service for the child, before the child's first day of attendance.

G. CAMIS will automatically generate the source of funds code "6," Categorically Needy-Title XIX eligible. If the child is not on Medicaid, the federal funding specialist must determine if the client is eligible for AFDC-FC. If the child is ineligible, the federal funding specialist updates the SSPS authorization with a source of funds code "5" and informs the social worker so that appropriate Medicaid application can be made.

45044 SOCIAL WORKER ONGOING RESPONSIBILITIES

The DCFS social worker must:

A. Receive and incorporate information from the service provider's quarterly reports into case planning.

B. Attend staffings regarding the child/ family as scheduled by the service provider.

C. Include provider staff, as appropriate, in department-initiated staffings regarding the child/family.

4505 EMPLOYED FOSTER PARENT CHILD CARE

45051 PROGRAM DESCRIPTION

The Employed Foster Parent Child Care Program pays for child care for the child in the out-of-home care setting to support the foster parent or non-needy relative caretaker's employment.

45052 ELIGIBILITY

A. The social worker for the child may authorize child care to the Children's Administration (CA) foster parent or relative caretaker for children placed by CA or a CA certified agency:

1. Without regard to the foster parent's or non-needy relative's income;

2. When the foster parent or non-needy relative needs child care to maintain the foster parent or relative caretaker's employment; and

B. The Employed Foster Parent Child Care program must not pay foster parents and non-needy relative caretakers for providing child care to their own foster children who live with them.

C. Children living with non-needy relatives not placed by CA or a CA certified agency do not qualify for Employed Foster Parent Child Care subsidies. The child may qualify for child care subsidies through the Working Connections Child Care Program (WCCC) offered through Economic Services Administration.

45053 PROCEDURES FOR ACCESS

A. The child's CA social worker authorizes the Employed Foster Parent Child Care program for foster parents and non-needy relative care takers.

B. For more information contact the Employed Foster Parent Child Care Program Manager at (360) 902-8046.

45054 OTHER SOURCES

See the *Operations Manual*, chapter 9000, section 91300, for additional information.

4506 TEEN PARENT CHILD CARE

45061 PROGRAM DESCRIPTION

Teen Parent Child Care provides child care subsidy to enable the parent to complete high school or obtain a GED.

45062 ELIGIBILITY

A. To be eligible for the Teen Parent Child Care subsidy program, a parent must:

1. Be 21 years old or younger;

2. Have an income at or below 225% of Federal Poverty Level (FPL) adjusted for family size (See the *Operations Manual*, chapter 9000, section 91300);

3. Not currently receive a Temporary Assistance for Needy Families (TANF) grant; and

4. Be enrolled in an approved secondary education or GED program.

45063 PROCEDURES FOR ACCESS

A. DCFS staff authorize Teen Parent Child Care in parts of Region 1 and Regions 2, 3, 5, and 6. CSO workers authorize the service in Region 4 and parts of Region 1.

B. For more information contact the Teen Parent Child Care Program Manager at (360) 902-8046.

45064 OTHER SOURCES

See the *Operations Manual*, chapter 9000, section 91300, for additional information.

4507 SEASONAL CHILD CARE

45071 SERVICE DESCRIPTION

The Seasonal Child Care program provides child care subsidies for families who are seasonally employed in agriculturally related work. The program helps parents with low income maintain employment by providing subsidies for child care in licensed or certified child care facilities.

45072 ELIGIBILITY

Private contracted agencies authorize services using DSHS eligibility guidelines. The contracted agencies may authorize child care for families that:

A. Have an average monthly income at or below 225% of Federal Poverty Level (FPL) for the previous 12 months (see the *Operations Manual*, chapter 9000, section 91300);

B. Are currently seasonally employed in agriculturally related work; and

C. Are not currently receiving a Temporary Assistance for Needy Families (TANF) grant.

45073 PROCEDURES FOR ACCESS

A. The local contracted agency screens families for eligibility for the Seasonal Child Care Program and authorizes the service.

B. CA has contracted with the following agencies to determine eligibility and authorize child care services through the Seasonal Child Care Program:

1. Benton-Franklin Community Action Committee - Pasco
2. Yakima Catholic Family and Child Services - Yakima
3. Moses Lake Catholic Family and Child Services - Moses Lake
4. Wenatchee Catholic Family and Child Services - Wenatchee
5. Sea Mar Community Health Center - Mt Vernon
6. Yakima Valley Farm Workers - Toppenish

C. For more information, contact the Seasonal Child Care Program Manager at (360) 902-7850.

45074 OTHER SOURCES

See the procedures in the *Operations Manual*, chapter 9000, section 91300, for additional information.

4508 HOMELESS CHILD CARE

45081 SERVICE DESCRIPTION

Regular child care, respite child care, and specialized homeless child care for children ages 0 - 5 are provided to eligible families.

45082 ELIGIBILITY

Eligibility, based on homelessness, is established and services authorized by contracted agencies.

45083 PROCEDURES FOR ACCESS

Local community agencies contract with DSHS through OCCP. Access to Homeless Child Care is through these local agencies. The social worker must contact the social worker's local OCCP representative for the name of a local service provider.

4509 RESPITE FOR PARENTS OR RELATIVES AS AN ALTERNATIVE TO OUT-OF-HOME CARE

45091 SERVICE DEFINITION

Respite care provides for time-limited relief for parents/relative caregivers with extremely difficult to manage children to ease family stress, prevent child abuse, and allow a parent time away from care-taking. DCFS-paid respite is provided only within the context of a time-limited, goal-oriented case plan in behalf of DCFS clients. The respite provider must have experience and/or training to deal with the particular special needs of the child in care.

45092 ELIGIBILITY

The social worker determines eligibility and authorizes service for DCFS clients based upon social need and availability of funding. Such services are not an entitlement and may be discontinued at the discretion of the social worker.

45093 PROCEDURES FOR ACCESS

A. The social worker asks the family about available family resources to assist in providing respite. Appropriate family resources are utilized whenever available. When family resources are utilized for dependent children, the social worker completes criminal/ background checks prior to DCFS approval of the service.

B. The social worker determines that funds are not available through other DSHS divisions prior to authorization of respite. For example, DDD may have respite funds available for its clients.

C. Respite for parents as an alternative to out-of-home care can only be paid to licensed out-of-home care providers. The social worker authorizes respite by opening the appropriate SSPS code for each episode of respite care.

45094 OTHER SOURCES

A. Mental Health: Regional Support Networks (RSN) may provide emergency respite care for mental health clients to prevent hospitalization. Multi-disciplinary "wrap-

around" service planning groups may also occasionally authorize respite care in the context of a plan that prevents a child from entering out-of-home care.

B. Developmental Disabilities: DDD may provide respite care to prevent out-of-home placement of clients.

4510 FOSTER PARENT RESPITE

45101 SERVICE DEFINITION

A. Respite care provides for time-limited relief to the receiving and on-going foster parents with the respite provider fulfilling some or all of the functions of the foster parent. It can be arranged in advance or on an emergency basis to augment/support the care a foster parent is providing or to provide substitute care in the absence of foster parents. Respite care provided outside the foster parent's home must be provided by licensed providers.

B. Typical activities include, but are not limited to, assistance with the maintenance of children in placement or to provide individual attention to children in placement, providing assistance to foster parents with household maintenance activities, providing foster parents with opportunities to take children to community appointments, attend training, or for personal business.

45102 ELIGIBILITY

Licensed foster or receiving care parents with children placed in their homes are eligible for the service. Such services are not an entitlement, and may be discontinued at the discretion of the social worker based on availability of funds and/or an assessment of the needs of the child, family, and foster family. The respite provider must have experience and/or training to deal with the particular special needs of the child in care.

45103 PROCEDURES FOR ACCESS

A. The social worker advises foster parents of the availability of respite, the requirements for respite outlined in section B below, and local procedures for utilizing respite care. In some offices, Home Finders -- DCFS social work staff assigned to assist placement workers to identify suitable licensed placement resources -- may be a resource to the child's social worker regarding information about the foster parent respite service.

B. The foster parents select a respite provider meeting the following qualifications:

1. Previous experience successfully working with or raising children.

2. Three satisfactory references directly addressing child care capabilities.

3. Absence of criminal record or founded CPS referral. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

4. Eighteen years of age or older.

5. Unrelated to children in placement in the home providing respite care.

6. Live separately from the foster home.

7. Complete mandatory orientation training provided by DCFS unless waived by DCFS. The training shall include:

   a. Orientation to DSHS.

   b. Overview of the role of the respite provider.

   c. Knowledge of CPS, licensing, and CPS and FRS reporting requirements.

   d. Knowledge of coordination responsibilities with DSHS.

   e. Confidentiality.

C. The social worker determines that the respite provider is qualified and completed training prior to the provision of respite care for DCFS licensed homes.

45104 RESPITE CARE RATES

A. Levels

1. The maximum rate for respite is based on an assessment of the functional care needs of a foster child. Regional offices may set lower rates for respite care if funding is not sufficient to support the established SSPS rates. SSPS rates are based on the following guidelines:

CARE LEVEL	LIGHT	HEAVY
Physical/Medical Behavioral/ Psychological	Care that does not substantially differ from, but may require attention or Assistance greater than that of similar individuals of similar age in the general population.	Care that requires constant, intensive attention, excessive or total assistance; and regular intervention in meeting the needs of the child.

   a. A rating of light in both areas = light.

   b. A rating of light in one area and heavy in the other = moderate.

   c. A rating of heavy in both areas = heavy.

B. Procedures for Payment

1. Non-Contracted Respite

The social worker determines the number of hours to be utilized each month and opens payment to the foster parent utilizing Foster Care Respite SSPS codes. The foster parent actually pays the respite to the provider.

2. Contracted Respite

a. The social worker follows contract agreements for contracted respite care.

b. The social worker sees that payment is opened on SSPS for contracted respite.

4511 FOSTER PARENT CONSULTATION

45111 SERVICE DEFINITION

Consultation is a contracted service to individual homes or to a group of homes directed toward skill building and networking. Typical activities include home visits to foster homes and telephone consultation, advice in a crisis or skill building information, individual and group consultation, assistance in obtaining resources, and participation in case staffing.

45112 ELIGIBILITY

DCFS licensed foster parents are eligible for the service upon authorization by the social worker. Such services are not an entitlement and may be discontinued at the discretion of the social worker.

45113 PROCEDURES FOR ACCESS

The social worker utilizes regional procedures for authorization of contracted consultation. Social workers may consult with Home Finders to determine the regional availability of this service. See chapter 5000, section 5182.

4512 FOSTER PARENT TRAINING

45121 SERVICE DEFINITION

Training is a service to individual foster homes or groups of homes focusing on issues common to placement such as behavior management, limit setting, and structuring activities. Potential applicants for foster family home licenses must participate in pre-application orientation. The purpose of training activities is to build skill levels, broaden the range of intervention strategies, and offer problem specific solutions. Training may include, but is not limited to:

A. Orientation for foster parents beyond routine orientation.

B. Understanding sexual abuse and sexual acting out.

C. Managing acting-out behaviors.

D. Recognizing problems associated with substance abuse.

E. Dealing with a child's separation from parents.

F. Adolescent emancipation issues.

G. Recognizing stresses related to caring for foster children.

H. Learning how to structure activities.

I. Foster parent training shall include a discussion of Foster-Adoption, including:

1. Foster parents do not become prospective adoptive parents until a child is legally free;

2. They have made a formal written manifestation of their objective intent to accept placement of a child for adoption; and

3. They have the right to withdraw from the adoption process before finalization of the adoption.

45122 ELIGIBILITY

DCFS licensed foster parents are eligible to participate in department-sponsored training upon authorization by the DCFS social worker or DLR licenser. Regional Administrators may require foster parents to successfully participate in Foster Parent Scope training.

45123 PROCEDURES FOR ACCESS

The social worker consults the licenser and/or regional procedures for access to this service. Home Finders are a resource for information to social workers regarding availability within the region. See chapter 5000, section 5181.

4513 FOSTER PARENTS - ANCILLARY SUPPORT SERVICES

45131 SERVICE DEFINITION

Ancillary supports allow for the purchase of specific goods or services that contribute to effective quality care in foster care. Ancillary supports can include, but are not limited to:

A. Purchased recreation activities for children in care.

B. Recreational and craft supplies.

C. Other equipment that enhances safe, quality care.

45132 ELIGIBILITY

Licensed foster parents are eligible upon authorization by the social worker. Such services are not an entitlement and may be discontinued at the discretion of the social worker, based upon availability of funds and/or an assessment of the needs of the child, the family, and the foster family.

45133 PROCEDURES FOR ACCESS

The social worker consults regional procedures to access ancillary support services for foster parents. Home Finders are a resource to provide information on regional availability of this service.

4514 FAMILY SUPPORT NETWORKS

45141 SERVICE DEFINITION

Each individual family's extended family, tribe, friends, and other lay or professional helpers who help resolve current issues of concern constitute a support network. Informal support networks reduce social isolation that may contribute to CA/N and may provide the resources to assist in reduction of family conflict. Supportive networks may be more helpful than professional services because they are generally a life-long part of the client's life.

45142 ELIGIBILITY

All DCFS clients are eligible for the service.

45143 PROCEDURES FOR ACCESS

A. The social worker uses "reasonable efforts" in locating and contacting extended family members, friends, and lay helpers for potential support and/or placement resources.

B. The social worker is encouraged to develop informal family support network alternatives to professionally-provided services when possible.

C. The social worker provides the family support network consistent information and support, within the limits of laws on confidentiality.

45144 OTHER SOURCES

A. The RSN, DDD, and local schools may have projects in some communities to facilitate the development/maintenance of family support networks. The social worker is encouraged to explore those systems for help in coordinating a family support network.

B. Participation in an organization that has culturally-specific ties may reduce isolation for some individuals.

C. Families may have support available to them through their church. Churches support many social service and recreational programs.

D. Special interest support groups, including support groups for parents who have experienced a SIDS death or parents with developmentally disabled or medically fragile children, can be helpful and supportive to parents.

E. Recreational activities can be especially valuable to families needing support. Many non-profit recreational organizations provide scholarships or reduced tuition.

4515 FAMILY HOME SUPPORT SERVICES

45151 SERVICE DEFINITION

A. Family Home Support Services (FHSS) provides supportive, culturally appropriate, in-home, skill-building services in partnership with DCFS client families. Services are provided as part of a comprehensive case plan to clients of DCFS. Services may be offered on weekends and beyond normal working hours. Overnight service may be provided in emergent cases where all other appropriate placement options have been determined to be inappropriate.

B. Services provided by Home Support Specialists (HSS) include:

1. Teaching and demonstrating basic physical and emotional care of children, including child development and developmentally appropriate child discipline.

2. Teaching homemaking and other life skills, including housekeeping, economical shopping, nutrition and food preparation, personal hygiene, financial budgeting, time management and home organization, with consideration given to the family's cultural environment.

3. Helping families obtain basic needs. Networking families with appropriate supportive community resources; e.g., housing, clothing and food banks, health care services, and educational and employment services.

4. Providing emotional support to families and building self-esteem in family members; aiding family members in developing appropriate interpersonal and social skills.

5. Providing client transportation/supervision of visits on a time-limited basis.

6. Observing family functioning, assisting the social worker in identifying family strengths as well as areas needing intervention or remediation, reporting to the social worker on the family's progress in skill-building, family functioning and other areas defined in the case plan.

7. Providing individual care services, including child care and household management on an emergent, time-limited basis when necessary to maintain a family that is in crisis.

C. FHSS is not intended to provide long-term maintenance for a family, is not a housekeeping service, and is not interchangeable with CHORE Services. Requests for on-going or repetitive child care or household maintenance are not appropriate for FHSS.

45152 ELIGIBILITY

The following criteria determine eligibility, contingent upon available funding, for FHSS:

A. The family must be a current DCFS client.

B. The case plan must document the need for teaching, skill-building, or community networking.

C. Alternatively, an emergent need exists in which the temporary use of an HSS will prevent out-of-home placement. Such situations include:

1. The temporary absence or incapacity of the primary caretaker, when it is anticipated that other suitable substitute care will be found within 72 hours.

2. The one-time provision of household chores when the condition of the home may necessitate out-of-home placement.

D. Families with adolescents are eligible for this service.

45153 PROCEDURES FOR ACCESS

A. The social worker initiates the referral and gives it to the FHSS supervisor/coordinator. Referrals for FHSS shall list specific areas for HSS intervention with a family.

B. The FHSS supervisor/coordinator evaluates the request for service eligibility and determines priority for service within available full time equivalent (FTE) staff resources.

C. The FHSS supervisor/coordinator gives service priority to cases where the service is in support of time-limited objectives to improve family functioning or to maintain a family in crisis. Priority cases have one or more of the following characteristics:

1. There is high risk of out-of-home placement and indication that HSS intervention will reduce that risk. This may include planned skill-building services or emergent, one-time provision of household chores, material resources, or child care, including overnight services. The purpose is to maintain a family having a crisis.

2. There is probability of continued out-of-home placement and indication that HSS intervention will enhance family reunification.

3. There is need to provide supportive services to a family when a child returns home from out-of-home placement.

4. There is need to provide support services to foster parents or relative care providers in order to stabilize and maintain placement.

D. Except in case of emergency provision of service, the social worker initiates a case planning staffing with the HSS and other appropriate individuals prior to initiation of services to set FHSS service planning goals and expectations and to discuss any issues the HSS should be aware of in dealing with the family. The social worker informs the HSS of any known or suspected issues affecting personal safety prior to contact with the family.

E. On-going case consultation between the HSS and the assigned social worker shall occur on a regular basis. As part of regular supervisory conferences, review of the need for continued FHSS shall occur.

4516 HEALTH SERVICES FOR MOTHERS AND CHILDREN

45161 SERVICE DEFINITION

A. Services available to detect risk factors that might affect the health or growth of the baby early in the pregnancy:

1. Health related services designed to assist parents with infants and young children;

2. Programs offering health screening, assessment, and treatment for children;

3. Health services provided through the Early and Periodic Diagnosis and Treatment (EPSDT) or Healthy Kids Program and Women, Infants, and Children (WIC) program.

4. DCFS also contracts with local health departments to provide public health nursing services in-home for families who need them.

45162 ELIGIBILITY

Parents with infants and young children who are eligible for the Medicaid program are generally eligible for Healthy Kids services. The family's social worker determines eligibility for DCFS contracted public health services.

4517 MEDICAL/DENTAL SERVICES FOR CHILDREN IN OUT-OF-HOME CARE OR RECEIVING OTHER SERVICES

45171 SERVICE DEFINITION

A. Services available through Medicaid to meet the medical, dental, hearing, and vision needs of children. The federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, known in this state as the Healthy Kids program, must provide preventive care.

B. The Medicaid periodicity schedule for Healthy Kids examinations for foster children is:

1. Five screening examinations during the first year of life.

2. Three screening examinations between one and two years of age.

3. One screening examination for each 12 month period between ages two and twenty.

C. All children in out-of-home care must receive Healthy Kids examinations at least annually.

D. Initial Healthy Kids examinations for children entering foster care are to be obtained prior to placement when possible or within 30 days of placement. The examination must be an EPSDT examination, or, if it is determined that the child has had an EPSDT examination within the periodicity schedule timeframes, the examination must be identified as an inter-periodic screen. A current EPSDT/Healthy Kids examination will be necessary in order to access additional treatment services for children; e.g., mental health services, drug/alcohol treatment, TCD, rehabilitative treatment services/group care, or personal care services.

45172 ELIGIBILITY

All children in CA-paid, licensed out-of-home placements are eligible for medical services. A child in out-of-home care or receiving Adoption Support is eligible for Medical ID Cards until the child graduates high school or completes an approved equivalent vocational program or the child's 21st birthday, whichever occurs first. The CA social worker must verify that child is enrolled in school or an approved vocational program. Some children receiving other services may also be eligible for Medicaid.

A. Children placed from non-Medicaid recipient homes are immediately eligible for Medicaid on a fee-for-service basis, issued by the Foster Care Medicaid Unit (FCMU), upon entry of information into the CAMIS placement module.

B. Children being placed from Medicaid-covered households must be served by the family's assigned health plan until the child is terminated from that coverage.

1. Staff may obtain information about the existence or identity of an assigned health care plan through ACES or by calling the FCMU.

2. If the location of the child's placement makes seeing the assigned medical provider difficult, the social worker must call the customer service number for the plan (listed on the Medicaid ID card or the ACES screen) to negotiate a change in provider.

3. Coverage on the family's plan may take from 15 to 45 days to be terminated and continue for up to 90 days in cases where the child is expected to return home within that time-frame.

C. Children receiving Medicaid services at the time of placement may not be authorized for medical through CA until their managed care medical coverage through the TANF grant or the medical-only program is terminated in the CSO. Once a child is determined not to be/no longer included on their family's Medicaid managed care plan (Healthy Options), the FCMU must complete the authorization.

D. Social workers may facilitate access to health care for foster children and clarify the foster parents' role to health care providers by providing a *Healthy Kids Card*, DSHS 03-338, to the foster parents for each child in placement.

E. Children being served through intensive services plans (i. e., CHAP) contracts must be in licensed care at least one day per month to be eligible for Medicaid. For all private agency placements, the CA social worker must receive documentation of the placement from the private agency and must enter the placement information in

the CAMIS placement module as soon as possible. The FCMU will issue the Medical ID Card at the time of placement and will send a copy to the private agency if requested.

F. When children enter mental health or substance abuse treatment from foster care, social workers will indicate the reason and the location of the child in the CAMIS placement module. These children will remain on "D Medical" for 90 days. The FCMU will initiate an alert to trigger at the end of 90 days. The CA social worker and the FCMU will make a determination at that time whether the child will be returning to foster care or home.

G. Infants of Minor Mothers

Infants residing with their teen parent in foster care are eligible for Medicaid even though they are not in DSHS custody and do not appear in CAMIS. See the CA *Operations Manual*, chapter 11000, section 11250, for information regarding for requirements to enroll the infant in the Medicaid program. The CA social worker must notify the FCMU when the child is born.

H. Newborns of Mothers Enrolled in Healthy Options

1. Newborns whose mothers are Healthy Options members are deemed members and enrolled in Healthy Options beginning from the newborn's date of birth or the mother's date of enrollment, whichever is later. DSHS will pay supplemental premiums to the Healthy Options plan through the end of the month in which the 60th day of life occurs. The FCMU will issue the child's Medical ID Card with the mother's Healthy Options plan.

2. Children born to minor mothers enrolled in Healthy Options are considered to belong to the mother's household while the child is in the hospital and/or transferred to Pediatric Interim Care Center (PICC) the month of birth. If a legal dependency is filed, the child will be changed to "D medical" the following month, and the financial worker notified. If the child is expected to return home within 90 days, the child is considered to be in the mother's household, and the financial worker should be notified so a 90-day tickler can be initiated. In this case, the newborn is converted to "D medical" and remains in the child's Healthy Options plan.

I. Adoption Support Program

1. When the adoption is finalized for a child in care and service through Adoption Support begins, the social worker's or the Adoption Support program manager's change in the placement module must indicate the new adoption status, which will electronically alert the FCMU to make the appropriate changes in the authorization.

a. The FCMU will issue a Medical ID Card in the child's new name once the adoption is finalized.

b. The CA social worker or Adoption Support program manager must provide to FCMU the child's previous name and case number along

with the new name so that the unit can close the previous Medical ID Card.

2. The FCMU, via CA, will issue the Medicaid ID Card for children eligible for Medicaid through the Adoption Support program, with the following exceptions:

   a. If the adoptive family applies for TANF, Basic Health Plan (BHP), or other Medicaid programs as a family unit that includes the adoptive child, the CA-issued Medicaid will be suspended for the duration of the family's enrollment.

   b. The Community Services Office (CSO) will issue the Medicaid ID Card for children on Adoption Support who are receiving Supplemental Security Income (SSI) or whose family qualifies for TANF or the Children's Medical Program (H medical). Children who are on SSI will remain on SSI and will not be opened for "D medical."

3. Children who are not income eligible for the H medical program or the BHP and receive Adoption Support are eligible for foster care "D medical."

4. Children who are receiving Adoption Support from another state and move into Washington are eligible for "D medical." The regional Adoption Support program manager needs to obtain the out-of-state information and create a case number for the child. This information is then sent to the FCMU to issue a Medical ID Card.

5. The FCMU supervisor grants Adoption Support exception requests by the family on cases with "D medical" on a case-by-case basis.

J. For children in out-of-home care and who are eligible for SSI, the FCMU will issue the Medicaid ID Card on behalf of CA.

K. Medicaid for Children Placed from Other States

1. All children who are living in Washington State, but not with an adult who is financially responsible for them, are eligible for Medicaid. For those in licensed care or on Adoption Support, the assigned CA worker initiates the application. Others apply through the Medical Eligibility Determination Services (MEDS) unit (P. O. Box 45521, Olympia, WA 98504-5531; telephone toll-free 1-800-562-3022) or at the CSO.

2. CA and FCMU will issue Medicaid when there is reason to open a CA case, to assign a worker, and the child is placed in a licensed home or eligible adoptive home, according to the Consolidated Omnibus Budget Reconciliation Act (COBRA) or Interstate Compact for Adoption and Medical Assistance (ICAMA) regulations. In cases where a worker is assigned but no entry in the CAMIS placement module is required, the social worker must initiate the application by notifying the FCMU by telephone or e-mail. The

social worker must also ensure that the department issues a provider number for the home.

a. Private agencies must initiate application themselves in cases where DCFS is not providing services. If asked, the CA social worker refers the agency to MEDS.

b. Unlicensed relatives of a specified degree must also initiate the application themselves. If asked, the CA social worker refers the relatives to MEDS or to the local CSO.

3. FCMU will issue Medicaid directly for children on COBRA. CA does not need to take any action.

4. Children from other states who are not Title IV-E eligible and who are on SSI apply through the CSO for SSI Medicaid.

L. Children Who Are Undocumented Aliens

1. Children who are undocumented aliens are eligible for "D Medical" state funds only. The CA social worker must code these children correctly in CAMIS.

2. Undocumented aliens are:

a. Non-immigrant; i. e., visitor from other countries, child with a student visa, or undocumented; or

b. Immigrant with Immigration and Naturalization Service (INS) status of parolee, conditioned entrant, or lawful Permanent resident and who arrived in the U. S. after August 22, 1996, but has not been in the country seven years.

M. In addition to the Medicaid ID Card, the following documents are acceptable verification of Medicaid coverage:

1. A stamped, initialed ACES print screen of the medical ID card;

2. A yellow medical ID card, issued by the FCMU;

3. Information issued through a Medical Eligibility Verification System (MEVS); and

4. Verbal or written verification from the FCMU to the medical provider.

N. With the approval of the Regional Administrator or designee and within limited funds available, the social worker may authorize elective medical services, such as orthodontics or corrective surgery to correct a disfiguring condition, not covered by Medicaid. The social worker must accompany each request for such medical services with verification of denial of payment by the Medical Assistance Administration, including following administrative appeal. Social workers must obtain parental consent, or a court order authorizing the department to consent, to

provision of any medical or dental services, including surgery, that are neither routine nor emergency services.

45173 PROCEDURES FOR ACCESS

A. CA social workers or other assigned staff must do the following to facilitate eligibility determination and issuance of Medicaid ID Cards:

1. CA staff must enter the placement information into the CAMIS placement module in accordance with the CA *Operations Manual*, chapter 15000, section 152222. This information will electronically alert the FCMU to authorize, change, or close Medicaid. The FCMU sends the Medicaid ID Card to the physical location of the child. If there is reason to send a copy of the card to another location, the FCMU can arrange to produce more than one card.

2. If there is a medical emergency, CA staff must call or e-mail the FCMU following entry of the placement information. This will enable the FCMU staff to check for an assigned provider and/or immediately process the Medicaid eligibility and fax or telephone the necessary eligibility information to the health care provider. The social worker can reach FCMU by e-mail, direct telephone, or the foster care Medicaid hotline at 1-800-547-3109. The social worker may advise the foster parent to contact FCMU if the child experiences a medical emergency before receipt of the medical ID card.

3. If the medical emergency occurs after-hours, the care provider or CA staff needs to take the child for services to the local hospital emergency room. CA staff must contact the FCMU the next business day with treatment provider information.

B. The CA social worker, for CA children, and private child placing agency staff, for CA-funded children for whom those agencies are responsible, must make every effort to determine if each child has a Social Security number.

1. If the child does not have a Social Security number, the CA social worker refers the matter to the Federal Funding Specialist, who will apply or cause an application to be made for a Social Security number during the month the child begins to receive services, including but not necessarily limited to out-of-home care, that may be Medicaid-eligible.

2. For a child without a Social Security number being served by a child placing agency and funded by DCFS, the private agency staff must apply or cause an application to be made for a Social Security number during the month the child comes into care or begins to receive services that may be Medicaid-eligible.

3. When the social worker or other assigned staff receives the Social Security number, the staff enters the number in CAMIS and notifies the FCMU of the action by telephone or e-mail.

45174 OTHER SOURCES

A. Medical/behavioral services required for a child to maintain in school may be eligible for payment through school district sources. The social worker may request, or advise the parents of the child to request, an evaluation for special education. Required services are authorized after assessment and the development by the school of an Individualized Education Plan (IEP) for the child.

B. Civic groups such as the Shriners, Crippled Children's Service, Kiwanis, and the Lions Club often provide funding for special needs services.

C. See section 4526 for information regarding Medicaid Personal Care (MPC) Services.

45175 RECORD KEEPING

A. The social worker must file and/or record all information gathered through the EPSDT/Healthy Kids examination and other medical/dental/behavioral services in the Health and Education Record. See sections 43092 and 4517 of this manual and the *Operations Manual*, chapter 13000, section 13410.

B. The social worker must file any historical medical/dental/behavioral services information gathered through ACES or contact with previous providers in the *Health and Education Record* of the child's file. See the *Operations Manual*, chapter 13000, section 13410.

4518 DRUG/ALCOHOL SERVICES

45181 SERVICE DEFINITION

Assessment, treatment or monitoring services provided to an individual or family to assist a client in maintaining sobriety.

These may include both in-patient and outpatient services. DCFS contracts or pays for substance abuse services in a variety of ways depending on the availability of state and federal funding. Most adults without income are referred to ADATSA programs contracted through the Division of Alcohol and Substance Abuse (DASA). Several DCFS regional offices contract for urinalysis monitoring. Substance abuse treatment components exist within many DCFS contracted rehabilitative/residential care programs for adolescents. Specific services needed are determined through a drug and alcohol assessment provided by a qualified professional.

45182 ELIGIBILITY

DCFS clients where drug and/or alcohol abuse is suspected are eligible for available services.

45183 PROCEDURES FOR ACCESS

A. The social worker consults regional procedures for utilization of local drug and alcohol abuse programs within their communities. Obtaining information from the client regarding the availability of insurance coverage is essential to determining the range of resources that are available for any individual client.

B. The social worker refers clients without resources to the local DSHS Community Service Office (CSO) to determine if they are eligible for state and/or federally funded assessment and treatment services.

C. Controlled Substance Testing

1. Children's Administration staff shall not collect urine samples for urinalysis or other tissues from children, their families, or other involved parties for drug testing.

2. If a court of competent jurisdiction orders that a party to a dependency, Child in Need of Services (CHINS), or At-Risk Youth (ARY) action submit to testing for use of controlled substances, the assigned social worker shall arrange for such testing to be done independently by a qualified drug and alcohol program or laboratory.

3. If the social worker and the care provider, usually a parent, negotiate an agreement for controlled substance testing of the parent/provider, the social worker shall arrange for such testing to be done independently by a qualified drug and alcohol program or laboratory, in accordance with conditions of paragraph 4, below.

4. If the department is to pay for the cost of the testing, the social worker shall arrange for the testing to be conducted by an organization or laboratory contracting with the department for such services.

5. The Regional Administrator, through the Regional Contracts Manager, shall make available to staff the names and contract terms and conditions of entities available for such substance abuse testing.

6. The social worker authorizes payment for those tests for which the department is financially responsible in accordance with the service provider's contract.

45184 OTHER SOURCES

A. Alcoholics Anonymous, Narcotics Anonymous, Alateen, and Alanon are self-help organizations that are free and available in most communities in Washington State.

B. Many communities fund specialized programs to meet the needs of particular populations or groups.

C. Division of Alcohol and Substance Abuse (DASA) Child Care is available to parents who are in a DASA-approved treatment facility. Substance abuse treatment staff are designated to approve child care services.

1. DASA Child Care is authorized by staff in counties or treatment facilities. DASA Child Care is not authorized by DSHS offices. For information, contact the county alcohol and drug coordinator or the DASA Child Care Program Manager at (360) 438-8068.

2. Participation of a parent in substance abuse treatment is confidential. Participation may not be disclosed unless a release has been signed by the person in treatment.

4519 HOME BASED SERVICES

45191 SERVICE DEFINITION

Home Based Services (HBS) are designed to prevent or remediate problems that may result in out-of-home placement. Services may be provided by contract in some DCFS regions. Such services are provided in the context of a comprehensive permanency plan and may include:

A. Basic goods and services; e.g., food, clothing, shelter, furniture, health, utilities, transportation.

B. Paraprofessional services; e.g., parent aides.

C. Parent training.

D. In-home counseling to prevent out-of-home placement.

45192 ELIGIBILITY

For a family or individual to receive HBS, the following conditions must be met:

A. The client has a case open for CPS, CWS, or FRS services.

B. Services may be provided to the family of origin, relatives, or foster families when the intent of HBS is to maintain or reunify a permanent or long-term stable home for the child.

C. The family is willing and able to cooperate with HBS services.

D. In the social worker's judgment, the child can be safely maintained in the home or be safely returned to the home within the next three months with HBS services.

E. There is funding available through the HBS budget to provide HBS services.

45193 PROCEDURES FOR ACCESS

A. The social worker follows regional procedures to authorize services.

B. The worker opens the appropriate SSPS payment code and sends a copy authorizing services to the provider.

C. During the course of the service, the worker is encouraged to maintain contact with the HBS provider to review the progress of services. The worker shall immediately notify the HBS contractor if a CPS referral on the family has been received.

D. Following completion of service, the worker receives a closing summary from the contractor and then terminates payment through SSPS.

45194 OTHER SOURCES

Some of the components of service provided by HBS are available from other sources in some communities. Workers may explore private charitable and religious organizations for help with the provision of concrete services, the RSN for availability within "wrap-around" funds, and DDD for parent education for developmentally disabled parents. Community Public Health and Safety Networks are another possible resource.

4520 HIV/AIDS SUPPORT SERVICES

45201 SERVICE DEFINITION

DCFS provides coordination and information and referral within each region for locating appropriate medical and support services for clients with HIV or AIDS and for assisting social workers with administrative policy and law specific to casework with clients who may be HIV positive.

45202 ELIGIBILITY

Clients who are at risk of becoming or who are HIV positive are eligible for the service.

45203 PROCEDURES FOR ACCESS

The social worker consults with their regional AIDS coordinator regarding HIV statute and policy whenever an issue surfaces that involves HIV. Specific confidentiality statutes apply regarding sharing information about HIV status. Testing for HIV also is governed by specific statute. Refer to the *Operations Manual*, chapter 5000, section 5700, for state policy and guidelines on blood borne pathogens. See the *Case Services Policy Manual,* chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

4521 PSYCHOLOGICAL/PSYCHIATRIC SERVICES

45211 SERVICE DEFINITION

A. Services to provide psychiatric and psychological evaluations and treatment to implement a permanency plan, to prevent CA/N, to prevent out-of-home placement, or to make placement/permanency planning decisions. See section 4539, below, for information regarding Inpatient Mental Health Treatment for Children. In general, there are two main types of psychological/psychiatric funding sources available for utilization by DCFS: Title XIX/Healthy Kids (EPSDT) services through the Regional Support Networks (RSN) and DCFS direct funded services.

B. The RSNs in the state are the conduit for mental health services for recipients of Medicaid. Serving as Prepaid Health Plans, these networks receive and distribute all state and federal mental health dollars to the community mental health centers, institutions, and other certified mental health providers.

45212 ELIGIBILITY

A. Under Healthy Kids Services, Medicaid-eligible children and their families are provided specific mental health evaluation and treatment. For eligible children

under 19 years of age, mental health services must be determined to be medically necessary as a result of a Healthy Kids/EPSDT health screen.

B. Medicaid-funded mental health services must be the first choice for treatment. DCFS-funded services are to be used only when all other payment resources have been exhausted. Families or children are eligible for DCFS direct-funded psychological/psychiatric services under the following circumstances:

1. Parents or children with an active CPS, FRS, or CWS case.

2. All RSN resources have been exhausted or the child/parent is not eligible to receive the service under a Healthy Kids plan.

3. The child/family has demonstrated it doesn't have the financial resources or insurance to pay for the service.

4. Funding is available to provide the service.

5. Services are only available from DCFS-contracted providers.

45213 PROCEDURES FOR ACCESS

A. Children and families can access RSN funding by presenting at any mental health provider which is certified to accept Medicaid. For Healthy Kids services, the following steps shall be taken:

1. The social worker refers Medicaid-eligible children and families for a Healthy Kids screening utilizing regional procedures.

2. If the child does not have a current Healthy Kids/EPSDT examination, the social worker must schedule a Healthy Kids examination to be completed within 30 days.

3. For situations involving inpatient treatment, see section 4539, below.

4. DCFS social workers supply mental health screeners and providers with the information they request to make screening decisions and to provide mental health services.

B. For DCFS direct-funded psychological/psychiatric services, the following steps shall be taken:

1. The social worker determines that Healthy Kids services are not available and that funding is not available for the service through other sources listed below.

2. The social worker authorizes psychiatric/psychological services utilizing the authorization guidelines in paragraph A above and regional procedure.

C. The social worker authorizes psychological/psychiatric procedures using current SSPS codes and sends a copy of the authorization to the provider.

D. The worker requests a final report and terminates payment.

45214 OTHER SOURCES

A. If the need for the service is primarily to support the child's ability to stay in school, funds for evaluations/treatment may be available through the local school district. The social worker may contact the child's school, or have the child's family contact the school, and make a referral to determine if the child is eligible for special education services.

B. DDD may provide psychiatric/psychological evaluations and/or behavior management training or treatment for developmentally disabled children living in their own homes or parents.

C. The JRA or local juvenile probation offices may provide similar services for delinquent children.

D. Division of Vocational Rehabilitation (DVR), General Assistance-Unemployable (GA-U), and SSI evaluations may be a resource. If the child has a current or recent SSI application, the social worker shall ask the SSI facilitator to access the SSI file for current medical or psychological assessments.

4522 INCOME MAINTENANCE

45221 SERVICE DEFINITION

Services to provide financial assistance to meet the basic needs of a family for housing, utilities, food, clothing, etc.

45222 ELIGIBILITY

DCFS refers individuals and families to Economic and Medical Field Services' (EMFS) CSOs for determination of eligibility for specific income maintenance programs such as Temporary Assistance to Needy Families (TANF) or GA-U. Eligibility for some federally funded financial maintenance programs, such as Social Security disability and SSI, are determined by the federal Social Security Administration.

45223 PROCEDURES FOR ACCESS

A. As part of initial and on-going family assessment, the social worker assesses the family's ability to maintain financially to meet basic needs. When it appears that the family may have little or no income, the social worker assesses the reasons contributing to the situation (e.g. injury, lay-off, divorce, lack of needed job skills) and refers the family to the CSO or other appropriate agencies for determination of eligibility for benefits.

B. When a child who may be eligible for federal disability payments is in the home of their parent or guardian, the social worker refers the parent to their local Social Security office for information on applying for benefits. SSI facilitators in each region can provide technical assistant to a family/child needing to make application for SSI or survivor's benefits.

C. When a child is in out-of-home care and it appears that the child may be eligible for federal disability benefits, the social worker makes a referral to the Social Security

disability specialist in the DCFS regional office to begin the process of determining benefits.

D. The social worker completes the federal funding forms and provides them to the federal funding specialist, who determines fund source for children in out-of-home care.

45224 OTHER SOURCES

A. Clients whose jobs have ended may be eligible for unemployment benefits.

B. The Division of Child Support (DCS), formerly the Office of Support Enforcement, will assist in the collection of child support with parents who are due court-ordered child support and have been unable to collect it.

C. Some clients injured in the course of employment may be eligible for financial assistance through the Department of Labor and Industries (L&I).

D. Many communities and non-profit charitable organizations maintain private, non-profit sources for food and clothing for families and individuals in emergency need. Schools and churches may also maintain food and clothing banks. The Community Public Health and Safety Networks may contribute to this resource.

E. While not providing income maintenance, private non-profit credit counseling services are available in many communities to assist individuals in managing debt.

F. Food and formula supplements are available for some low-income women with infants through the WIC program to help promote healthy infant development.

G. Families and children of U.S. military service veterans may be eligible for veteran's benefits provided through the Veteran's Administration.

4523 HOUSING

45231 SERVICE DEFINITION

Services to assist an individual or family obtain housing. Services consist of information and referral, coordination, advocacy, and case management to assist clients with housing needs. Contracted Independent Living Skills (ILS) programs for adolescents are available to assist youth emancipating from foster care with counseling regarding the location of housing.

45232 ELIGIBILITY

DCFS clients with either no housing or inadequate housing are eligible for the service. Homeless youth may be eligible for out-of-home care services through DCFS when they have been determined eligible for placement following a CWS assessment. CPS referrals are not accepted on a family if the only reason for the referral is homelessness.

45233 PROCEDURES FOR ACCESS

A. The social worker works with a family to obtain housing through referrals to the CSO and, in emergencies, through direct referral to emergency shelter programs in the local communities. EMFS can provide the social worker with information on

how to assist clients who need to apply for available publicly funded housing through the federal Section 8 or other programs, including those operated through the state Department of Trade, Community, and Economic Development (CTED).

B. In accordance with regional procedures, the social worker refers adolescents emancipating from foster care to regionally contracted ILS programs for education and counseling regarding housing needs.

C. For placement in out-of-home care for children, the social worker follows procedures outlined in this chapter.

45234 OTHER SOURCES

A. Many communities provide shelter programs for youth with funding through the Runaway Youth Act for runaways.

B. Housing advocacy/case management are often provided through the RSN for clients with a mental illness.

4524 EDUCATIONAL AND JOB TRAINING SERVICES

45241 SERVICE DEFINITION

Services to assist individuals to complete their education or to locate employment or training that would qualify them for employment. DCFS direct services consist of information and referral to state, federal, and community funded programs. DCFS contracts regionally with community agencies to provide educational and job counseling services for youth emancipating from foster care. See the ILS program description.

45242 ELIGIBILITY

DCFS clients who need education, job training, or employment.

45243 PROCEDURES FOR ACCESS

A. The social worker refers adults who need to complete their high school diploma or General Equivalency Development (GED) certificate to the school district nearest the client's home for information regarding programs available in the local community.

B. The social worker refers youth emancipating from foster care to the regionally contracted ILS program for career and job counseling utilizing regionally established procedures.

C. Adults or youth who are seeking employment may be referred to the Employment Security Department, Job Service Center office, for listings of job openings and other services available to help find employment.

45244 OTHER SOURCES

A. Services are available through colleges, universities, and vocational institutes to provide career counseling, job training, and education for individuals. Financial Aid Offices and Career Counseling Offices in those institutions provide information and assistance.

B. Private Industry Councils (PIC) in communities coordinate and administer job training programs available from the federal government. The Employment Security Department provides information about the availability of such programs. Information on other federal programs such as Job Corps, providing training for young adults, and Summer Youth Employment Programs for low-income youth can also be accessed through the Employment Security Department.

C. DVR and L&I provide services to train workers who have had injuries or disabilities so that they can regain employment.

4525 INDEPENDENT LIVING SKILLS SERVICES - ADOLESCENTS

45251 DEFINITION

A. Independent Living Skills (ILS) contracted providers prepare youth to live as adults when they reach majority age and leave placement.

B. Typical activities include, but are not limited to:

1. An assessment of skills and needs;
2. A written service plan with clear goals;
3. Services to build tangible skills in education, vocation, income maintenance, and daily living;
4. Services to build intangible skills self-confidence, dealing with issues of separation and loss, anger management, parenting, and other areas.

45252 ELIGIBILITY

Youth ages 16 and older that have been in DCFS-paid out-of-home care for any length of time since their 16th birthday are eligible. To activate the youth's ability to access contracted services, the child's social worker must make a referral to a contracted provider within the region before the youth leaves state care.

45253 PROCEDURES FOR ACCESS

A. The social worker must develop an Independent Living Plan as part of the ISSP for youth 16 years of age or older that are in placement. The social worker will meet with the youth and placement resource (foster parent or group care staff) to develop the plan.

B. Contractors may continue serving youth no longer in care in their program until the youth's 21st birthday.

C. To refer a youth for contracted Independent Living services, the social worker provides a copy of the current ISSP, and any other additional information needed, to the ILS provider. The social worker communicates with the vendor regarding what an Independent Living Plan needs to include for a particular youth.

D. Youth who have been on SSI/SSA benefits while in foster care need assistance to apply to be their own payee. Some youth may have had Special Needs Trusts established. Independent Living needs may be met with funds from these trusts.

45254 OTHER SOURCES

There are a variety of agencies that provide Independent Living-related services to youth. These include:

A. The Employment Security Department, Private Industry Councils (PIC), and the Joint Training and Partnership Act (JTPA) for employment resources.

B. Students with Individualized Educational Plans (IEP) may be eligible for Independent Living skills training through the school.

C. Schools, colleges, and vocational institutes can provide information regarding educational goals and assistance with tuition reductions/ waivers or financial aid. Schools also offer ILS classes, pre-vocational classes, and part-time on-campus jobs.

4526 PERSONAL CARE SERVICES

Medicaid Personal Care (MPC) services are a Title XIX State Plan entitlement providing medically related services to children who are "categorically needy" Medicaid eligible. Children's Administration (CA) is the designated agency to administer MPC services for children in the children's own homes or in foster care who have been abused and neglected, including some children with developmental disabilities, or children who are not eligible for services from the Division of Developmental Disabilities (DDD).

For the most up-to-date version of the RCW and WAC refer to the CA Intranet page under Manuals and Policies. Also, see the *Medicaid Personal Care Service Resource Manual* for program managers and social workers, which provides greater detail concerning MPC services.

45261 DEFINITION

A. Medicaid Personal Care Services (MPC) specific medically related tasks, including supervision, for Medicaid eligible individuals residing in the individual's own home or community based settings, including foster family care. These tasks may be physical assistance and/or prompting and supervising the performance of direct personal care tasks and household tasks such as personal hygiene, dressing, bathing, eating, toileting, ambulation, transfer, positioning, self-medication, body care, travel to medical services, essential shopping, laundry, and child-specific housework.

B. For a child under age 18, these are tasks that, due to a disabling condition, exceed what is required by normally developing children of the same age.

C. The MPC service provider must perform personal care tasks specific to the eligible client and are not to perform them for other family or household members. MPC services do not include tasks that clearly should be provided by medically licensed professionals.

45262 ELIGIBILITY (WAC 388-71-0440)

A. To be eligible for MPC, a client must meet the following conditions:

1. Financial Eligibility: The child/client must be certified as a Title XIX categorically needy medical assistance client. The Community Service Office (CSO) financial services specialist determines the financial eligibility of the child/client. See WAC 388-500-0005, 388-503- 0310, and 388-503-0320.

2. Program Eligibility: The DCFS social worker or designee has assessed the client by using the *Comprehensive Assessment*, (DSHS 14-396), as having an unmet need requiring assistance with one or more of the following self-care tasks: eating, toileting, ambulation, transfer, positioning, bathing, self-medication, dressing, personal hygiene, or body care. See WAC 388-15-202.

3. Reside in the client's own residence (may be a shared living situation with a care-giver), an Adult Family Home under contract with the department, or a children's foster family home. See WAC 388-71-0410.

B. A person's eligibility for MPC begins the day the social worker completes the service authorization. However, the social worker must complete a *Comprehensive Assessment* form with input from the child's caretaker, the child (if possible), and other individuals with pertinent information prior authorizing the services. Annually or more often if there are significant changes in the child's disabilities or the tasks to be completed for the child by the MPC provider, the social worker must reassess the client using the *Comprehensive Assessment* form prior to reauthorizing the service. See WAC 388-71-0450.

C. Until an applicant reaches age 18 or transfers out of DCFS foster care, the DCFS or DDD assessor must assess only the need for personal care services exceeding the level of age appropriate personal care not already being provided through the child's unpaid support systems. The assessor must use a comprehensive assessment form specific for children from birth through 17 years of age.

45263 PROCEDURES FOR ACCESS

A. For children in their own home:

1. If the child is a client of DDD, that division is responsible for determining eligibility and authorizing services;

2. If the child may be eligible for DDD services, the social worker must refer the family to DDD for an intake evaluation;

3. If the child is not eligible for DDD services, the DCFS social worker must assess the case for MPC services;

4. If the child is not a DDD client, or is awaiting DDD evaluation, the CSO must determine if the child is Title XIX categorically needy. The DCFS social worker must refer the family to the CSO for financial eligibility determination. If the CSO financial services specialist determines that the child is eligible for MPC services, DCFS will handle the child's MPC plan, and the social worker follows established procedures;

5. If Child Protective Services (CPS) is investigating allegations of child abuse or neglect, DCFS and DDD representatives will meet to discuss which division will be responsible for all or part of the case management until CPS has resolved all issues pertaining to child abuse or neglect.

B. The social worker completes the, *Comprehensive Assessment*, DSHS 14-396, for the initial assessment of all referred children. The social worker must complete the form during a home visit in the presence of the child and the child's caretaker(s).

1. The social worker must base the number of hours authorized on the client's need for assistance determined through the assessment process MPC services exceeding the level of age-appropriate care for a normally developing child.

2. The social worker must refer the family to the CSO financial services specialist, who must redetermine financial eligibility annually for children in the children's own homes. The DCFS social worker may check with the assigned CSO financial services specialist or in the ACES computer system for the status of the child's financial eligibility.

3. If the number of MPC services hours requested in the *Comprehensive Assessment* exceeds the maximum allowable, the assigned social worker may request an exception to policy on the *Comprehensive Assessment* form. The social worker must provide a well-documented justification for the additional MPC service hours necessary to address an unusual circumstance.

4. The assigned social worker must send copies of the *Comprehensive Assessment* form to the service recipient, parent/guardian/representative, and the Area Agency on Aging or any other agency that provides nursing service consultation. The social worker must send the *Comprehensive Assessment*, SSPS authorization, and any other relevant supporting documentation to the nursing service consultation before service begins.

C. MPC service providers must meet the following requirements:

1. Not be a parent, spouse, or child of the client;

2. Be at least 18 years old;

3. Have adequate physical health to meet the needs of the client;

4. Know how and when to use a telephone and to seek help;

5. Be willing to complete needed training;

6. Have knowledge and ability to perform personal care tasks or the capacity to learn to perform such tasks;

7. Have knowledge of acceptable standards of performance;

8. Possess sufficient communication skills to implement written plans of care;

9. Have ability to observe changes in the client's health status;

10. Have ability to respond to emergencies without supervision;

11. Demonstrate acceptance of clients' individual differences and preferences;

12. Have ability to work independently; and

13. Be willing to provide references.

D. Either directly or through a provider agency, the social worker determines that the MPC service provider is qualified. See WAC 388-71-0500 through WAC 388-71-0580.

1. The provider must complete the *Personal Care Provider Experience/Training Statement*. The social worker or provider agency screens all applicants to ensure general qualification criteria are met. Individual MPC service providers must meet the educational requirements outlined in WAC. The social worker must require the individual MPC service provider to complete additional training if recommended in the initial and annual nursing assessment.

2. The social worker or provider agency performs routine criminal history checks on all aides engaged in the provision of MPC. Background checks should have already been completed in the case of foster parent providers.

3. The social worker must complete a Provider Agreement for each personal care provider. Home care agency providers need not complete the Provider Agreement as it should have been completed at the time the contract was executed.

4. The social worker must file the all MPC-related documents in the document section of the child's service record.

5. When all of the required documentation is complete, the social worker may authorize MPC services.

E. The social worker opens payment on SSPS form DSHS 14-154A, *Social Service Authorization*, through CAMIS. The service begin date may be no earlier than the date of the *Comprehensive Assessment*.

F. The department may not pay MPC service hours for supervision to a primary caretaker; i. e., legal parent, legal stepparent, adoptive parent, or a foster parent/dependency guardian caretaker to whom the department pays the basic foster care rate. See the *Medicaid Personal Care Service Resource Manual* and *Comprehensive Assessment* for methods to determine unmet need tasks and to calculate the rates allowed for different MPC service providers.

G. The social worker provides the agency managing the contracted nursing service consultation with copies of all *Comprehensive Assessments*, reassessments, and SSPS authorizations for MPC services no later than 10 days after the initial or renewal authorization date for MPC services.

1. A registered nurse must assess the child annually, or more frequently if requested by the social worker. CA expects the nursing service's consulting nurse to:

   a. Review the child's medical and/or mental condition;

   b. Review the service plan for necessary revisions and recommended revisions, if needed;

   c. Review need for continued care;

   d. Observe the provider performing MPC tasks, assess need for additional training, and provide needed training;

   e. Document the providers' ability to perform tasks and the provider's training needs; and

   f. Assist in problem resolution.

2. The nursing service's consulting nurse will not perform skilled nursing treatment except in the event of an emergency.

3. The nursing service's consulting nurse must forward results of the nurse oversight visits the social worker, and, if recommendations for revisions are included, the social worker reassesses the client and amends the service plan or communicates with the nurse the reasons why changes were not made. The social worker advises the nurse of the decision and results within 15 working days after receipt of the nurse's summary that recommends change.

H. MPC is a Title XIX medical service and requires the same official notification as other department denials of medical services. The social worker must give written notice to service recipients when services are reduced or denied, giving specific reasons and WAC references for the denial or reduction, information on how to appeal, and timeliness for appeal.

4527 RELATIVE PLACEMENT

45271 CHOOSING RELATIVES FOR PLACEMENT

When placement is necessary, the social worker must search for appropriate relatives to care for the child prior to consideration of placement in other types of out-of-home care. Preferred relative placements are those where the child is comfortable living with the relative, the relative has a relationship with the child, and the relative is assessed by DCFS to be capable and willing to cooperate with the permanency plan for the child. See chapter 5000, section 5231, for assessment procedures. The relative(s) must be able to provide a safe home for any child

placed by DCFS, and each child placed in the home must have their own bed or crib if the child remains in the home beyond 30 days. Non-related family members must be considered as potential resources.

45272 ELIGIBILITY

Children whom DCFS has assessed to need out-of-home care and for whom an appropriate relative is available.

45273 PROCEDURES FOR ACCESS

A. Relative Search

1. At the time placement is first considered, the social worker attempts to locate relatives, including relatives of presumed, but not alleged, fathers, who can care for the child. This includes asking parents and the child who in their family might be available to care for the child and evaluating requests from family members who wish to be considered as a placement resource. See the definitions of "alleged" and "presumed" father in the CA *Case Services Policy Manual*, Appendix A.

2. When it is not possible to complete a relative search prior to the initial placement, the social worker continues searching for appropriate relatives after the initial placement.

3. The social worker notes in the narrative considerations and conclusions, including statements as to why the relative is not being pursued as a resource at the time of such consideration.

B. Legal Authority for Placement

Legal authority to place is needed with relative placements either through a police pickup order, court order, or voluntary consent to place agreement with parents.

C. Assessment

1. When a potential relative placement resource has been located, unless an emergent placement, the social worker completes a criminal history/background check on the relative and assesses suitability of the relative prior to placement. If an emergent placement, the background check will be initiated immediately after the placement. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

2. To determine if the home is minimally adequate for the care of children, the social worker, including after-hours staff, visits the relative's home prior to initial placement. If a child is placed with a relative by night staff following a home visit, then the ongoing social worker also visits the home within the first week of the child's placement.

3. In those situations where questions about appropriateness arise, the social worker may enlist the assistance of a foster home licenser or other staff skilled in conducting home studies in evaluating suitability of the home and family.

4. See chapter 5000, section 5230, for requirements regarding home studies and for licensing requirements and exemptions.

D. Information Sharing

Either prior to or soon after placement, the social worker must have a candid discussion with the relatives to inform them of the following:

1. The reasons for the placement.

2. Full disclosure of the child's needs and characteristics.

3. The agency plan for the child's parents, relatives, and the care providers.

4. The legal process. If a child is dependent pursuant to a proceeding under chapter 13.34 RCW, the social worker must keep the care provider informed regarding the dates and location of dependency review and permanency planning hearings pertaining to the child.

5. See the *Case Services Policy Manual,* chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

E. Continuing Services

1. At critical decision points when permanency planning options are being re-evaluated, the social worker re-evaluates the possibility of relative placements. Family members who might not have been available when the child was first placed may later become an option for permanent placement.

2. The social worker provides case management support to relative caretakers in the same manner as any other type of placement.

   a. The child's assigned social worker must conduct a face-to-face interview, or have face-to-face contact with the child incapable of being interviewed, with the child placed into care after hours or on weekends in the placement facility within the next few days following placement. The worker must document the interviews and observations in the case SER.

   b. The child's social worker conducts face-to-face interviews in the home of the relative care provider with the child while in a relative placement on a quarterly basis and documents the interviews in the case SER. The social worker conducts these interviews to ensure the health and safety of the child, to assess the child's adjustment to

the placement; to assess services needed by the child and the care provider; and to provide casework support.

c. The assigned social worker provides the relative caregiver with information about needed training and support as funding is available.

F. Financial Support

For relatives needing financial support to care for the child, the social worker may assist the family to apply for TANF through the CSO, or the relatives may choose to receive foster care payments, without regard to eligibility for federal matching dollars, on behalf of the child if the relatives are licensed foster parents. See chapter 5000, section 5232.A.

4528 REGULAR RECEIVING CARE

45281 SERVICE DEFINITION

Receiving home care is out-of-home care provided in licensed foster homes which are designated to provide emergent or short-term care. Receiving home care is temporary care not to exceed 30 days. Receiving home care is used when need for placement is immediate, and time does not allow for planning to place directly into regular foster care or other alternate care.

45282 PROCEDURES FOR ACCESS

A. The social worker first determines that relative care is not available.

B. The social worker locates and contacts an available, appropriate receiving home parent utilizing the locally determined placement system. For example, in some offices, placement in receiving care is accessed through a Home Finder or placement desk. In other offices, social workers contact the receiving home parent directly.

C. To assist the receiving home to make a decision about the child, the social worker provides the receiving home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, background information, and specifics of the permanency plan that will affect the child and the placement. For example, the worker will let the receiving home parent know what behaviors to expect, what the visitation plan is, what the foster parents' responsibilities are, when the child next needs to see a doctor or other professional, and where and when the child is likely to be moved.

D. The social worker clarifies future visits to the receiving home and provides the receiving home with written background information and emergency numbers upon placing the child.

E. The social worker completes the following paperwork after placement:

1. Open appropriate SSPS codes and complete the CAMIS placement module.

2. Complete a federal funding packet (all Title IV-E documents), answer Categorical Criteria questions in CAMIS, and send the packet to the DCFS federal funding specialist within 10 days of placement. Utilize local procedures to notify the SSI facilitator of placement of an SSI/SSA eligible child or for screening for SSI of a special needs child.

3. Notify the licenser of placement of the child in a particular home.

F. The federal funding specialist shall notify the CSO Financial Services Specialist of the child's placement if the child is receiving TANF and, in all cases, the Division of Child Support (DCS) and provide a copy of the authority to place in care.

G. Receiving care is meant to be very short term care. However, in rare instances, it may become necessary to request an authorization from the Regional Administrator or designee, according to regional procedures, to extend receiving care beyond 30 days. A child is not to be moved to another receiving home simply to avoid requesting an extension.

H. The child's assigned social worker shall conduct a face-to-face interview, or have face-to-face contact with the child incapable of being interviewed, with the child placed into care after hours or on weekends in the placement facility within the next few days following placement. The social worker shall document such interviews and contacts in the case SER.

45283 INCOME MAINTENANCE FOR CHILD'S PARENT(S)

A. If the family of origin is a recipient of TANF benefits at the time of the child's placement and the placement is anticipated to be less than 90 days, the TANF grant will be unchanged if the DCFS social worker coordinates the case plan with the CSO.

B. With coordination between the CSO and the DCFS social worker, a TANF grant can be opened 30 days prior to the return of a child to a TANF-eligible home.

4529 SPECIALIZED RECEIVING CARE

45291 SERVICE DEFINITION

Specialized receiving care is short-term licensed foster care. Certain receiving homes have been identified as specialized receiving homes to serve some children who are in conflict with their parents, runaways, and other children with special needs. This type of care is short-term, emergency care for thirty days or less.

45292 PROCEDURES FOR ACCESS

A. The social worker determines that relative care, regular receiving care, and Crisis Residential Center (CRC) care are not available or are inappropriate prior to placement in specialized receiving care.

B. The social worker locates and contacts an available, appropriate specialized receiving home parent utilizing the locally determined placement system.

C. The social worker provides the specialized receiving home parent with information about the immediate condition of the child, the child's behaviors, school and medical

information, background information and specifics of the permanency plan that will affect the child and the placement. For example, the worker will let the specialized receiving home parent know the visitation plan, what the foster parents' responsibilities are, when the child next needs to see a doctor or other professional, and where and when the child is likely to be moved.

D. The social worker clarifies future visits to the specialized receiving home and provides the specialized receiving home with written background information and emergency numbers upon placing the child.

E. See section 45282 for procedures regarding federal funding.

F. See section 45232, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.

G. See section 45283 for information regarding TANF maintenance for the child's family.

4530 FOSTER CARE

45301 SERVICE DEFINITION

Foster Care is temporary out-of-home care in a family home that is licensed to provide this service. Foster parents are part of the professional team working to complete the permanency plan for the child and his/her family.

45302 ELIGIBILITY

A. Children for whom the department has legal authority to place in out-of-home care are eligible for the service. Legal authority includes a transfer of custody signed by a police officer, a court order, or a voluntary consent signed by the child's parent. See section 4307 of this chapter regarding procedures for Voluntary Placement Agreements. The child must be under the age of 18 unless in school to obtain a high school diploma or equivalent certificate and have been in out-of-home placement on the child's 18th birthday.

B. When a teen parent and the teen parent's infant reside in the same facility, the department considers the infant's "home" to be the infant's parent, not the foster home or other out-of-home care facility. As long as the teen parent and infant reside together, and the infant has no dependency needs warranting a custody order, the social worker need not obtain a legal authorization to place. See the *Operations Manual*, chapter 11000, section 11212, for requirements related to maintenance funding.

45303 PROCEDURES

A. The social worker determines that appropriate relative care is not available prior to placement of the child in foster care.

B. The social worker locates and contacts an available, appropriate foster home parent utilizing the locally determined placement system.

C. The social worker informs the foster parent of CA responsibilities toward finding a relative that is similar and familiar to the child. The social worker assists the foster

parent by providing clear information and consultation/resources if needed to care for a particular child.

D. In instances where placement is not emergent, the social worker must arrange pre-placement visits to reduce the anxiety of the child around the placement and to familiarize the child with his/her temporary family. When possible and appropriate, the social worker must involve parents in pre-placement visits. Unless emergency preempts such involvement, the child's social worker must be involved in the pre-placement visits and the actual placement in the foster home. See section 45232, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.

E. To reduce conflict between CA and foster parents about the temporary nature of foster care, social workers need to be clear at the time of placement, and regularly thereafter, about the long term and permanency plan for the child.

1. To help the foster parent decide if the foster parent can care for the child, the social worker provides the foster home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, and specifics of the permanency plan that will affect the child and the placement.

2. The social worker clarifies dates of future visits to the foster home and provides the foster home with written background information and emergency numbers when placing the child. Most regional offices have designated forms for providing information to foster parents. Specific information to be provided to the foster parents includes:

a. Child's full name, birth date and legal status.

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

c. Medical problems/history including name of doctor/ dentist and medical coverage.

d. Name and address of parent/guardian.

e. Reason for placement.

f. Emergency procedures and any special instructions.

g. The name and telephone number of the social worker and of the social worker's immediate supervisor.

F. See section 45282 and the *Operations Manual*, chapter 11000, for procedures regarding federal funding.

G. The social worker makes a contact with the foster home within three days following placement to see how the child is adjusting.

H. The social worker and the licenser encourage foster parents to keep a record of the child's stay in their home, including any medical reports received by the foster parent, significant developmental milestones, behavior, schools attended, names of all medical providers and dates of visits, immunizations, grades/report cards, friends, pets, and pictures of the child.

I. Whenever possible or appropriate, the social worker provides parents/guardians with information about the child's adjustment, health, and school progress while in foster care.

J. After the initial contact following placement, the social worker must visit the foster home and have face-to-face contact in the foster home with the foster parents and the child no less than once every 90 days. The social worker interviews the child to ensure the child's health and safety, to assess the child or foster parent's need for services, and to provide casework support to assist foster parents in caring for the child. When there are problems with a placement, the social worker works with foster parents to find resources for resolving problems. For example, specialized training, consultation, or other support may be needed at particular times with particular placements.

K. Notice of Hearing to Care Provider

For children who are dependent under chapter 13.34 RCW, the social worker must notify the current caregiver of the date of scheduled court review hearings pertaining to the child and of the caregiver's right to an opportunity to be heard in the review hearing and to provide the court with information. This right to notice of hearings and opportunity to be heard applies to foster parents, pre-adoptive parents, and relatives who are caring for the child at the time of the hearing. This hearing notice does not give the caregiver legal status as a party to the case. The court will make the final decision about whether and how the caregiver will provide input at the hearing.

L. When the child's social worker has a specific concern or complaint regarding a foster home, the worker conveys the concerns in writing to the foster care licenser for that home. When the complaint is an allegation of CA/N, the social worker shall make a CPS referral.

M. Notification to Foster Parents When Moving a Child

1. When a child has been placed in a foster family home and has then resided in the home for at least 90 consecutive days, the social worker shall notify the foster family at least five days prior to moving the child to another placement, unless one of the following applies:

   a. A court order has been entered requiring an immediate change in placement.

   b. The child is being returned home.

   c. The child's safety is in jeopardy.

d. The child is residing in a receiving home or a group/ rehabilitative care facility.

2. If a child has resided in a foster family home for less than 90 days or if, due to one or more of the circumstances above, it is not possible to give five days notification, the social worker shall notify the foster family home of proposed placement changes as soon as reasonably possible.

N. If the dependency or tribal guardian chooses to receive foster care payments rather than SSI payments or other cited source in behalf of the child, the assigned staff establishes a trust account with the Trust Fund Unit to be used to meet the cost of care or special needs of the child in accordance with RCW 74.13.060. See the *Operations Manual*, chapter 11000, section 11800, for details on establishment of a trust fund.

O. For a youth 18 through 20 years of age to continue in foster care beyond the youth's 18th birth to complete high school or an alternate education program leading to obtaining a high school diploma or G.E.D., the youth must complete and sign a *Voluntary Placement Agreement* (VPA), DSHS 09-004B(X), and agree to abide by the reasonable rules of the foster family. If the placement or education plan disrupts through actions of the youth, eligibility for CA-supported placement ends.

P. A developmentally disabled youth age 18 through 20 may continue in DCFS-supported care until the day before the day the youth reaches age 21 in accordance with the intra-agency agreement with the Division of Developmental Disabilities (DDD). If a DDD-eligible youth has a placement or education plan disruption during this extended eligibility, DDD assumes responsibility for the youth.

Q. See section 45283 for information regarding TANF maintenance for the child's family.

4531 PRIVATE CHILD PLACING AGENCIES

45311 SERVICE DEFINITION

Foster care services may be provided by DCFS or purchased through a contracted private child placing agency (CPA). DCFS and CPAs have developed relationships for sharing both recruitment and placement responsibilities for children needing out-of-home care. In some cases, DCFS "borrows" foster homes from CPAs to care for children in the custody and supervision of DCFS. In other cases, CPAs borrow homes from DCFS. Some children are in private agency placement and in the custody and supervision of the CPA.

45312 ELIGIBILITY

A determination by the CPA social worker that placement is both necessary and appropriate. Private agencies bringing children from other countries for adoption are financially responsible for the child's placement costs if the adoption is not finalized or disrupts prior to finalization.

45313 PROCEDURES FOR ACCESS

A. Upon notice of placement and receipt of a complete referral packet from the contracted private agency, the DCFS social worker opens the SSPS codes for regular foster care and for Private Child Placing Agency Service Fee. The private agency service fee may be continued for up to six months of post-foster care services if the CPA continues to provide services.

B. See section 45282 for procedures regarding federal funding.

C. The DCFS social worker is expected to monitor CPA placements for which the department is making payment:

1. The social worker must receive quarterly progress reports from the CPA for all children whose placements or other services are financially supported by DCFS.

2. The worker may return any CPA quarterly report that does not meet the expectations of the division. The social worker shall send a letter outlining the division's concerns to the CPA with copies to the regional office licenser and contracts coordinator.

3. The worker shall stop payment in accordance with regional procedures if the report is not received in the timeframe stipulated in the contract.

4. The social worker shall inform the regional licenser and contracts coordinator when there are continuous problems with reports or reason to believe that the health and safety of children in a CPA home is jeopardized.

D. DCFS may pay the contracted private agency for use of the CPA's foster home with the approval of the private agency. Both parties must sign a *DSHS Private Child Placing Agency Agreement/Child in Foster Care*, DSHS 15-190(X), with a copy maintained by the private agency and by DCFS. The social worker follows regionally-designated procedures for accessing services and sharing responsibilities while utilizing CPA foster homes. Some agencies specialize in caring for children with particular types of problems or permanency plans.

E. Upon a DCFS placement in a CPA home, the DCFS worker initiates the DCFS/CPA agreement form, which designates which agency is responsible for what part of the service plan while the child is placed in the CPA foster home.

4532 THERAPEUTIC OR TREATMENT FOSTER CARE

45321 SERVICE DEFINITION

Therapeutic or treatment foster homes are those licensed foster families that have been identified to care for extremely behaviorally/emotionally disturbed children who cannot function in a family home without specialized treatment and expertise. Therapeutic foster parents have specialized skills in managing these children. Often these homes have a pre-determined, designated intensive "package" of services that are delivered to every child placed in the therapeutic foster home. Therapeutic foster care is provided directly through DCFS licensed foster homes

and by contract or agreement with other agencies. These services do not include those accessed through Rehabilitative Treatment Services described in section 4533, following. If Treatment Foster Care is provided through a Rehabilitation Treatment Services contract, see section 4533 for provisions for access and management.

45322 ELIGIBILITY

Eligibility is determined, in accordance with regional procedures, following assessment of service and placement options.

45323 PROCEDURES FOR ACCESS

A. The social worker determines that appropriate relative care is not available prior to placement of the child in foster care.

B. The social worker locates and contacts an available, appropriate foster home parent utilizing the locally determined placement system.

C. The social worker informs the foster parent of DCFS responsibilities toward finding a relative that is similar and familiar to the child. The social worker assists the foster parent by providing clear information and consultation/resources if needed to care for a particular child.

D. In instances where placement is not emergent, the social worker must arrange pre-placement visits to reduce the anxiety of the child around the placement and to familiarize the child with the child's temporary family. When possible and appropriate, the social worker must involve parents in pre-placement visits. Unless emergency preempts such involvement, the child's social worker must be involved in the pre- placement visits and the actual placement in the foster home. See section 45232, paragraph H, for the requirement to contact the child placed after hours or on weekends within the next few days following placement.

E. To reduce conflict between DCFS and foster parents about the temporary nature of foster care, social workers need to be clear at the time of placement, and regularly thereafter, about the long term and permanency plan for the child.

1. To help the foster parent decide if they can care for the child, the social worker provides the foster home parent with information about the immediate condition of the child, the child's behaviors, school and medical information, and specifics of the permanency plan that will affect the child and the placement. See the *Case Services Policy Manual,* chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

2. The social worker clarifies dates of future visits to the foster home and provides the foster home with written background information and emergency numbers when placing the child. Most regional offices have designated forms for providing information to foster parents. Specific information to be provided to the foster parents includes:

a. Child's full name, birth date, and legal status.

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

c. Medical problems/history including name of doctor/ dentist and medical coverage.

d. Name and address of parent/guardian.

e. Reason for placement.

f. Emergency procedures and any special instructions.

g. The name and telephone number of the social worker and of the social worker's immediate supervisor.

F. See section 45282 for procedures regarding federal funding.

G. The social worker makes a contact with the foster home within three days following placement to see how the child is adjusting.

H. The social worker and the licenser encourage foster parents to keep a record of the child's stay in their home, including any medical reports received by the foster parent, significant developmental milestones, behavior, schools attended, names of all medical providers and dates of visits, grades/report cards, friends, pets, and pictures of the child.

I. Whenever possible or appropriate, the social worker must provide parents/guardians with information about the child's adjustment, health, and school progress while in foster care.

J. After the initial contact following placement, the social worker must visit the foster home and have face-to-face contact in the foster home with the foster parents and the child no less than once every 90 days. The social worker conducts these on-site interviews to ensure the health and safety of the child, to assess the child's adjustment to placement, to assess services needed by the child or foster parent, and to provide casework support to assist foster parents in caring for the child. The social worker must document the activities in the case SER. When there are problems with a placement, the social worker works with foster parents to find resources for resolving problems. For example, specialized training, consultation, or other support may be needed at particular times with particular placements.

K. For children who are dependent under Chapter 13.34 RCW, the social worker must notify the current caregiver of the date of scheduled court review hearings pertaining to the child. The social worker almost notify the caregiver of the caregiver's right to an opportunity to be heard in the review hearing and to provide the court with information. This right to notice of hearings and opportunity to be heard applies to foster parents, pre-adoptive parents, and relatives who are caring for the child at the time of the hearing. This hearing notice does not give the caregiver legal status as a party to the case. The court will make the final decision about whether and how the caregiver will provide input at the hearing.

L. When the child's social worker has a specific concern or complaint regarding a foster home, the worker conveys the concerns in writing to the foster care licenser for that home. When the complaint is an allegation of CA/N, the social worker shall make a CPS referral.

M. When a child is to be removed from a foster home, the social worker shall send five-day written notice to the foster parent prior to the date of the child's move unless a court order or concern for the child's health and safety requires that the child be moved immediately.

N. Procedures for contracted or other types of therapeutic foster care vary, depending on the contract or agreement with DCFS. The social worker consults their supervisor, the special placements coordinator, or home finder, and regional procedures for specific guidelines.

4533 REHABILITATIVE TREATMENT SERVICES

45331 SERVICE DEFINITION

Rehabilitative treatment services (formerly known as group care and also known as Behavior Rehabilitation Services [BRS]) for emotionally/behaviorally disordered, sexually aggressive, developmentally disabled, or medically fragile children are those services, provided by contract with private child care agencies, to serve children with special needs. DCFS contractors provide rehabilitative treatment services through a continuum that includes enhanced in-home services, therapeutic foster care, and group care.

45332 ELIGIBILITY

A. DCFS will pay for rehabilitative treatment services for a child when DCFS has assessed the needs of the child and family and has determined:

1. That these cannot be met with a less intensive service;

2. When a rehabilitative service slot is available that meets the child and family's special needs; and

3. The child has been placed in the available service slot.

45333 PROCEDURES FOR ACCESS

A. DCFS must have custody of children receiving out-of-home services through the department.

B. Prior to Initiation of Service

1. The child's social worker completes a rehabilitative treatment service packet according to regional procedures that specify what forms and reports accompany a referral request. Usually, these forms include:

a. An updated ISSP.

b. If out-of-home care is planned, legal authority to place the child.

c. Immunization and other health and education records.

d. Psychological reports, treatment summaries, and medical reports that outline the needs of the child.

e. A medical necessity form.

2. When requesting rehabilitative treatment services, the social worker follows regional procedures for referring a child for placement consideration and complies with inter-regional agreements on sharing residential treatment resources.

3. When dealing with interstate placements the worker must follow requirements for Interstate Compact for Placement of Children (ICPC).

4. The social worker arranges the actual initiation of services following acceptance of the child by a provider. Parents, relatives, or prior foster parents with whom the child is comfortable may transport for placement if consistent with regional protocol.

5. Upon placement of the child, the social worker or designee meets with the facility or program representative to give information about the child and, in concert with the family and provider, develops a treatment plan.

C. See section 45282 for procedures regarding federal funding. To maximize access to federal funds, the social worker follows regional procedures for sending a copy of the child's ISSP or other documentation as requested to Headquarters at the time of placement and annually thereafter. The ISSP or other documentation (e.g., psychological evaluation, medical records) are forwarded for review to the Nursing Care Consultant. If the documentation supports the need for this level of care, the Nursing Care Consultant will write a Statement of Medical Necessity and return it to the region.

D. Following placement and consistent with regional procedures:

1. The social worker sees that the responsible designated staff has opened payment and medical coupons, using the child's full legal name and Social Security Number.

2. The worker ensures that, if the child was placed in an emergency such that a medical necessity form could not be obtained prior to service initiation, such authority is established within 30 days.

E. During the Rehabilitative Treatment Service Period

1. Treatment planning for the child while in rehabilitative treatment services is a collaborative effort between the social worker, the regional rehabilitative treatment service coordinator, the contracted treatment provider, the child and the child's family, and the child's Tribe, when applicable.

a. Upon initiation of services, the social worker and the contracted rehabilitative treatment services provider develop a written agreement jointly with the child's family which specifies separate and joint responsibilities.

b. Discharge planning begins at the time of admission so that the treatment plan is goal directed, with measurable outcomes moving the child to a less restrictive environment as quickly as possible.

2. The social worker shall interview the child face-to-face at least every 90 days when the child is placed in a rehabilitative treatment service slot in the treatment facility. During those visits, assessment of the child's health and safety is the primary objective. Additionally, the social worker shall assess progress toward achievement of the case plan and the permanency plan. The social worker shall document these activities in the case SER

3. The social worker participates in Individual Treatment Planning conferences and facilitate family involvement whenever possible. The social worker has ongoing contact with the provider, who should inform the worker of dates, time, and place of all routinely scheduled treatment planning conferences.

4. During treatment planning conferences, the social worker stresses the importance of establishing treatment goals that are consistent with the overall permanency plan for the child.

5. The social worker completes re-assessment of the need for continued rehabilitative treatment services as directed by regional policy and the court.

F. For youth 18 through 20 years of age, see section 45303 for requirements regarding continued out-of-home care.

G. Medicaid eligibility and Statements of Medical Necessity are necessary program requirements for Title XIX claims for this program. For information and social worker procedures regarding Medicaid eligibility and Statements of Medical Necessity, see the *Operations Manual*, chapter 11000, section 11252.

45334 POST REHABILITATIVE TREATMENT

A. Following the rehabilitative treatment service period:

1. Aftercare services may be provided by the BRS contracted provider for up to six months following discharge from the program.

a. The DSHS social worker must request that this service be provided.

b. The DSHS social worker shall review and approve the aftercare plan.

c. Payment shall be authorized using the Social Service Payment System.

2. Aftercare services shall be paid an hourly rate and shall include:

a. Ongoing regular contact with the child and family;

b. Counseling and/or crisis intervention;

c. Support in connecting with community based services; and

d. Other services needed to maintain the child in the home.

3. Aftercare services may be provided to children who were receiving BRS out-of-home or BRS in-home services.

4. The BRS Contract, Handbook, and each Regional BRS Protocol contain further information.

4534 DEPENDENCY GUARDIANSHIP

45341 SERVICE DEFINITION

Guardianship under a dependency in juvenile court establishes a guardian for the life of the dependency. Generally, a dependency guardian is intending to parent the child until age 18 and is not in need of agency supervision. The court may order continued agency supervision if necessary and appropriate under the circumstances of a particular case.

45342 ELIGIBILITY

Guardians may be either relatives or foster parents. Foster parent guardians remain eligible for maintenance from DCFS. Relative guardians normally receive funding under TANF -Relative Payee through the CSO.

45343 PROCEDURES FOR ACCESS

A. The social worker assists the proposed guardian in the filing of a petition for guardianship. The social worker and the guardian may agree to a supervised guardianship. However, supervision is usually not necessary. See section 4340 for planning procedures.

B. See section 45282 for procedures regarding federal funding.

4535 FOSTER-ADOPTION

45351 SERVICE DEFINITION

A foster-adoptive placement is the placement of a non-legally free child for whom the permanency plan is adoption with an adoptive family who is also licensed to provide foster care, has an approved adoptive home study completed, and is willing to assume the risk of the child being returned to the birth parent(s). However, the foster parents do not become prospective adoptive parents until the child is legally free and they have made a formal written statement of their objective intent to accept placement of a child for adoption. The purpose of the foster care placement is to minimize the number of moves for the child.

45352 ELIGIBILITY

A. DCFS may provide foster-adoption services to children who are determined in permanency planning staffing to be unlikely to return to their birth parents or extended family. Most often these are children whose:

1. Parents' rights to another child have been terminated following a period of service delivery and for whom no significant change has occurred in their functioning in the interim.

2. Parents have killed or seriously harmed another child through abuse or neglect and in which no significant change has occurred in the interim.

3. Parents have repeatedly and with premeditation harmed or tortured this child.

4. Parents have been diagnosed with severe mental illness or psychological incapacity which grossly interferes with their parenting ability and for whom previously delivered mental health services and medication have been unsuccessful in altering the symptoms.

5. Parents suffer from chronic substance abuse, have not been responsive to treatment, and whose only visible means of financial support has been found in criminal activity.

6. Parents suffer from problems which, in combination, make prognosis for change extremely poor.

B. DCFS may deliver foster-adoptive services to non-related families which have completed the following requirements:

1. Have a current foster care license and a completed and approved adoptive home study. The adoptive home study shall be filed with the court at the time the decision is made that the child is legally free and the family will adopt.

2. Have signed a *Permanency Planning Placement Agreement*, DSHS 15-175, which verifies that the foster-adoptive family is aware:

   a. That the child may be moved to another home if court ordered or if it is determined the foster-adopt family has interfered with the case plan of return to the parents of origin.

   b. That the child may be returned to his/her birth family if the birth family's functioning improves, termination of parental rights is not ordered by the court, or if the court orders return for another reason.

   c. That the child may be placed with relatives if previously unidentified or unavailable relatives come forward and request placement and such placement is in the best interest of the child.

3. Have completed specialized training in addition to that offered in foster care pre-service training which addresses the special conditions surrounding a foster-adoptive placement. The training requirements and format are determined regionally, except that the training must discuss the limitations and requirements for the child to be legally free before the placement can be considered an adoptive placement.

45353 SERVICES TO THE CHILD

A. The social worker furnishes all available services normally provided to children in foster care placements to children in foster-adopt or permanency placements. This includes all services aimed at reunifying the child with the parents.

B. The social worker and supervisor must have permanency planning staffings for children for whom foster-adopt placements are being considered. If there is a change in permanency planning goals, they will hold another permanency planning staffing.

45354 SERVICES TO FAMILY OF ORIGIN

A. The social worker gives the family the opportunity to share information regarding relatives who might be appropriate placement options for their child(ren), both at the time of placement and throughout the life of the case.

B. When no appropriate relative is found for a placement option, the social worker gives serious consideration to the requests of the parent(s) regarding religious or other general characteristics when choosing the foster-adoptive family, provided the worker has determined that the request is in the best interest of the child.

C. The social worker informs the birth family regarding their roles and responsibilities and gives detailed explanations regarding visitation and their interaction with the foster-adoptive parents.

D. The social worker informs the family that, under no circumstances, shall placement with a foster-adopt family curtail their right to reunify with their child if timely progress can be made in the service plan which enables the parent to meet minimum parenting standards.

45355 SERVICES TO THE FOSTER-ADOPTIVE FAMILY

A. In addition to pre-service training provided to foster and adoptive families, the social worker provides foster-adoptive families with information or training regarding the following topics:

1. The court process, dependency and termination proceedings, statutes, and appeals.

2. Bonding and attachment and separation and loss.

3. Interaction with the child's family.

4. Confidentiality.

5. Impact of placement on the foster-adoptive family.

6. Adoption as a lifelong process and commitment.

B. The social worker informs the foster-adoptive family of their roles, responsibilities as part of the out-of-home placement team, and the consequences of their actions until the child becomes legally free.

C. Before placement of a child into the foster-adoptive home, the social worker informs the family of the case situation and the results of the permanency planning staffing. See section 43052.

D. Before placement of a child into the foster-adoptive home, the family shall sign a *Permanency Planning Placement Agreement*, DSHS 15-175, acknowledging the potential of the child's move to another home or return home and the continued requirements for the provision of reunification services.

E. The foster parent formally becomes a prospective adoptive parent when the child becomes legally free and the foster parent has made a formal written statement of their objective intent to accept placement of a child for adoption. The foster parent retains the right to withdraw from the adoption before finalization of the adoption.

F. Immediately upon the foster parent formally becoming a prospective adoptive parent, the social worker shall provide complete information on the child and its family of origin as outlined in chapter 5000, section 5361.

4536 SEXUALLY AGGRESSIVE YOUTH

45361 SERVICE DEFINITION

Evaluation, treatment, and/or placement for youth meeting the eligibility conditions below.

45362 ELIGIBILITY

For the purpose of funds appropriated for the treatment of sexually aggressive youth (SAY), the term "sexually aggressive youth" means those juveniles who:

A. Have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature; and

1. Are in the care and custody of the state, or a federally recognized Indian Tribe located within the state; or

2. Are the subject of a proceeding under chapter 13.34 RCW or a child welfare proceeding held before a tribal court located within the state; or

B. Cannot be detained under the juvenile justice system due to being under age 12 and incompetent to stand trial for acts that could be prosecuted as sex offenses as defined by RCW 9.94A.030 if the child was over 12 years of age, or competent to stand trial if under 12 years of age.

RCW 74.13.075

45363 PROCEDURES FOR ACCESS

A. Evaluation and/or Treatment

1. Each region must establish a case review committee to review all cases for which SAY funds are requested.

2. The child's assigned social worker submits a written request to the regional committee identifying how/why the child is at risk and is in need of evaluation and/or treatment for sexually aggressive behavior. The worker will include on their referral the name of a proposed provider (a DCFS-contracted SAY provider), the specific needs of the child, the cost of the service, and the duration of service need.

3. The regional committee, in its review, must consider the following:

   a. The age of the juvenile;

   b. The extent and type of abuse to which the juvenile has been subjected;

   c. The juvenile's past conduct;

   d. The benefits that can be expected from treatment; and

   e. The ability of the juvenile's parent or guardian to pay for the treatment.

4. Following approval of the request, payment is authorized through SSPS in accordance with local procedures.

5. The social worker requests a review by the regional committee before the approved authorization period expires.

B. Placement Guidelines

1. Youth who have been identified as acting out sexually toward other children need special consideration upon placement in out-of-home care. CA seeks to best serve the interests of all children placed in out of home care. For this reason, CA has established a policy of "no tolerance" regarding sexual activity between and/or among children in care. This includes both adjudicated and non-adjudicated youth placed in Foster Care or Behavior Rehabilitation Services.

2. Social workers need to consider the particular behaviors exhibited by the youth whenever planning out-of-home placement. The social worker must include any sexually inappropriate behaviors in information shared with the prospective caregiver. The social worker must include specific safety/supervision plans in the written information given to the caretaker. Social workers, foster parents, and/or Behavior Rehabilitation providers must collaborate and share in the decision of caregiver supervision level necessary to ensure that there is no sexual contact between or among youth in their care.

3. Caretakers have a responsibility to respond in an appropriate and serious manner to all incidents of sexual contact between youth. Such contacts include both incidents of consensual and non-consensual sexual activity between adolescents. The caretaker must report incidents to CA Intake (CPS) and to the youth's social worker. Caretakers need to follow mandatory reporting requirements outlined in RCW 26.44.030. CA exempts developmentally typical play of pre-school age children of similar age from this requirement. The caretaker does not have to report such incidents to CA Intake.

45364 OTHER SOURCES

Youth who have been adjudicated for a sexual offense and court ordered for community placement and supervision may be eligible for Special Sex Offender Disposition Alternative (SSODA) funds, available through the Juvenile Rehabilitation Administration (JRA).

4537 CLOTHING ALLOWANCE FOR CHILDREN IN OUT-OF-HOME CARE

45371 SERVICE DEFINITION

A clothing allowance to supplement a child's clothing supply upon initial placement into out-of-home care or to meet special needs, not met with the standard clothing allowance, while the child remains in out-of-home care.

45372 ELIGIBILITY

A. The Regional Administrator may issue procedures to enable the social worker, after establishing need, to authorize initial, and annually thereafter as long as the child is in out-of-home care, clothing allowances to provide a supplement to a child's clothing supply. The initial and subsequent clothing allowance each may not exceed $200. This section constitutes a waiver of the $100 limitation in WAC 388-70-042(3). However, the $100 limit pertains if the Regional Administrator has not issued written procedures to enable workers to authorize an amount up to $200. The supplemental clothing allowance is not an entitlement and must be provided within available regional allocations for that purpose.

B. The Regional Administrator/designee may authorize additional child-specific amounts in accordance with regional procedures following demonstration of need by the assigned social worker.

45373 PROCEDURES FOR ACCESS

A. The Regional Administrator shall issue procedures to enable social workers to obtain additional clothing allowances in accordance with this section. The regional standard must include a regional limit for initial clothing vouchers that does not exceed $200.

B. The social worker must receive written approval in accordance with regional procedures before authorizing an additional clothing allowance.

C. The regional procedures must, at minimum, include the following provisions:

1. The social worker completes a social service authorization, DSHS 14-154A(X), for each anticipated vendor, leaving the exact cost of services

blank. If a foster parent or group/ rehabilitative service provider chooses to purchase the clothing and be reimbursed by the department, the care provider may be the vendor.

2. At the bottom of the authorization, the social worker writes:

   a. The maximum amount authorized; e.g., "NOT TO EXCEED $200."

   b. The name of the purchaser. If the purchaser is the social worker, the worker's supervisor must initial the authorization form.

   c. The clothing items to be purchased. If the exact items are not known, the worker shall use a general description, such as "Miscellaneous clothing for a two-year-old girl."

3. The social worker routes the client and vendor copy of the authorization to the care provider.

D. The purchaser and vendor shall follow the steps for payment to the clothing vendor:

1. The purchaser goes to the vendor, selects clothing, and, in exchange for the clothing, gives the vendor the Vendor copy of the social service authorization.

2. The vendor gives the purchaser an itemized receipt for the purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154A(X) so they can be matched with the remittance advice accompanying the warrant.

3. The purchaser signs the receipt and routes it to the local DCFS office.

E. For reimbursement to a foster parent who has made the purchase, the following steps shall be followed:

1. The foster parent purchases clothing with their own funds within limits on the DSHS 14-154A(X).

2. The foster parent requests a separate receipt from the vendor for the clothing, signs it, and routes it to the local DCFS office.

F. After the purchase, the following steps shall be taken:

1. The social worker compares the DSHS 14-154A(X) to the receipt and resolve any discrepancies with the purchaser.

2. The worker enters the exact amount of the purchase on the DSHS 14-154A(X) and terminate the service. The termination code must verify that the service was provided.

3. The local office transmits the DSHS 14-154A(X) to Olympia in accordance with local procedures.

4. SSPS then issues a warrant to the vendor in the amount authorized.

G. The vendor receives the warrant, accompanied by form A-2, *Vendor Remittance Advice*, showing the clients and warrant amount. The vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154A(X) and resolve discrepancies with the social worker.

45374 OTHER SOURCES

Resource may be available for special clothing needs through local clothing banks and service organizations.

4538 TRANSPORTATION

45381 SERVICE DEFINITION

Transportation activity related to making a placement, necessary during and to support the placement, preventing a placement, or returning a child/runaway that is a dependent in this state.

45382 ELIGIBILITY

A. A child/client of DCFS may be eligible for this service if a transportation need falls within the service definition.

B. CA may reimburse the expenses upon social worker authorization when the service is consistent with the ISSP, supports a permanent plan, or directly prevents a foster/group care placement, and is not payable from another source.

C. The Regional Administrator must establish a dollar limit for the total cost of the transportation episode for a child/client, with documented supervisory approval required for amounts above that level.

D. Within the service definition, the social worker may authorize related travel for the child, parents, relatives, permanent planning resources, and care providers.

45383 PROCEDURES FOR ACCESS

A. The Regional Administrator must issue procedures to enable social workers to authorize transportation services in accordance with this section.

B. The social worker must receive written approval in accordance with regional procedures before authorizing transportation services exceeding regional limits.

C. The regional procedures must, at minimum, include the following provisions:

1. The social worker completes a *Social Service Authorization*, DSHS 14-154A(X), for each anticipated vendor, leaving the exact cost of services blank unless it is known. If a foster parent or group/rehabilitative service provider chooses to purchase the transportation service and be reimbursed by the department, the care provider may be the vendor.

2. At the bottom of the authorization, the social worker writes:

a. The maximum amount authorized; e.g., "NOT TO EXCEED $200." If the travel has already occurred, the social worker opens and closes the DSHS 14-154A/159 in the same action, showing actual amount of payment.

b. The name of the purchaser. If the purchaser is the social worker, the worker's supervisor must initial the authorization form.

c. The transportation service to be purchased and from whom; for example, "a bus ticket in the amount of $45.00 dollars to travel from Yakima to Seattle and return using Regional Bus Co."

3. The social worker routes the client and vendor copy of the authorization to the care provider or user of the transportation.

D. The purchaser and vendor must follow these steps for payment to the vendor:

1. The purchaser gives the vendor the Vendor copy of the social service authorization.

2. The vendor gives the purchaser an itemized receipt for the purchase. The vendor may attach their copy of the receipt to their copy of the DSHS 14-154A(X) so they can be matched with to the remittance advice accompanying the warrant.

3. The purchaser signs the receipt and routes it to the local DCFS office.

E. For reimbursement to a foster parent who has provided the transportation, the foster parent submits a signed A-20, *Travel Expense Voucher*, to the local DCFS office.

F. After the purchase, the following steps shall be taken:

1. The social worker compares the DSHS 14-154A(X) to the receipt and resolve any discrepancies with the purchaser.

2. The worker enters the exact amount of the purchase on the DSHS 14-154A(X) and terminate the service. The termination code must verify that the service was provided.

3. The local office transmits the DSHS 14-154(X) to Olympia in accordance with local procedures.

4. SSPS then issues a warrant to the vendor in the amount authorized.

G. The vendor receives the warrant, accompanied by form A-2, *Vendor Remittance Advice*, showing the clients and warrant amount. The vendor may match the amount and names on the A-2 with the vendor copy of the DSHS 14-154A(X) and resolve discrepancies with the social worker.

H. For Medicaid travel reimbursements to private individuals, the social worker must obtain prior approval from the Medical Assistance Administration's Central Authorization Unit at 1-800-228-6641. If approval is given, the social worker obtains billing instructions from the Central Authorization Unit.

45384 OTHER RESOURCES

The social worker attempts to obtain the following resources before committing DCFS to pay transportation costs or authorize payments:

A. Parents/guardian/family.

B. Volunteers (individual or organization).

C. Other states for children who may be the responsibility of the other state.

D. Schools, especially for education-related transportation needs.

E. Reimbursement by Medicaid for transportation provided by foster parents, guardian, other family members, or volunteers to/from medical services. If the transportation is for a service covered by a medical coupon, the service should be Medicaid-eligible.

F. Medicaid using a medical coupon for services from ambulances, cabulances, and taxi providers for medical transportation, requiring prior approval by the Area Medical Unit except in emergency situations.

G. Foster care transportation funds.

4539 INPATIENT MENTAL HEALTH TREATMENT FOR CHILDREN

45391 SERVICE DEFINITION

A. Services to provide psychiatric/psychological treatment to children in the care and custody of DCFS in a hospital or clinical setting. See section 4521, Psychological/Psychiatric Services, above, for additional guidance.
Chapters 13.34 and 71.34 RCW

B. There are two types of inpatient mental health treatment for children in Washington state:

1. Acute inpatient care provided in community hospitals and Evaluation and Treatment Centers, and

2. Long term inpatient care, provided in the five Children's Long Term Inpatient Programs.

The guidance contained in this section apply to both types of inpatient settings.

45392 ELIGIBILITY

A. Children who are in the care and custody of DCFS and who require inpatient mental health treatment are eligible for this service.

B. No social worker shall provide written consent for voluntary inpatient treatment of a minor child except as described in this section, nor shall the social worker seek inpatient treatment of a child in a court-ordered placement (i.e., dependency, Child in Need of Services [CHINS]) without prior written consent of the child's parents whenever possible.

C. If a parent's prior consent is not possible, then prior approval of the juvenile court is required unless an emergent situation does not allow time for a hearing. In such a case, the social worker will seek court approval within 48 working hours of the placement by requesting a juvenile court hearing.

D. Consent is not required if the child is involuntarily detained in an Evaluation and Treatment facility by a County Designated Mental Health Professional or is subsequently court ordered through the Involuntary Treatment Act (ITA), chapter 71.34 RCW.

E. Children 13 years of age and older may voluntarily seek and consent to inpatient treatment without consent of their parent/guardian or the department. Such a child must consent to inpatient treatment except under the conditions set forth in paragraph D, above. Parental consent by itself is insufficient.

F. Admission to publicly-funded acute inpatient treatment shall occur only if the child meets medical necessity guidelines as determined by the Regional Support Network (RSN)-authorized mental health professional(s) and with the concurrence of the professional person in charge of the facility.

G. For long-term inpatient psychiatric care, the Children's Long-term Inpatient Program (CLIP) Committee must provide authorization prior to admission. Referral to the CLIP Committee shall only be made by the RSN/Prepaid Health Plan (PHP) of residence. Different access points and procedures may be applied by the local RSN/PHP.

45393 PROCEDURES FOR ACCESS

A. Emergent Or Non-Emergent (Elective) Voluntary Inpatient Mental Health Treatment for a Child in Custody of the Department

1. For purposes of this policy, "voluntary patient" means:

a. A minor 13 years of age or older who has been evaluated and determined to meet criteria of medical necessity for inpatient treatment and who gives written consent for inpatient care; or

b. Any child under the age of 13 whose parent or legal guardian makes application for the child to be evaluated by the appropriate professional and who has been determined to meet criteria of medical necessity for inpatient treatment. The consent of the child is not required in this instance.

c. Any legally free child who is in the permanent custody of the department and who also meets the conditions outlined in sub-

paragraph b, above. The assigned DCFS social worker, with the approval of the supervisor, may sign the consent for treatment of the child under the age of 13.

2. The following conditions apply if the child is in the department's custody through a dependency order, a Voluntary Placement Agreement (VPA), or a Child in Need of Services (CHINS) order.

   a. If the social worker believes that a minor child is in need of psychiatric inpatient treatment, the social worker follows the following procedures:

      i. The social worker consults his/her supervisor and obtains the concurrence of the supervisor to seek inpatient treatment. The social worker must also consult with the child's parent/legal guardian whenever possible prior to seeking inpatient care.

      ii. The social worker, with concurrence of the supervisor, makes an immediate referral to the RSN/PHP certification authority in accordance with state Mental Health Division (MHD) policy Memorandum #96-26 or subsequent revisions.

      iii. Children shall only be admitted after a determination of medical necessity.

         - For acute psychiatric care, the RSN/PHP-authorized mental health professional(s) must determine whether medical necessity is met.

         - In either case, the professional person in charge of the facility concurs with the admission.

      iv. Once a determination of medical necessity has been made, written consent for admission, treatment, and release of information is given in accordance with the following:

         - For children under 13 years of age, the consent of the parent or legal guardian is required whenever possible, even when the child is under a dependency order.

         ➢ The social worker may give consent for elective care only after obtaining authority to do so from the juvenile court, except when the child is in the permanent custody of the department, in which case the social worker can consent under the permanent custody order. Court review shall occur within 48 hours of the petition except where the department has permanent custody.

- In emergencies, the social worker may provide written consent for immediate inpatient care within a community hospital.

- Parental agreement/consent or court review must sanction the social worker's consent within 48 hours, except where the department has permanent custody.

- Court review does not supplant the authority of the RSN/PHP designated mental health professional(s) and the professional person in charge of the inpatient facility who must determine medical necessity prior to admission.

- Children 13 years of age and older may consent to treatment without the consent of the parent or social worker. If the parent or social worker does not support inpatient care, they may give notice to the evaluation and treatment facility that admitted the child in accord with chapter 71.34 RCW.

- The Washington State Supreme Court, in the case of State v. CPC Fairfax Hospital, 129 Wn 2nd 439 (1996), determined that a child 13 years of age or older admitted to that an inpatient facility on application of the child's parent was detained without due process. Since that decision, providers have declined admissions where the consent of the child has not been obtained prior to a voluntary inpatient admission.

  - Thus, for children 13 years of age and older who are unwilling to be admitted to inpatient care, the parental consent is not considered by care providers as sufficient consent for admission against the child's will.

  - In the absence of parental consent, or consent of the child age 13 or above, the social worker may petition the juvenile court for the authority to give consent for the admission against the child's will.

  - In emergencies the social worker may give consent immediately. This type of admission is considered a voluntary (parent-authorized) admission under chapter 71.34 RCW. Court review shall occur within 48 hours of the petition for elective care, and within 48 hours of admission for emergent care. Court review does not supplant the authority of the RSN/PHP designated mental health professional(s) and the professional person in charge of the inpatient

facility who must determine medical necessity prior to admission.

- If the custodial parent does not agree with admission to inpatient care for children of any age, the social worker may file a dependency petition with the court, if one does not already exist. At that time, the social worker may simultaneously request authority to provide consent for inpatient treatment.

B. Involuntary Inpatient Mental Health Treatment for a Child in Custody of the Department

1. The following conditions apply if the child is in the department's custody through a dependency order, a VPA, or a CHINS order.

2. Admission for involuntary treatment may only occur after a determination of medical necessity is made by a County Designated Mental Health Professional (CDMHP). The CDMHP has authority to initially detain for 72 hours in an acute psychiatric facility any child, 13 years of age or older, who meets the criteria for involuntary detention.

   a. CDMHPs are bound by law to explore and utilize less restrictive treatment options when they are available and appropriate. Consent of the parent or minor child is not required for involuntary admission to inpatient care.

   b. Necessity for treatment beyond 72 hours is evaluated by the facility, in concert with significant others involved with that child, and must be ordered by the superior court in accord with chapter 71.34 RCW.

   c. Youth exhibiting the following conditions, as a result of a mental disorder, may be referred to the local CDMHP for assessment if she/he is unwilling to be hospitalized voluntarily:

      i. Is in danger of serious physical harm or manifests severe deterioration in routine functioning resulting from a failure to receive care essential to personal health or safety; and/or

      ii. Is a danger to self or others as evidenced by threats or attempts to commit suicide or inflict bodily harm to self or others; and/or

      iii. Is likely to cause substantial loss or damage to the property of others.

      Children under the age of 13 may not be involuntarily detained through this process.

C. Subsequent Admissions

Any subsequent admissions for voluntary care shall require a new assessment and determination and must follow the appropriate protocol as outlined above.

4540 ADOPTION SERVICES

45401 PURPOSE

The department's adoption program is intended to meet the needs of children who have no legal parents and who are in the department's care and custody by providing opportunities for them to be adopted into stable, nurturing families.

45402 ELIGIBILITY

DCFS provides adoption services to any child in the department's custody whose permanency plan is adoption.

45403 INFORMATION GATHERING AND SHARING

This section provides guidelines for Children's Administration (CA) staff for the collection and disclosure of full information regarding adoptive children and their birth families to adoptive parents.

A. The assigned social worker and private adoption agencies and entities must make reasonable efforts to locate records and information concerning the mental, physical, and sensory handicaps of the child and his/her birth parents, their family backgrounds, and social histories.

1. The entities providing the information have no duty, beyond providing the information, to explain or interpret the records or information regarding the child's present or future health.

2. The assigned social worker maintains the Health and Education record in accordance with guidelines contained in the CA *Practices and Procedures Guide*, chapter 4000, section 43092.

a. For any child in placement after 90 days, or whose placement is expected to last longer than 90 days, the agency must gather medical, educational, and mental health background information concerning the birth parents and the child. The assigned social worker must ensure this occurs, but another employee or contractor of the department may complete the task.

i. The social worker documents this information in the child's case file by maintaining all records gathered and by documenting information on the child's Health and Education Record or on the Health and Education Passport in CAMIS. The worker also maintains copies of written requests for records from the child's and parents' physician, treating professionals, and the last school attended in the case file.

ii. The social worker reviews this information prior to the disposition and permanency planning hearings.

iii. Assigned staff must complete the Health and Education Passport and document efforts to obtain information about the child and birth parents prior to case transfer between social workers or units.

b. The social worker will ask birth parents, for every child in placement or expected to be in placement longer than 90 days, to sign appropriate release of information forms so that the department can gather information concerning both the child and the birth parents from treating professionals, physicians, and schools.

i. If parents are unwilling to sign appropriate release of information forms, the social worker must request the court to order authorization of release of confidential records so that background information may be obtained.

ii. The social worker consults the AAG so that the language in the court order meets federal requirements for release of confidential information from substance abuse and mental health treatment programs.

c. If the child is in placement beyond 90 days under a Voluntary Placement Agreement, and the parent refuses to sign appropriate releases of information, the social worker should consult with the supervisor to determine if the department can safely provide for the care of the child without current medical, treatment and school information concerning the child and background information about the parents. The supervisor and the social worker should consider terminating the VPA or filing a dependency petition in the event of the parent's unwillingness to provide necessary information.

3. The social worker includes on the DSHS 13-041 information about the efforts, including unsuccessful efforts, made by the department to obtain information about the child and his/her birth family. Efforts to obtain information about the child include interviews with relatives; interviews with parents; and requests for information from treatment agencies, schools, and other sources from whom the parents received professional examination, evaluation, or treatment.

B. The adoption worker shares information about children and birth family for whom a family is being considered with that family by using the following guidelines:

1. General information about a referral may be shared with a family each time a referral is made;

2. For policy regarding disclosure of information, see the *Case Services Policy Manual,* chapter 5000, section 5840;

3. Guidelines for information shared with the adoptive family can be found in 42 USC 675, section 475, RCW 26.33.350, 26.33.380, and RCW 70.24.105, as well as the *Case Services Policy Manual*, chapter 5000,

section 5840. See the *Case Services Policy Manual,* chapter 4000, section 4120, paragraph A, for requirements to disclose information regarding HIV infection and sexually transmitted diseases to the residential care provider for the child who is less than 14 years of age.

C. The child's assigned social worker must make available and provide copies to the prospective adopting parent prior to adoptive placement the *Child's Medical and Family Background Report*, DSHS 13-041, the child's Health and Education Passport, and other available social information.

1. The social worker need not copy information in the Passport on the DSHS 13-041, but may incorporate it by attaching the Passport, and documenting the attachment, on the DSHS 13-041.

2. The complete medical report must contain all known and available medical information concerning the mental, physical, and sensory handicaps of the child. The report must not reveal the identity of the birth parent of the child, except if already known by the adoptive parents. However, the report must include any known or available mental or physical health history of the birth parent that needs to be known by the adoptive parent to facilitate proper health care for the child or that will assist the adoptive parent in maximizing the developmental potential of the child.

3. Where known or available, the information must include:

   a. A review of the birth family's and the child's previous medical history, including the child's x-rays, examinations, hospitalizations, and immunizations;

   b. A report of physical examination of the child conducted within the previous 12 months by a licensed physician with appropriate laboratory tests and x-rays;

   c. A referral to a specialist if indicated in reports released in the DSHS 13-041; and

   d. A written copy of all evaluations of the child with recommendations to the adoptive family receiving the report.

4. Following reasonable efforts to locate the information, the placing social worker must give to the adoptive parents a family background and child and family social history report with a chronological history of the circumstances surrounding the adoptive placement and any available psychiatric, psychological, court, or school reports. Reports or information provided to the prospective adopting parent must not reveal the identity of the birth parents of the child but must include reasonably available non-identifying information. The form used for this report is the DSHS 13-041(X).

5. The social worker must share with the prospective adoptive family all reasonably available information about the child and his/her birth parents, with receipt, including date of receipt, documented on the DSHS 13-041.

a. If a prospective adoptive parent reads the child's file, the social worker must document that activity and have the adoptive parent sign and date an acknowledgment of having read and reviewed the file.

b. In addition, the social worker must request that the adoptive parent initial each page of each document, including the Service Episode Record (SER), the adoptive parent has reviewed. The adoptive parents' signature on the form signifies their intent to adopt the child and acknowledges receipt of the information provided. The prospective adoptive parents' signature on the DSHS 13-041 does not signify the agency's approval of the adoptive placement.

6. If CA staff withhold information from the adoptive parents, the adoption supervisor or a staffing in which adoption specialists are present (such as an adoption planning review) must approve the action. Following these approvals, the area manager must also approve withholding of information. The social worker must document the approval to withhold information in the child's archived file and needs to include the signatures of the adoption supervisor and/or adoption specialists authorizing the withholding of the information. Information may not be withheld if it could have any effect on the parenting of the child.

D. The social worker must disclose to adoptive parents when a child being placed for adoption is receiving or has received mental health services, is or has been prescribed psychotropic medication, has a sexually transmitted disease, and/or is HIV positive. With respect to disclosure of HIV antibody testing or treatment of sexually transmitted diseases, department staff must comply with the following requirements:

1. The following persons may receive such information:

a. A department worker;

b. A child placing agency worker;

c. A *guardian ad litem* who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than 14 years of age, has a sexually transmitted disease, and is in the custody of the department or a licensed child placing agency;

d. A person responsible for providing residential care for such a child when the department or a licensed child placing agency determines that it is necessary for the provision of child care services.

2. No person may release information concerning HIV status and sexually transmitted diseases to the adoptive parent of a child over the age of 14 without the consent of the child or an order from the court. No one may release mental health counseling and treatment information, including the

prescription of psychotropic medications, to the adoptive parents of a child over the age of 13 without the child's consent to release of the information or court order.

a. The social worker must not make a placement without full disclosure, either by consent of the child or court order, of diseases that the child may have or a condition that requires treatment.

b. The social worker must inform the adoptive parents that information exists which cannot be released because of the failure of the child to sign a release of information:

i. If the youth refuses to sign a release of information; or

ii. The social worker cannot obtain a court order authorizing release of information.

c. The social worker must document in the case file that the child has refused the release of confidential information and that the social worker has informed the prospective adoptive parents of this fact.

d. If the social worker cannot disclose HIV or mental health information because the worker does not have a court order or consent to release information, the social worker, the worker's supervisor, and the prospective adoptive parents will have to make a decision on an individual basis whether to proceed with the adoptive placement or finalization of the adoption.

3. The social worker must follow an oral disclosure with written notice within ten days.

4. Whenever the social worker discloses information, the worker must accompany the disclosure with a written statement that includes the following or substantially similar language:

> "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 law. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

E. In addition to the requirements regarding the adoption placement decision in, chapter 4000, section 45407, below, the following conditions apply:

1. If a child is already placed with the prospective adoptive family as a foster child or in a relative placement, the social worker shares the DSHS 13-041 with the family prior to the child's placement being considered an adoptive placement.

2. An adoptive placement requires prior provision of all reasonably available child and family medical, school, psychological, and social reports to the prospective adoptive parents. CA considers a placement, including one with the current foster parents or relative care providers, to be an adoptive placement when:

   a. The birth parents' rights have been terminated;

   b. The prospective adopting parent(s) have formally expressed an intent to adopt (e. g., submitted an application for an adoptive home study and/or applied for Adoption Support), usually in writing; and

   c. The department has acknowledged the prospective adopting parent(s)' interest in a particular child by formally acknowledging the eligibility of the adoptive parent(s) to adopt a particular child, usually in writing.

      i. Acknowledging the eligibility of a prospective adoptive parent for a child may be contained in an ISSP, approval of an adoptive home study, approval of an Adoption Support application, or other written communication.

      ii. An approved home study/pre-placement report is not required prior to an individual attaining the status of "prospective adoptive parent."

3. The department regards approval of an Adoption Support application, even one that later lapses because the adoption was not timely finalized, or inclusion of a plan for a family to adopt in an ISSP as formal acceptance of the suitability of the parent, even if the social worker or private agency representative has not yet completed an adoptive home study/pre-placement investigation . This formal acceptance triggers the duty to disclose, meaning that the social worker must promptly disclose the medical, family, and social histories to the adopting parents.

4. The prospective adoptive family may consult with a specialist prior to agreeing to adopt the child and signing the DSHS 13-041. The DCFS social worker must provide to the prospective adoptive family all documents requested (with identifying information of the birth family deleted) in order to facilitate a consultation with a specialist of the family's choosing. If a prospective adoptive parent reads the child's file, the social worker must document that activity and have the adoptive parent sign an acknowledgment of having read and reviewed the file.

F. The family's receipt of information about a child, contact with a child's caseworker, contact with a child's foster family, etc., must be governed by procedures that do not violate the confidentiality requirements of case information. Thus, prospective adoptive parents must agree to keep information about the child, family of origin, and foster family confidential.

G. For guidelines for archiving of records of legally free children, see the CA *Operations Manual*, chapter 13000, section 13930.

45404 SERVICES TO PARENTS

A. Voluntary Adoption Plan-Under a voluntary adoption plan, the department must follow the wishes of the parent(s) and/or the alleged father in identifying the proposed adoptive placement of the child if the proposed family receives an approved home study and the court agrees that adoption by this family is in the best interests of the child. See the *Case Services Policy Manual*, chapter 5000, section 5762, for requirements of a voluntary adoption plan.

1. The assigned department social worker must work with the parent to determine whether the parent will identify a preferred adoptive placement by name.

2. If the parent identifies a preferred placement, the assigned social worker will advise the alleged father, the birth parent, and proposed adoptive parent(s) that either CA, a private agency, a qualified individual may do an adoptive home study.

3. If the proposed adoptive parent chooses to have an adoptive home study completed by a private agency or qualified individual, CA retains the right to do its own home study if it has concerns regarding the recommendations contained in the non-departmental home study.

4. If a private agency or qualified individual completes a home study and CA chooses to do its own adoptive home study, the CA social worker must prioritize scheduling this CA home study over pending studies of other proposed adoptive homes.

5. Using approved procedures for determining suitability to be an adoptive home, the social worker must determine that:

   a. The family meets the criteria to be an adoptive placement as described in RCW 26.33.190; and

   b. The placement is in the best interests of the child.

6. In the event that the social worker, the alleged father, birth parent, or current adoptive parent disagree about the suitability of the proposed adoptive placement, the court will determine whether the prospective adoptive resource is suitable and whether this placement is in the best interests of the child.

7. If the Attorney General's office or the local prosecutor, as applicable, has filed a termination petition at the department's request and the parent agrees to relinquish parental rights, CA must consider the parent(s) or alleged father's adoption placement preferences for the child but is not required to accept it.

B. The social worker gives consideration to requests of the parent(s) regarding religious or other general characteristics of the adoptive family for their child when those requests are in the best interest of the child.

C. The social worker must inform Native American parents of the federal/state law requirements regarding the adoption of Native American children and of the department's goals and procedures regarding Native American children. Refer to the *ICW Manual*.

45405 SERVICES TO THE CHILD

A. The social worker provides ongoing casework and preparation of the child for adoption, which may include:

1. Gathering information to prepare life story books.

2. Counseling the child.

3. Arranging referrals to various professionals.

B. The social worker assesses the child's medical and social needs by completing:

1. The life story book.

2. The DSHS 13-041(X), *Child's Medical and Family Background Report*.

C. The social worker gives a copy of the completed *Child's Medical and Family Background Report* to the adoptive family before or at the time the child is placed with the adoptive family. The worker must provide the form to the foster-adopt family and/or relative family planning to adopt the child, following the worker's decision that the family is the adoptive family of choice. The prospective adoptive parents need to read and sign the form. The social worker places the original copy of the form in the child's file for archiving with the child's record.

D. The social worker refers the pre-adoptive child for an SSI application if not already screened by the SSI facilitator. Funding under Title IV-E for adoption support is available to children eligible for SSI prior to adoption.

E. Adoption planning occurs before and immediately after termination of parental rights. See section 4330 on open adoption agreements and section 4690 on adoption planning reviews. The goal of review is to explore all possible permanency options available for the child and to choose the best permanency option for the individual child. The reviews are also an opportunity to initiate social and medical assessments if they have not been done, to explore available adoptive family resources, and to develop the recruiting and post-termination case plan for a particular child.

F. The assigned social workers for children in adoptive or pre-adoptive placement must conduct health and safety reviews for those children in conformity with the requirements of section 4421, Health and Safety of Children, until the court finalizes the adoption. These reviews must include face-to-face interviews with the children

in the adoptive or pre-adoptive homes at least once every 90 days, with the interviews documented in the CAMIS SER.

45406 FAMILY SELECTION AND RECRUITMENT

A. Family selection and/or family recruitment and matching may be completed through utilization of local or regional adoption consortia and state, regional, and national adoption exchanges.

B. The social worker refers legally free children who do not have an identified family resource to the Washington Adoption Resource Exchange (WARE) within 30 days of the termination of parental rights.

1. The social worker sends the WARE Program Manager:

   a. *Adoption Exchange Child Registration*, DSHS 15-18, and *Child's Medical and Family Background Report*, DSHS 13-041(X).

   b. A clear photograph of the child.

2. If specific recruitment is desired because the child may be difficult to place, the social worker also sends the DSHS 9-6111, *Release and Consent for Child Specific Recruitment*.

3. The WARE Program Manager then:

   a. Sends the child's social worker information on potential families.

   b. Coordinates child specific recruitment activities.

   c. Upon certain conditions, refers the child to other regional and national adoption exchanges.

   d. Upon certain conditions approves *Adoption Purchase of Service Child Registrations*, DSHS 10-138.

45407 PLACEMENT DECISION

A. The social worker evaluates families referred for a legally free child to determine which of the families can best meet the needs of the child using the following criteria:

1. The family's ability to meet the physical, cultural, emotional, and mental needs of the child. A family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of the child. In rare circumstances, the social worker may identify a compelling reason to attempt to place a child with a family of a particular racial or ethnic heritage. Otherwise, the department will not match children on the basis of race to families.

2. The compatibility between the child's personal characteristics and the expectations of all members of the adoptive family.

3. The specific experiences and/or training the family has had which prepares them to provide for the special needs of the child.

4. The resources in the family's community which are available to meet the special needs of the child.

5. The degree to which the family is willing to initiate and participate in medical and/or therapeutic treatment.

B. The social work staff of the CA office with administrative responsibility for the child makes the final decision on placement of a child with an adoptive family. The child's worker makes the final placement selection for families referred from the WARE and other referral sources in conjunction with the CWS supervisor. The CA staff considers the following criteria:

1. The child's attachment with the foster family and length of time in the foster care placement.

2. The ability of the adoptive family to meet the special needs of the child.

3. The ability of the adoptive family to meet the cultural and ethnic needs of the child. A family need not be of the same ethnic background as the child in order to meet these needs. Unless the CA staff identifies a compelling reason, CA staff will not match children on the basis of race to foster or adoptive families.

4. Willingness to provide long-term contact with siblings who may be placed elsewhere, appropriate birth relatives, former foster families, or other individuals who may have prior relationships with the child.

5. Whether or not the adoptive family is a birth relative. If a relative, the following factors shall also be evaluated:

a. The relatives' previous relationship with the child.

b. The relatives' ability to protect the child, if necessary, from the birth parents while avoiding portraying the birth parents in an unnecessarily negative manner.

C. For foster-adoptive placements, the foster-adoptive family must sign a *Permanency Planning Placement Agreement*, DSHS 15-175. See section 45351.

45408 VISITATION AND PLACEMENT PLANNING

The child's foster parents may be involved in planning and implementing plans.

A. The purposes of visitation include:

1. To initiate contact between the family and the child and to observe the relationship as it develops.

2. To allow the prospective adoptive parents and child(ren) an opportunity to begin to know each other.

3. To allow the prospective adoptive family, the adoption worker, the child, and the child's caseworker an opportunity to make a continuing evaluation regarding suitability of the placement.

B. The child's worker:

1. Works with the adoptive family to select an appropriate location for the visitation(s).

2. Accompanies the child on the initial visit.

3. Discusses each visit with the child and family after they have occurred.

4. Continues to assess with the adoptive family and the child, as appropriate, whether to proceed with visitation and/or placement.

C. The length of visits and total amount of time between first meeting and placement will vary. The age and developmental level of the child(ren), their attachment to the foster family, and their emotional readiness to move are all factors to consider. A typical placement transition may include three to five pre-placement visits, with each visit increasing in length until child is actually placed. Open contact between the new family and the family the child is leaving should occur whenever possible and when in the child's best interest.

45409 ADOPTION PLACEMENT SERVICES

A. For Foster-Adoptive Placements, the social worker needs to refer to section 4536.

B. For regular adoptive placements, the child's social worker completes the following upon placement of the child:

1. Provides the adoptive family with a letter permitting them to obtain medical care for the child.

2. Coordinates/arranges for moving all the child's possessions.

3. For children registered with WARE, completes and submits DSHS 15-21, *Change of Status*, to the WARE program manager.

4. Inclusion of the following in the child's case record:

a. Certified copies of all legal documents terminating parental rights.

b. Signed copy of the *Permanency Planning Placement Agreement*, DSHS 15-175

c. A cover memo to the adoptive family worker stating the date of the next six month court review hearing and the address of the court holding jurisdiction.

5. Transfers the child's record (all volumes) to the DCFS adoption worker who will be supervising the placement, except in the case of a placement into a private agency adoptive home or into an out-of-state adoptive home.

   a. For placements within the same local office service area, the child's social worker transfers the child's file for reassignment to the adoption worker.

   b. For placements into a DCFS home outside the catchment area, the child's social worker transfers the child's file to the receiving adoption worker and maintains a dummy legal file. Legal jurisdiction is retained and dependency reviews continue until the adoption is finalized.

   c. For placements into a private agency or out-of-state home, the child's file is retained and only copies of necessary documents are provided to the supervising agency adoption worker.

   d. For out-of-area placements, local protocols shall determine whether the local office adoption worker or child's worker maintains case responsibility pending finalization.

454010 POST-PLACEMENT SERVICES TO THE FAMILY AND THE CHILD

A. The purpose of post-placement services is to support continuing placement of the child in the family by providing needed services or referrals.

B. The assigned social worker provides on-going casework supervision of the adoptive placement and coordinates needed support services for the family and/or child. Post-placement support services may include the following:

   1. Casework services designed to assist the family and child during the initial adjustment period. Contacts shall be maintained, at a minimum, on a monthly basis and may be face-to-face or telephone. The social worker must document the contacts in the case SER.

   2. Information and referral to community resources.

   3. Formation of and leadership in adoption support groups for parents of adoptive children.

C. The assigned social worker provides the family with a copy of the adoption support brochure and:

   1. Discusses the child's eligibility for medical and/or financial assistance. See chapter 4000, section 4517, for Medicaid eligibility, and chapter 5000, section 5700.

   2. Discusses the ability of the family to adopt without adoption support. In most instances, the worker shall encourage the family to apply for medical support.

3. Completes applications for adoption support and non-recurring costs as described in section 5700.

4. Tries to ensure that the family has a signed agreement(s) prior to finalization of the adoption.

D. At the time when the family, the child, and the adoption worker mutually agree that finalization of the adoption is in the best interest of all persons involved, the adoption worker encourages the family to retain an attorney to file the petition for adoption. If the local court permits, an adoptive parent may petition to adopt without an attorney when there is no need for DCFS to release confidential information; for example, the adoption of an older child when the names of the birth parents are already known to the adopting parents.

E. The attorney retained by the adoptive family files the petition for adoption. The adoption worker provides the attorney with the following documents and information when the worker is satisfied that finalization is in the best interest of the child and the family:

1. A certified copy of the legal order of termination of parental rights.

2. *Release and Consent to Adoption* signed by the Regional Administrator or designee or information indicating where to obtain consent if that responsibility does not lie with the Regional Administrator.

3. Adoption consent from children 14 years of age and older.

4. A completed *Application for Adoption Re-Registration,* DSHS 9-465, for issuance of the child's revised birth certificate.

5. The date of filing of the pre-placement report or is intended to be filed with the court.

6. A copy of the final signed *Adoption Support Agreement* and agreement for non-recurring costs reimbursement, if applicable.

7. A written request for a copy of the certified decree of adoption after finalization.

F. The assigned social worker completes court work that includes:

1. Dependency reviews until adoption is finalized.

2. Individual Service and Safety Plans.

3. Post-placement report.

4. Notification of GAL and juvenile court that adoption is finalized and obtain dismissal of dependency order.

454011 POST-PLACEMENT REPORT

A. The court, accepting a petition for adoption, orders a post-placement report to advise the court as to the propriety of the adoption.

1. The department shall be named to complete the post-placement report for a child for whom it provided post-placement services.

2. The adoption worker completes the *Adoption Data Card*.

3. If the adoption worker does not intend to appear at the hearing, he/she completes the *Waiver of Notice of Further Hearing*, DSHS 9-54, or the *Acknowledgment of Notice and Declaration of Intent Not to Appear*, DSHS 9-56, provided the departmental recommendation is positive and the parental rights of the child to be adopted have been terminated.

B. If the post-placement report is negative, the department shall request representation by the Office of Attorney General (or local prosecutor, where applicable) at a hearing on the matter. In this case, the DSHS 9-54 and the DSHS 9-56 shall not be included with the report.

454012 DISRUPTION SERVICES

Disruption services are designed to develop a new placement plan for a child when it becomes evident, prior to finalization of an adoption, that the adoptive placement should not continue.

454013 POST-ADOPTION FINALIZATION SERVICES

Refer to section 4700, Case Resolution/Closure

4541 PSYCHOTROPIC MEDICATION MANAGEMENT

45411 PURPOSE AND SCOPE

This standard and procedure establishes guidelines for Children's Administration (CA) staff and CA-licensed or certified out-of-home care providers to follow when a child is in the custody of the department, placed in out-of-home care, and is or may be administered psychotropic medication. This standard applies to children placed in the department's custody, whether by voluntary placement agreement (VPA) or court order. It is prospective only. It applies only to children not receiving such medications on the effective date of this policy, June 1, 1997.

45412 DEFINITIONS

A. For definitions of "Medical History," "PRN," and "Psychotropic Medication" as they pertain to this section, see Appendix A.

B. "Informed consent" means consent given for administration of psychotropic medications by a person authorized by law or under this section following provision of information by a licensed medical professional regarding the purposes of the medication, the range of dosages, possible side effects, and expected results.

45413 STANDARD

A. The CA social worker and the out-of-home care provider must comply with the provisions of RCW 13.34.060 regarding authorization of routine medical and dental care for the child in the custody of CA.

B. For children who have been prescribed psychotropic medication, compliance with Chapter 71.34 RCW, *Mental Health Services for Minors*, is required.

C. Neither the CA social worker nor the out-of-home care provider may authorize the administration of psychotropic medications to a child in the custody of CA, with the following exceptions:

1. The CA social worker may authorize the administration of such medications if the child is legally free and in the permanent custody of the department.

2. The CA social worker may authorize the administration of such medications when it is impossible to obtain informed parental consent after normal work hours, on weekends, or on holidays. In such instances, the social worker must obtain either informed parental consent or a court order within 72 hours, excluding weekends and holidays, of authorizing administration of the medication.

D. The parent of the child in CA custody must provide informed consent for the administration of psychotropic medications to the child, unless the child is age 13 or older and competent to provide consent in his or her own behalf. If the parent is unavailable, unable, or unwilling to consent to the administration of medically necessary psychotropic medications, the social worker shall obtain a court order before the medications may be administered.

E. Consent for treatment will vary according to the child's age.

1. Children age 13 years and older must consent to the administration of their own medication. They also have the right to maintain confidentiality of the information.

a. The CA social worker needs to encourage the adolescent to share information about the use of such medication with their parents, their out-of-home care provider, and their *guardian ad litem*. The care of the child is likely to be compromised if the out-of-home care provider does not have knowledge of the medication being used and access to the prescribing physician for consultation.

b. If the child refuses to release information concerning medication to the out-of-home care provider, the CA social worker shall review the child's continued need for placement. If the child remains in out-of-home care and continues to refuse to release information about his/her medication, the social worker will request the court to order release of the information to the care provider and to the department.

c. If the child refuses to release information to the parent, the parent, if wanting the information, needs to request a court order to obtain it.

2. Children who are 13 years of age and older may not be able to provide knowledgeable consent to administration of psychotropic medication due to cognitive disabilities. In such an instance, the treating medical professional determines if the child is capable of giving consent. If the child is unable to provide consent, the parent must provide consent or the social worker must obtain a court order to authorize treatment.

F. The informed parental consent or court order needs to be a general authorization for the administration of psychotropic medications at the direction of a qualified, licensed physician so that a change in the consent or court order is unnecessary when it is necessary for the physician to adjust the medication.

G. The social worker may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever medication management would be facilitated by expert medical consultation. For consultation with a pharmacist on prescribed or non-prescribed medications, the CA social worker, the foster parent, or other care provider may contact the Washington Poison Control Center at 1-800-732-6895 (TTY 1-800-572-0368). Department staff needs to identify himself or herself as a CA social worker, and ask to speak to the pharmacist on duty.

4542 HOLDING THERAPY

45421 PURPOSE AND SCOPE

The Children's Administration (CA) Adoption Support Program Manager will consider a request for Holding Therapy only for a child who has been adopted and is served by the Adoption Support program. CA staff must not approve the use of Holding Therapy for any child other than one served by the Adoption Support program. The level of service is limited to that prescribed in chapter 388-25 WAC relating to the Adoption Support program.

45422 DEFINITIONS

A. "Holding Therapy" is a therapeutic process designed to promote, develop, or enhance a reciprocal attachment relationship through therapist(s)-led holding and/or parent-child holding. Holding means to physically restrain a child or use an "arms in" position in the course of therapeutic treatment.

B. "Physical Restraint" means to control the movement or curtail the freedom of a child in the course of therapeutic treatment.

C. "Arms In" describes a method in which the child sits or lies in the arms of the therapist(s) or parent during the treatment session.

45423 PROCEDURES

A. Only the Adoption Support Program Manager may authorize department payment for Holding Therapy.

B. In determining authorization for holding therapy, the Adoption Support Program Manager needs to see chapter 388-25 WAC for the Adoption Support program for

specific department requirements that apply to outpatient counseling services not covered by Medicaid.

4543 FOSTER CARE ASSESSMENT

45431 SERVICE DEFINITION

A. The Foster Care Assessment Program is a multi-disciplinary contract between Children's Administration (CA) and Harborview Center for Sexual Assault and Traumatic Stress and its subcontractors to assess the needs of children who have been in out-of-home care for more than 90 days. Assessment services include a six-month follow-up period to assist the DCFS social worker in implementing a placement plan and to help meet the needs of the child and family.

B. The program has two goals:

1. Ensure that the physical and emotional health, developmental status, and educational adjustment of children in the care of the state have been assessed and any significant needs addressed; and

2. Identify and help resolve obstacles to reunification, adoption, guardianship, or other permanent plan.

45432 ELIGIBILITY

CA and Harborview give priority for the service to those children identified as likely to need long term care because the children face physical, emotional, medical, mental, or other long-term challenges that serve as barriers to achieving a plan for permanency.

45433 SERVICE DESCRIPTION

A. The contractor's program social worker and a pediatrician will conduct each assessment. The social worker and the pediatrician will review case information and consult with key people in the child's life, including the DCFS social worker, parents, foster parents, the child's primary care physician, teacher, and other involved professionals.

B. The standard assessment consists of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCFS, and other consultants

(e. g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment.

C. All important parties in the child's life will be involved in the development of a concrete plan to address the child's health needs and to establish the best possible permanent family connection for the child.

D. A Harborview program social worker will provide six months of follow-up services to assist the DCFS social worker with the implementation of the child's plan.

45434 PROCEDURES FOR ACCESS

CA social workers refer children to the regional Foster Care Assessment Program coordinator in accordance with local procedures. The coordinator assists in prioritizing and processing referrals.

4544 RESPONSIBLE LIVING SKILLS PROGRAM

45441 SERVICE DEFINITION

A. Responsible Living Skills (RLS) programs provide permanent residential placements for dependent street youth aged 16-18.

1. RLS programs provide youth with a permanent placement setting in concert with services critical for the youth's successful transition into adulthood.

2. RLS programs employ a positive youth development philosophy that focuses primarily on promoting a youth's positive development rather than identification and resolution of problems.

3. RLS programs may take the form of either group or single-family residential placement settings, depending upon proposals submitted for approval by individual RLS providers.

B. "Street youth" means a person under the age of eighteen who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with his/her biological/adoptive parent(s) or at his/her legally authorized residence. Typically, these youth do not have families who are available to them, and traditional placement alternatives such as foster or group care have not met their needs.

C. RLS programs employ a service delivery model designed primarily to achieve competency in independent living skills for adolescents placed there. Specifically, RLS programs will focus on assisting youth in achieving competency in:

1. Basic education, e.g., a GED;

2. Job skills;

3. Basic life skills (including but not limited to):

a. Money management
b. Nutrition/meal preparation
c. Household skills
d. Parenting
e. Health care
f. Access to community resources
g. Transportation and housing options

D. RLS programs will also provide/facilitate group and individual counseling as is appropriate. However, RLS programs are not BRS programs; they are intended for

street youth committed to stabilizing their lives. Youth referred to an RLS program should exhibit significant degrees of impulse and behavioral controls.

45442 ELIGIBILITY

A. The priority and eligibility criteria for referrals are:

1. Dependent street youth aged sixteen to eighteen years of age, whose permanency plan is independent living.

2. Dependent street youth fourteen and fifteen years of age, who are not succeeding in family-based foster care. Placement of youth in this age range should be with the intent of enabling the youth to make a transition from a street living situation to a more stable placement setting.

3. Criteria are all located in statute, and therefore Exceptions-to-Policy to waive one or all of these eligibility criteria are not permitted:

   a. Any youth referred to an RLS program must have previously resided in either a Secure Crisis Residential Center or a HOPE Center;

   b. Youth must be a dependent youth under Chapter 13.34 prior to entry into an RLS program;

   c. The youth's primary and alternative permanency plan must not be Return Home.

B. Law Enforcement Access: Youth may not be placed directly into an RLS program by law enforcement. If the youth is a reported runaway, or if law enforcement is involved due to a family-in-conflict situation, the case is handled as any other FRS case, and placement, if required, made with extended family, CRC, SCRC, or other resource as appropriate.

45443 PROCEDURES FOR ACCESS

A. Street youth may be identified as potential referrals to RLS program services through the following means:

1. HOPE Center: As part of a HOPE Center's permanency placement planning function, a Placement and Liaison Specialist (PALS) may contact the assigned DCFS social worker to discuss the youth's eligibility for placement in an RLS program.

2. DCFS Staff: DCFS staff may also identify dependent youth among their caseloads that will not be returning home and also meet the other eligibility criteria.

3. Secure CRC: While in residence at a SCRC, the youth may be identified as appropriate for RLS program services. The SCRC would discuss the youth's eligibility with the assigned DCFS social worker.

4. The assigned DCFS Social Worker will refer the case to their Regional RLS Program Coordinator. If the RLSP Coordinator deems the referral

appropriate, the case will be discussed with the provider. The contractor, youth and the DCFS social worker will mutually agree upon a youth's admission based on:

a. The RLS Program offers services that meet the youth's needs as identified in the ISSP;

b. The youth desires to participate in learning independent living skills;

c. The youth demonstrates sufficient behavioral control to participate and benefit from the program.

45444 LEGAL AUTHORIZATION FOR PLACEMENT

A. The legal status of any youth placed in an RLS program must be a dependent youth per Chapter 13.34 RCW. There is no authority to execute an Exception-to-Policy waiver.

B. Additionally, a youth's primary and alternative permanency plan, per RCW 13.34.145, must not be Return Home.

45445 LENGTH OF STAY

Youth must not have reached their eighteenth birthday prior to admittance into residence. Youth may reside in an RLS program until age eighteen. However, youth eighteen to twenty years of age may continue to remain in residence voluntarily until completion of a GED or graduation from high school.

45446 RE-ADMISSION TO AN RLS PROGRAM

A. Youth who leave an RLS program and are subsequently discharged (e.g., youth who run away and/or are placed in an alternative placement setting due to non-compliance with the RLS program), may be re-admitted if the youth's social worker and the RLS program determine that re-admittance is warranted.

B. Some factors for re-admittance would be based on the review of the situation, motivation of the youth, and any safety concerns for the youth and/or other residents.

C. The RLS program shall obtain written authorization from DCFS prior to re-admittance of the youth.

45447 CASE COORDINATION

A. Upon admittance into residency, the youth's DCFS social worker will provide the RLS program an Initial Baseline Assessment (IBL) tool.

B. Collaboratively, the RLS program and the DCFS social worker will utilize the IBL to establish an Independent Living Plan. The ILP will be developed within 30 days of a youth's entry into the RLS program.

C. A physical evaluation is required for any youth entering the RLS program if that youth has not had a physical exam within the last calendar year.

45448 EXIT FROM AN RLS PROGRAM

A. A youth shall exit an RLS program upon completion of one of the following:

1. The youth turns 18 and desires to leave the program;

2. The youth, between the ages of 18 - 20 who voluntarily remains enrolled in the program, completes either their GED or High School program.

RCW 74.15.220

4545 HOPE CENTERS

45451 SERVICE DESCRIPTION

A. HOPE Centers provide temporary 30-day residential placement, assessment, and permanency planning services for "street youth." The HOPE Center has the authority to decline placement. The department and other service providers must not use HOPE Centers as crisis residential placements.

B. HOPE Centers utilize a "youth development focus" approach to service delivery, and will provide community-based outreach in the areas street youth frequent. Through community relationship building development and outreach efforts, HOPE Center staff will assess street youth to determine the youth's desires and service needs.

C. Typically, the street youth do not have families who are available to them, and traditional placement alternatives such as foster or group care have not met their needs. During the street youth's stay, HOPE Center staff will conduct a series of comprehensive assessments: the youth's health, mental health, substance abuse issues, and basic educational competency. The HOPE Center, in concert with the assigned DCFS social worker, will utilize these assessments to develop a permanent placement plan in conjunction with linking the adolescent to transitional living services or reconciliation with the youth's parents or legal guardian.

45452 DEFINITION

"Street youth" means a person under the age of eighteen who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with the youth's parent(s) or at the youth's legally authorized residence.

45453 ELIGIBILITY

A. Street youth up to 18 years of age are eligible for admission into a HOPE Center based upon the HOPE Center's determination that:

1. The program has the ability to address the identified service needs;

2. The program can meet the health and safety needs of the youth; and

3. The program can still meet the health and safety needs of the other youth in residence if this youth is admitted to the program.

45454 PROCEDURES

A. Access-Street youth may access HOPE Center services through the following means:

1. Self Referral

   a. Youth may self-present at HOPE Centers for services at any time. The HOPE Center's Placement and Liaison Specialist (PAL) shall meet with the youth within eight hours of the youth self-presenting for services. In addition to assessing the youth's appropriateness for services, the PAL is also responsible for assessing the youth's current legal status within the eight hours.

   b. The PAL must attempt to notify the youth's parent(s) or legal guardian and inform them of the youth's entry into the HOPE Center

   c. The PAL shall notify DCFS ASAP and make a referral for services. Upon receipt of such a referral from the HOPE Center, DCFS shall assign a social worker.

   d. The DCFS social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement.

2. HOPE Center

   a. Through the HOPE Center's outreach efforts, the Center's staff may determine that a placement into a HOPE Center bed would best meet the adolescent's service needs. The HOPE Center will then contact the local DCFS office to make a case referral.

   b. A DCFS social worker shall be assigned. DCFS and the HOPE Center will arrange and discuss the case referral information, including a discussion of the youth's current legal status. The youth in question may or may not be in attendance, as is deemed case appropriate.

   c. If agreement is reached on the youth's entry into the HOPE Center program, and there is an available bed, the HOPE Center-will facilitate the intake process.

   d. The DCFS social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement, excluding weekends and holidays.

3. DCFS Staff

   a. DCFS staff may identify youth that are appropriate for HOPE Center placements. DCFS will arrange and discuss the case referral information with the HOPE Center's PALS. The youth and the

youth's family may or may not be included, as is case appropriate and as best meets the service needs of the youth.

b. If the HOPE Center agrees to accept placement of the youth, the DCFS social worker and the HOPE Center will coordinate the intake with the youth and the youth's parent or legal guardian.

c. The DCFS social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement, excluding weekends and holidays.

4. Transfer from a CRC

a. Youth may be transferred from either a semi-secure or a secure CRC program into a HOPE Center, when appropriate. CRC staff will contact either the HOPE Center PALS or the DCFS assigned social worker and make a referral. DCFS and the HOPE Center will discuss the referral, and if there is agreement regarding the placement, again involving the youth and the youth's family, the HOPE Center will facilitate the intake process.

b. The DCFS social worker must ensure that a legal authorization to place is obtained, if one isn't already established, within the initial 72 hours of placement, excluding weekends and holidays.

5. Legal Authority for Placement

a. For street youth, for whom the department has no outstanding legal authority for placement, a signed Voluntary Placement Agreement (VPA) by the parent(s) or legal guardian is the legal authorization-for-placement of choice.

b. If DCFS or the HOPE center is unable to obtain a VPA, the DCFS social worker will initiate the process to file a CHINS petition.

c. DCFS staff should consider a dependency action only if it is clear the youth has no parent available, will remain in long-term care, or will be entering a Responsible Living Skills Program.

6. Law Enforcement

Youth should not be placed involuntarily into a HOPE Center program by law enforcement. If a youth is a reported runaway, or if law enforcement is involved due to a family-in-conflict situation, the case is handled as any other FRS case, and placement, if required, is made with extended family, CRC, S-CRC, or other resource as appropriate. However, for street youth who wish to avail themselves of HOPE Center services, the law enforcement officer may assist the youth in accessing this service.

B. Information Sharing

1. As an integral part of the intake process, DCFS and the HOPE Center will share case information. The youth and his/her parent(s) or legal guardian may also be involved, along with anyone else integral to the case, as is deemed appropriate to meet the service needs of the youth being placed.

2. The purposes of the information sharing sessions are to:

   a. Establish the appropriateness of the placement;

   b. Obtain some level of commitment from the youth's towards his/her involvement to the program;

   c. Identify the appropriate legal authorization for placement;

   d. Identify any emergent service needs the youth may have, and develop a plan to meet these needs;

   e. Identify DCFS and HOPE Center roles/responsibilities regarding service collaboration; and

   f. Arrange an intake date and time if the HOPE Center agrees to accept the youth into residence.

C. Length-of-Stay

1. Youth must not reside in a HOPE Center longer than it takes to facilitate family reconciliation and return of the youth to the youth's home or to develop an alternative long-term placement plan.

2. Placements must not exceed 30 days. Only the DCFS Regional Administrator or the Regional Administrator's designee may grant extensions. DCFS must forward a copy of the Regional Administrator or designee's written approved extension to the HOPE Center.

3. DCFS may extend a youth's placement only for an additional 30 days maximum, based upon the youth's long-term placement options.

D. Case Coordination

1. Case coordination involves regular contact between the assigned DCFS social worker and the HOPE Center PALS. Both the DCFS social worker and the HOPE Center will maintain written records of all case coordination efforts in their respective client files.

2. Beginning from the time the youth is admitted into the program, the DCFS social worker and the HOPE Center will be engaged in discharge planning efforts. It is important that all parties are involved in the progress towards the stated outcome goals, especially in cases where the progress is seen as unsatisfactory, and the youth will need transfer to an alternative program.

E. Re-Admission to HOPE Centers

1. If a youth runs away from a HOPE Center, Center staff must file a runaway report and notify the youth's parent(s) or legal guardian. If the youth is gone more than 24 hours, the Center should discharge the youth from the program.

2. The youth may or may not be re-admitted upon the youth's return, based upon the circumstances and the needs of the other youth awaiting admittance to the program.

3. Re-admittance to a HOPE Center must involve the youth's agreement to return and to continue program participation and the HOPE Center's agreement to the youth's re-admittance.

F. Payment

DCFS staff make payment to HOPE Centers in accordance with SSPS Manual instructions.

45455 PROGRAM PARAMETERS

Purpose of Program	Evaluation of the youth in the domains of health, mental health, substance abuse, and basic educational competency. Assess ongoing service needs, and develop long-term placement plan
Entry into HOPE Center Program	Access to program is either 1) via self referral; 2) through the Hope Center program's outreach staff; or 3) through DCFS referrals to the HOPE Center
Eligibility – Placement Criteria	Street Youth
Legal Authorization for Placement	After 72 hours, legal guardian must sign a Voluntary Placement Agreement, a CHINS must be filed, or a dependency order obtained
Time Frames (length of stay)	72 hour initial stays – up to 30 days (May be extended under limited circumstances)
Mental Health Evaluation	A CDMHP evaluation must be done if there is an emergent need for hospitalization. A Certified Mental Health Counselor can do routine metal status evaluations within 48 of intake into a HOPE Center
Medical Examination	Youth must receive a physical examination if they have not had one within the past 12 months
Substance Abuse Evaluation	Complete a drug and alcohol evaluation; Involve DASA if necessary
Educational Assessment	Arrange an educational assessment to measure the youth's competency level in reading, writing and math; measure any learning disabilities or remedial educational needs required
Case Plan	Reconciliation with legal guardian; assessment of on-going service needs; long-term residential placement plan

4600 CASE REVIEW

4610 GENERAL INFORMATION

A. All case plans are reviewed at regular intervals in an effort to ensure that case management for the family is comprehensive in scope, that children receive proper care, and that permanency plans are accomplished in a timely manner. Social workers need to be familiar with case review requirements for different types of case situations.

B. Case review requirements may differ depending upon the following or other factors:

1. Whether the case originated in CPS, FRS, or CWS.

2. Whether children are in an in-home or out-of-home care situation.

3. Whether there is court involvement.

4. Whether the child is a Native American/Alaskan Native child.

5. Whether the child is in a rehabilitative service placement.

6. Whether the case plan specifies adoption as the permanency plan.

4620 SUMMARY ASSESSMENT - RE-ASSESSMENT OF RISK OF CHILD ABUSE AND NEGLECT

A. The social worker re-assesses the risk of CA/N utilizing the Summary Assessment Risk Matrix. See Summary Assessment, chapter 2000.

B. The social worker utilizes Summary Assessment Review to evaluate how the risk to the child has changed from the previously completed Summary Assessment. This tool is a key element in determining if service provision has accomplished goals set in the permanency plan for the child. The social worker uses that information to evaluate the permanency planning goals set for the child. For example, if the overall future level of risk remains high and the child has been in out-of-home care for six months with a permanent plan of return home, the social worker may want to re-evaluate the permanent plan to consider termination of parental rights, guardianship, or other plans.

C. Summary Assessment Reviews are completed on CAMIS for all cases in which the current episode of service and/or placement originating in CPS, for those children who are not legally free.

D. The social worker completes Summary Assessment Reviews at the following case intervals:

1. Every 90 days for non-court cases served with voluntary service contracts.

2. At case transfer between CPS and CWS.

3. Prior to the return home of a child placed in care due to CA/N.

4. Prior to the re-placement in care of a child who had been returned home.

5. At case closure.

E. When completing Summary Assessment Reviews for children in out-of-home care, the social worker completes only the following sections:

1. The risk matrix.

2. The overall level of risk.

3. The finding from the original CPS investigation.

4. Case status.

4630 PERIODIC CASE REVIEW

4631 LEGAL REQUIREMENTS

A. Federal law requires that each child in out-of-home care have a full case review at least every six months from the beginning date of the placement episode. This may be accomplished in a full court review hearing or through a citizen or administrative review.

B. State law requires that the case of every dependent child be reviewed by the juvenile court every six months from the date of the establishment of dependency or the date of the placement of the child, whichever comes first. Placement is limited to 90 days for children who are in placement as a result of an Child in Need of Services (CHINS) Disposition hearing.

C. Other types of court hearings or internal staffing may sometimes meet federal requirements for periodic review if:

1. Parent(s) of the child have been invited to the review or staffing.

2. One person on the reviewing body is not directly responsible for developing and implementing the case plan.

3. The review addresses the content of the periodic review.

4632 CONTENT OF PERIODIC REVIEWS

Periodic reviews cover the entire case plan for the child. They shall include a review of:

A. Need or reason for the child's continued placement.

B. The ISSP.

C. The appropriateness of the type of placement and the permanent plan.

D. The risk factors which necessitated placement.

E. Parental compliance with the case plan and progress toward permanency.

F. The projected date that the permanent plan will be completed.

G. Whether parents have been notified and/or involved in agency decision-making especially as it relates to changes in visitation, placement, and the child's legal status.

4640 COURT REVIEW HEARINGS

Court review hearings must be held every six months from the date of placement or establishment of dependency, whichever comes first. Six month reviews continue to occur as long as the child remains dependent or until a dependency guardianship has been established.

4650 ADMINISTRATIVE CASE REVIEW

A. Administrative case review must occur in the following situations:

1. Court procedures or hearings have not met the federal guidelines or time-frames for periodic review.

2. The social worker requests a voluntary placement extension beyond six months.

B. Administrative review may be used for other purposes as determined by the Regional Administrator.

C. The social worker shall give reasonable advance notice of the date, time, and place of review to:

1. Child's tribe, in accordance with the *ICW Manual*;

2. Relative caretakers;

3. Treatment Providers;

4. Other professionals who play a significant role with the family;

5. Individuals with responsibilities identified in the safety plan;

6. The family, if appropriate, if not present, their perspective should be represented;

7. Foster Parent;

8. Child, if over 12 years of age.

D. With the exception of the GAL and parents' attorney, parents must give written consent to the attendance of others at the review. Social workers shall encourage such permission. Foster care providers often have valuable information about the child's daily life, medical, educational and emotional condition. They may be invited into the review without parental permission but only for the purpose of giving information about the child's adjustment to out-of-home care and to give the reviewers information on the child's current condition.

4651 RECOMMENDATIONS FROM REVIEW

The person designated by the review committee shall complete the *Administrative Review Form*, DSHS 05-203, after the review. The Administrative Review Coordinator shall send copies of the DSHS 05-203 to:

A. The parents of the child.

B. The social worker for the child.

C. Children over 12 subject to the review.

D. The Native American child's Tribe and/or LICWAC, as applicable.

E. The private agency social worker responsible for placement of the child, when applicable.

F. The GAL for the child.

4660 CITIZEN REVIEW BOARDS

Communities utilizing Citizen Review Boards have significantly different requirements for court review than non-citizen review counties. Citizen review replaces some court reviews in pilot sites. Citizen review occurs at three months, six months, 12 months, and annually thereafter during the child's placement episode. Reviews are scheduled by the juvenile court Citizen Review Board.

4661 PREPARATION FOR CITIZEN REVIEW

A. The social worker sends a copy of the written parental consent to the local Citizen Review Board within 30 days of placement when a child is placed in out-of-home care without court action. When a child is placed by court order, the court is legally required to notify the Citizen Review Board.

B. The social worker sends copies of the ISSP, DSHS 15-209(X), to the Citizen Review Board at least 14 days prior to any scheduled citizen review.

4670 PERMANENCY PLANNING HEARING

A. The juvenile court makes a determination regarding the future status of the child by the 12th month of placement for all. To provide reasonable assurance that this has occurred, permanency planning hearings are held for any child in placement by the 12th month of original placement date and annually thereafter. See Appendix A for the definition of "Original Placement Date."

B. The social worker must notify the child's foster parent(s) or relative care provider(s) of the date and location of permanency planning hearings pertaining to the child.

4671 PREPARATION FOR PERMANENCY PLANNING HEARINGS

A. The social worker submits an updated ISSP, DSHS 15-209(X), to the juvenile court prior to the permanency planning hearing within timeframes established by regional and juvenile court policy. The ISSP submitted for a permanency planning hearing must clearly delineate the DCFS recommendations for permanency planning.

B. While it is always necessary when updating the ISSP to review the parents' progress towards improving the conditions leading to the child's placement in out-of-home care, it is particularly important that a careful review of the permanency plan occur at the time of the permanency planning review. If, at this point, the social worker is still recommending to the court that eventual return home will occur, the worker shall carefully describe to the court how this view is consistent with the child's right to early achievement of a safe, permanent home. The worker carefully considers all alternative permanency plans before making a recommendation on either a primary or an alternative plan to the court.

4680 LICWAC REVIEW

For procedures regarding review of Native American/Alaskan Native children in placement, the social worker follows the requirements contained in the *ICW Manual*.

4690 ADOPTION PLANNING REVIEW

A. DCFS shall conduct two adoption planning reviews on behalf of each child for whom termination of parental rights is being sought or has been achieved. The DCFS reviewers use the DSHS 15-174, *Adoption Planning Review Report*, during the first and second adoption planning reviews. The form provides the basic criteria for selection of adoptive placement with relatives or foster parents. The child's worker completes the form and indicates the adoption or other permanent plan for the child. The worker shall retain a copy of the form in the child's case record.

B. The goals of these reviews are as follows:

1. To explore all possible permanency resources for each staffed child.

2. To determine whether adoption or another permanent planning outcome is in the continuing best interest of the child.

3. To expedite and implement the permanency plan.

C. These reviews shall be attended, at a minimum, by the child's worker, either or both the child welfare and the adoption supervisor, and the adoption worker.

D. These reviews shall occur at the following times:

1. An Initial Adoption Planning Review shall take place within 30 days of the referral to the Office of the Attorney General for termination of parental rights.

2. Another Adoption Planning Review shall take place within no less than 30 days of the order of termination of parental rights.

4691 ADOPTION PLANNING REVIEW AT TIME OF DECISION TO TERMINATE

A. The purposes of this review are as follows:

1. To initiate a social and medical assessment for each child for adoption planning.

2. To conduct an initial exploration of all possible adoptive resources for the child, including adoption by relatives, foster parents, or by a family registered with the WARE.

3. To decide whether to initiate an adoptive home study, as needed, for a relative or foster parent who appears to be a strong candidate to be the adoptive parent. For foster-adoption, the adoptive home study is normally completed prior to the child's placement.

4. To determine whether the child should be considered for a foster-adoptive placement.

5. To determine an alternative permanent plan for the child if adoption has been ruled out as the placement of choice for the child.

6. To determine the case plan for the child pending the termination of parental rights.

4692 ADOPTION PLANNING REVIEW AT TERMINATION

The purposes of this review follow:

A. To review the child's social/medical status as indicated by information compiled since the initial adoption planning review.

B. To evaluate the relative or foster parent adoptive home study if one was requested at the initial review, and to make recommendations regarding the advisability of the placement.

C. To determine if the adoptive parents will seek adoption support.

D. To explore the availability of other adoptive and/or recruitment resources if an adoptive plan has not been developed.

E. To develop an alternative long-term plan if adoption is not being considered as an option for the child; to document the rationale for not pursuing an adoptive placement.

46100 SUPERVISORY CASE REVIEW

46110 GENERAL CASE REVIEW

The supervisor must review all cases at least monthly in case conferences with the social worker in accordance with the supervisory oversight requirements of the *Operations Manual*, chapter 6000, section 6223. The supervisor must document the review on a log or format as determined by regional, area, or unit policy.

46120 SERVICES OPEN UNDER VOLUNTARY SERVICE CONTRACTS

The supervisor must review all cases open for services under a voluntary service contract with the family every 90 days. The worker must close such cases unless the supervisor provides written approval for continuing service provision.

46130 SERVICES OPEN UNDER COURT AUTHORITY

The supervisor must review and sign all ISSPs submitted by the social worker to the court for court hearings and reviews.

46140 SUPERVISORY CHECKLIST

See the *Operations Manual*, chapter 6000, section 6200, for requirements for case review using a supervisory checklist.

46150 COMPLAINT RESOLUTION

A. CA management will always make effort to resolve complaints at the lowest possible level in the organization, while involving affected staff in exploration and resolution of the issues.

B. As provided in WAC 388-74-035 and RCW 74.13.045, after making a reasonable effort to resolve a complaint with a social worker or licenser, a client, foster parent, or community member may contact the CA Constituent Relations office to request assistance.

C. When Constituent Relations staff and local CA staff have been unable to resolve the complaint, the Regional Administrator, the Office Chief, or the Constituent Relations supervisor may convene a panel to review the complaint in accordance with WAC 388-74-040. The panel must submit written findings and recommendations to the CA Assistant Secretary, who will issue a final, written report.

D. See the *Operations Manual*, chapter 3000, section 3220, for identification of those issues and topics that are not subject to the complaint resolution process described in RCW 74.13.045, chapter 388-74 WAC, and this section.

4700 CASE RESOLUTION/CLOSURE

4710 GENERAL

A. The CPS social worker must complete CPS investigations within 90 days of the date of referral.

B. FRS episodes of service are concluded within 90 days of the date of referral.

C. CWS episodes of service are concluded according to the following guidelines:

1. The social worker closes cases open without court action if the supervisor does not provide written approval every 90 days to keep the case open.

2. The social worker completes the Summary Assessment Risk Matrix, Findings, Narrative and Disposition on CAMIS prior to the closure of any case that originated in CPS for the current episode of service for children who are not legally free.

4720 CASES ORIGINATING IN CPS WITH NO COURT AND NO PLACEMENT ACTIVITY

A. The social worker may close continuing service cases when the problems resulting in CA/N identified in the *Summary Assessment Form* have been alleviated, and no new factors have been discovered which would increase the risk of CA/N.

B. The worker may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

1. Further voluntary services are not available or are rejected.

2. There is no plan to file a dependency petition.

4730 COURT AND/OR PLACEMENT CASES

A. DCFS shall not close cases for service while a supervised dependency or CHINS order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

B. The social worker shall complete all forms and narrative recording within 90 days of a decision to terminate services and close a case.

C. The supervisor shall review both CAMIS and the case folder for accuracy and completeness and sign-off the closure in the case record before closure or transfer to another service.

D. For legally free children who are not adopted and the child leaves care and is at least 18 years of age, the social worker prepares the file for archiving and sends it to Olympia adoption archives.

4740 CLOSURE OF ADOPTION CASES

Following the completion of adoption finalization, the social worker:

A. Terminates all DCFS medical and foster care payments effective the last day of the month in which the adoption is finalized.

B. Forwards a copy of the adoption decree to the local office of the Attorney General or to the court, depending on local procedures, requesting that the dependency of the child be dismissed.

C. Sends notification of finalization, including a certified copy of the adoption decree, to the regional adoption support program manager, when the child is to receive adoption support services.

D. Provides notification to the CSO, if it is a relative adoption and the child is receiving TANF or SSI.

E. Arranges for notification to the Trust Fund Unit.

F. Notifies the Social Security Administration if the child is on SSI or SSA Title II, survivor's benefits.

G. Prepare the child's adoption file for archiving following procedures in the *Operations Manual*, chapter 13000, section 13930. Do not archive any file where SSI or SSA benefits determination is still pending.

H. Sends the prepared file, including all Title IV-E documents, to adoption archives.

I. Refers the family to any on-going community and adoption support groups as needed and to the Social Security Administration to apply to be Representative Payee for benefits, if applicable.

J. Provide ongoing support and information and referral as requested and available through DCFS.

K. Provides other post-finalization services to any adoptive person or family, including:

1. On-going information and referral to community adoptive support services.

2. A copy of the *Search* brochure to persons seeking information.

3. Referral of adoptees to the headquarters adoption program manager to search information from archived records.

L. Informs the adoptive family in those situations in which trust money is available and instruct the family to apply at the agency providing benefits (e.g., SSI or Social Security) if they wish to receive the trust. The adoptive family must be made aware that their confidentiality cannot be guaranteed if application for these funds is made. The adoption worker shall request the family to confirm in writing if they do not wish to apply for either type of benefit.

M. If the child is Native American/Alaskan Native, follow the provisions of the CA *ICW Manual* in providing notification to the child's tribe.

CHAPTER 5000 CASE SUPPORTS

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5100 FOSTER FAMILY HOME LICENSING

5110 INTRODUCTION

A. Chapter 74.15 Revised Code of Washington (RCW), extracted in booklet form DSHS 22-101, and the Minimum Licensing Requirements (MLR) contained in Washington Administrative Code (WAC) 388-73, extracted in booklet DSHS 22-12, constitute the basic practice guide for licensers of foster family homes. This section contains complementary information.

B. The following is a statement of legislative intent: Children placed in foster care are particularly vulnerable and have a special need for placement in an environment that is stable, safe, and nurturing. For this reason, 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.

5120 INQUIRY

Staff designated by each Division of Licensed Resources (DLR) Regional Manager must provide information about foster home licensing requirements, orientation, and pre-service training, upon request. The local DLR Office of Foster Care Licensing (OFCL) office must establish procedures to give out forms and other pertinent information, either at orientation meetings or by mail. The application packet provided to the potential applicant must include those documents and materials prescribed by regional or local policy and procedure.

5130 LICENSING AND RE-LICENSING

5131 APPLICATION

A. The local office must receive and date-stamp in applications and accompanying documents from prospective foster parents, according to local procedure.

B. Once the licenser has determined that the applicant has submitted a completed and signed application, the licenser and the Regional Manager must make a timely decision to approve or deny the license. Each Regional Manager must establish regional policy to define timeliness.

5132 LICENSING STUDY

The usual steps for processing an application are:

A. The licenser or clerical person designated by local procedure enters the application information into the Case and Management Information System (CAMIS) licensing module, makes up a file folder, and checks Child Protective Services (CPS) and local office records, including CAMIS, for prior involvement with the agency.

B. The clerk or licenser mails out reference letters to the people designated by the applicant, with return envelopes stamped with the licenser's name.

C. The licenser, or support staff, submits completed forms to conduct a criminal background check, as outlined in the *Operations Manual*, chapter 5000, section 5500. For applicants who have resided in the state less than three years, finger print checks must be completed for all persons age 16 and above. See section 5500 for steps to follow. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe. The assigned staff completes a DCFS records check in CAMIS as part of the background check.

D. Within one week after receipt of the application packet, the licenser makes contact with the applicant to inform them that the process has started and to coordinate a timeframe for the face-to-face interviews. The applicant(s) can also share when they expect to complete their requirements, including TB tests and First Aid/CPR/AIDS training. If the licenser makes initial contact by telephone, he/she follows up with a letter so that the applicant has the information in writing along with the licenser's name and telephone number for future use.

E. The foster family home licenser completes a study of the applicant(s) and family, using the *Foster Home Assessment*, DSHS 10-51, including family interviews to evaluate character, personal history from childhood to the present, marriages and relationships, trauma and crises, coping skills, child care skills and experience, and any other pertinent information which bears on the applicant(s)' ability to care for children.

F. The licenser utilizes two checklists to assure that compliance with MLR is met before the license is issued. The checklists are the *Licensing File Checklist - Foster Family Care*, DSHS 10-182, and *Home Inspection Checklist for Foster Family Care Licensing*, DSHS 10-183.

G. The licenser determines that the applicant(s) have sufficient income to meet their own and their family's personal needs without reliance on foster care payments made in behalf of children in their care. Foster parents shall not be dependent on foster care payments for the support of themselves or their own households. Sufficiency is defined by the TANF or General Assistance payment standard of income for the household adjusted for family size.

H. The licenser may require the applicant to furnish additional pertinent information.

5133 DECISION ON LICENSURE

A. All requirements of chapter 388-73 WAC must be met before the OFCL Regional Manager signs and issues the license.

B. If the licenser determines that a person is disqualified from association with a child care agency for not meeting minimum licensing requirements of chapters 74.15 RCW and WAC 388-73, the Regional Manager, or designee, shall give written notice of disqualification to the person. The notice shall state what the person is disqualified from doing, 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 a licensee.

3. If a notice of disqualification is based on a 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 OFCL Regional Manager, in accordance with WAC 388-330-030, may remove a disqualification based on conviction of a crime. The OFCL Regional Manager may remove a disqualification based on 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 chapters 74.15 RCW and 388-73 WAC.

5134 INITIAL LICENSE

A. Private Agencies and Group Care Facilities

1. Only the Regional Manager responsible for licensing, may, at his or her discretion, issue an Initial License, formerly known as a provisional 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 six months, renewable for a period not to exceed two years, to allow the agency or facility reasonable time to become eligible for full license.

3. The provisions in paragraph B(7)(a)(i) below, regarding initial licenses and criminal history checks obtained other than through the CA system, do not apply to group care facilities.

B. Foster Family Homes

1. For OFCL to consider an applicant(s) for an Initial License, the applicant(s) must meet all requirements of this section. The Regional Manager responsible for licensing, through the foster family home licenser, may, at his or her discretion, issue an initial license instead of a full license to a foster family home.

2. The Regional Manager may not delegate responsibility for issuing an initial license to a CPS, CWS, or FRS child placement worker.

3. The Regional Manager must not grant an initial license to a foster family home unless the following conditions are met:

a. The license is limited so that the licensee is authorized to provide care only to a specific child or specific children;

b. The licenser, in consultation with the child's social worker, has determined that the licensee has a relationship with the child, and the child is comfortable with the licensee, or that it would otherwise be in the child's best interest to remain or be placed in the licensee's home; and

c. By law, the initial license is issued for a period not to exceed 90 days. It is void after that time and cannot be renewed.

4. Before placing a child in a home for which an initial license is being sought or has been granted, assigned staff must complete a home study/assessment in conformity with the requirements of the CA *Case Services Policy Manual*, chapter 4000, section 4424, and the CA *Practices and Procedures Guide*, chapter 4000, section 4253, and this chapter, sections 5230 and 5231.

5. Below are examples of situations in which a placement in an Initially Licensed home would be appropriate if the minimum standards for home study/assessment prior to placement will be met:

a. A suitable placement is found which allows the child to attend his/her own school;

b. An appropriate adult who has a relationship with and a commitment to the child and is available as a resource is identified;

c. The birth family from which the child was placed receives Temporary Assistance to Needy Families (TANF) for the child; an appropriate relative placement is identified; and the relative needs financial support until eligible for TANF in behalf of the child; or

d. A friend of the family is available as a placement resource, is found to be appropriate and able to abide by court orders, and is willing to provide frequent supervised visitation.

6. Inappropriate Placements-Issuance of an Initial License for placement of a specific child is inappropriate in the following circumstances:

a. An assessment cannot be completed prior to placement;

b. There are conflicts between the parents and the proposed Initial License family that would inhibit reunification efforts;

c. The proposed Initial License family does not accept the role of the department or the court in approving the case planning and in monitoring the placement;

d. There are safety issues for the child being placed in a placement known by the parents; and/or

e. There is no benefit to the child or the case plan by placing the child in the proposed Initial License family.

7. **Requirement for Minimal Home Assessment**
The child's and the family's DCFS worker(s) will cooperate with the OFCL licenser in the completion of a minimal assessment. The following specific items are included in the assessment:

a. Normally, the DCFS social worker for the child will complete a criminal history check on all persons 16 years of age or older living in the home as well as CAMIS and CA file review on all persons, of any age, living in the home. The DLR licenser may complete the check if the DCFS social worker is unable to do so. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

i. If the primary caretakers have resided in this state for less than three years, a Federal Bureau of Investigation (FBI) fingerprint check is required.

a. Only the Chief, OFCL, for Foster Family Homes, may accept FBI fingerprinting results from a source other than the established CA system under the following limited circumstances, pending completion of current fingerprinting through the CA system:

- DLR must have reasonable assurance that children in care will be safe following granting of the Initial License;
- DLR must have documentation that the FBI or other similar criminal history/security check screens to the same level as the CA criminal history checks; and
- FBI fingerprinting accepted from another state, the Military, or another agency must be less than six months old.

b. If an applicant(s) meets all other requirements for the Initial License and was licensed in another state or worked for a governmental agency which has completed a criminal history check comparable to the level of CA screen, the Office Chief may accept that state's local and state criminal history clearance and Child Protective Services (CPS) records check, when

no FBI fingerprinting results are available from the other state.

- For the applicant(s) who was licensed, the DLR licenser must complete an inquiry of the applicant(s)' history with the licensing agency, including concerns and recommendations of the other state agency.

- Law enforcement clearances accepted from the other state must be less than six months old.

ii. The DCFS worker will provide documentation of the results of the checks to the licenser for the licenser's assessment, with the licenser considering only convictions, as well as founded instances of child abuse or neglect, as part of history in the licensing decision. Licensers are prohibited from considering unfounded allegations in making decisions for Initial Licenses. The licenser shall use non-conviction information for the sole purpose of determining the applicant's character and suitability to provide care.

b. The licenser and the DCFS worker visit the family home and make a visual check for obvious safety hazards.

c. The licenser interviews the family concerning their parenting ability/history, current drug and alcohol use, history of mental illness, and history of familial child abuse and neglect.

d. The family being considered for an Initial License agrees in writing to cooperate with the department, obey court orders, comply with the CA discipline policy, and provide information on contacts with birth parents of the child or others designated by the department.

e. The licenser makes verbal or written reference checks and documents the results in the licensing file, either in written form or electronically.

8. **Placement without an Initial License**

CA staff may not assume that DLR will be able to issue an Initial License to a home or be able to respond on an emergency basis to a request for an assessment for an Initial License. Therefore, DCFS staff shall not place a child into a family home, absent granting of a license, without the agreement of the applicable DLR Regional Manager/ designee. Such placement may occur under one of the following exceptions, each of which is consistent with state law and current practice:

a. Law enforcement or a court of competent jurisdiction has made a "responsible adult" placement for a 72 hour period;

b. The family includes a relative of specified degree, and the placing worker has followed DCFS practice guidelines for completion of a relative home study; or

c. The parent(s) made the placement and agreed to it in writing, the state is not providing payment for care, and the child's safety is not jeopardized by the placement, as determined by the child's worker.

9. **Minimum Standards for Child's Worker Following Placement**

The child's DCFS social worker will perform the following activities for continued placement of a child in a home granted an Initial License:

a. Visit the child within the first week following placement;

b. Discuss the court orders with the care provider granted the Initial License and clearly delineate expectations as to the licensee's involvement in services, confidentiality, and the role of DCFS and the court;

c. Further assess the licensed caregiver(s) and provide information, by electronic mail or in writing, to the licenser concerning the caregivers' appropriateness to continue to provide care, including:

i. Characteristics of the licensee(s) that will be supportive to the child and to the child's parent(s);

ii. Suitability of the licensee's physical and mental health to provide for the child's care; and

iii. A review of the licensee's needs and specific supports necessary to become or remain an available and capable caregiver.

d. The DCFS social worker will also consider the following, relative to the placement:

i. Emotional relationships between the child's parent(s) and the licensee(s);

ii. Distances to services and to be traveled for parental visitation;

iii. Experience in parenting;

iv. Licensee's attitude(s) toward services being provided or potentially provided;

v. Licensee's commitment and strengths to prohibit contact by a parent under unsafe circumstances or if otherwise required;

vi. Licensee's commitment to support and assist, if needed, in visitations;

vii. A discussion of possible permanency plans and the licensee's attitude(s) toward possible outcomes; and

viii. Licensee's willingness to cooperate in achieving a permanent family for the child, including the licensee's degree of interest as a potential permanent family.

10. **Licensing Involvement and CAMIS Documentation**

a. The licenser issuing the Initial License to the family will inform the DCFS social worker responsible for the child immediately upon approval of the Initial License by electronic mail. In addition, the licenser will immediately notify the IV-E Federal Funding Specialist electronically that the child lives in the home of the Initial Licensee and the effective dates of that Initial License. The licenser will also inform the licenser assigned to complete the ongoing licensing home study, if a different licenser, within two working days of the beginning of the Initial License by completing the form, *Minimum Information Required for Initial License Families*, and giving it to the licenser.

b. The licenser issuing the Initial License will, within five working days, enter the license into CAMIS with an end date 90 days after the date the Initial License was granted.

c. The licenser issuing the Initial License will give the licensee(s) an orientation packet for licensing, including all application forms and the schedule of orientation and pre-service training. The licenser will inform the licensee(s) that they will be expected to attend the first available orientation and pre-service class.

d. If any issues arise which would preclude issuance of a regular license to the holder(s) of the Initial License, the child's DCFS social worker and the DLR licenser, with their supervisors, will staff the situation to determine:

i. If the child must be placed in another home; and

ii. If it is in the child's best interest to remain or to be placed back with the holder(s) of the Initial License, with a plan to remediate the deficiencies identified.

e. The licenser will treat Initial License licensees as a priority for licensing activity for completion of a thorough assessment of the licensee's suitability for a regular license prior to the end of the initial 90 day licensing period.

11. **Denial or Discontinuance of an Initial License**

a. If the birth parents or members of their extended support system request an Initial License which is denied or discontinued, the licenser shall provide the child's DCFS social worker with copies of letters sent to the applicant/licensee outlining the reasons for the denial or discontinuance.

b. In the letter, the licenser shall describe what actions need to occur before any further consideration will be given to issuing an Initial License to the family. In addition, the licenser will electronically notify the IV-E Federal Funding Specialist immediately upon denial or discontinuance of the Initial License and will include the name of the child(ren) affected by this decision.

c. Because the Initial License, by state law, is issued only at the discretion of the department, the applicant licensee has no right to appeal the denial or termination of an Initial License. However, the applicant/licensee may appeal the denial of an application or suspension or revocation of a regular license, as provided in WAC 388-73-036(4).

C. **Family Child Day Care Homes**

1. For child day care providers, if the primary caretakers have resided in this state for less than three years, a Federal Bureau of Investigation (FBI) fingerprint check is required. The following guidelines to allow use of alternative sources of criminal history background checks apply only to applicants for Initial License as family home child day care providers who have resided in the state less than three years. The guidelines do not apply to child day care centers.

2. Only the Chief, Office of Child Care Policy (OCCP), for Family Day Care Homes, may accept FBI fingerprinting results from a source other than the established CA system under the following limited circumstances, pending completion of current fingerprinting through the CA system:

   a. DLR must have reasonable assurance that children in care will be safe following granting of the Initial License;

   b. DLR must have documentation that the FBI or other similar criminal history/security check screens to the same level as the CA criminal history checks; and

   c. FBI fingerprinting accepted from another state, the Military, or another agency must be less than six months old.

3. If an applicant(s) meets all other requirements for the Initial License and was licensed in another state or worked for a governmental agency which has completed a criminal history check comparable to the level of CA screen, the Office Chief may accept that state's local and state criminal history

clearance and Child Protective Services (CPS) records check, when no FBI fingerprinting results are available from the other state.

a. For the applicant(s) who was licensed, the DLR licenser must complete an inquiry of the applicant(s)' history with the licensing agency, including concerns and recommendations of the other state agency.

b. Law enforcement clearances accepted from the other state must be less than six months old.

5135 RE-LICENSING

A. Re-licensing occurs when the licensee moves to a new residence and at three-year intervals following issuance of the license.

1. The license issued under section 5133 and chapter 74.15 RCW is not transferable and applies only to the licensee and the location stated in the application.

2. For licensed foster family homes having an acceptable history of child care, the license may remain in effect for two weeks after a move, except that this will apply only if the family remains intact.

B. Prior to expiration of an existing license, the licenser or support staff, as determined by local procedure, sends a re-application form to the licensee sufficiently in advance of the expiration date of the license to provide time for 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 remains in effect until the department acts on the re-application. The licenser sends the forms and documents defined by regional or local procedures to the licensee as part of the re-application packet.

C. For renewal of a license, the licenser rechecks the criminal history and DCFS files, including CAMIS, and reviews the experiences of the past licensing period with the licensee. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

D. The licenser makes a home visit to check for continuing compliance with health and safety aspects as outlined in Checklist DSHS 10-183.

E. The licenser completes the *Foster Home Reassessment*, DSHS 10-50.

F. The licenser checks to see that the applicant/licensee has updated their Discipline policy, First Aid and CPR training, and that the home meets the health and safety check.

G. At any time during licensure, the licenser may modify or change the numbers, ages, and types of children on the license, depending on the circumstances and/or wishes of the licensee and the evaluation of the licenser.

H. The local office licenser must determine whether to issue a new license per section 5133 above.

5136 RE-EVALUATION

A. The licenser re-evaluates the home for suitability for continuing licensure or adjustment to the license, as well as affect on child(ren) in placement, under the following conditions:

1. Each time a person other than a child in placement moves in or out of the home.

2. The licensed foster parents divorce or separate.

3. Serious illness or death of a licensed provider occurs.

B. The licenser must complete a criminal history and background check as described in the *Operations Manual*, chapter 5000, section 5500, on each new person residing in the home. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe. The licenser must interview the licensee and other appropriate parties, and request other information and documentation, as necessary, to complete the re-evaluation of the home. The licenser must document the re-evaluation in the licensing file.

C. The licenser must inform each licensed facility in writing at the time of re-evaluation that the facility must routinely report all suspected criminal activity and significant events to the licenser in accordance with incident reporting procedures.

5137 PROBATIONARY LICENSE

A. The licenser may issue a probationary license to a licensee who has had a license but is temporarily unable to comply with a rule 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 wellbeing of the children but would be likely to do so if allowed to continue.

2. The licensee has a plan approved by the licenser to correct the area of noncompliance within the probationary period.

B. A probationary license may be issued for up to six months and, at the discretion of the licenser and supervisor, may be extended for an additional six months.

C. The department must 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.

D. An existing license is invalidated when a probationary license is issued.

E. 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.

5138 LICENSING OF CHILDREN'S ADMINISTRATION EMPLOYEES

A. **Purpose and Scope**

1. This section outlines conditions under which CA employees may be licensed as foster parents. It is not intended to limit opportunities for staff to be licensed. Rather, it is intended to clarify ethics and alert staff to the potential for conflicts of interest.

2. This section affects all CA employees. It includes foster care with relatives employed by the department when the relative is seeking licensure.

B. **Definitions**

For definitions relating to this section, see Appendix A, Definitions.

C. **Standard**

1. All CA employees seeking or possessing a family foster home license through the department must comply with the provisions of Administrative Policy 6.04, *Standards of Ethical Conduct for Employees*. Among other provisions of that policy, a DSHS employee shall not:

   a. Engage in any employment or professional activity that could represent a conflict of interest;

   b. Use and/or create the appearance of using the employee's position for private gain or advantage;

   c. Use access to DSHS information for personal gain;

   d. Use the employee s position to obtain special privileges; and

   e. Receive any compensation in the performance of the employee's official duties, unless otherwise authorized by the department.

2. Children's Administration staff responsibilities:

   a. DLR OFCL staff will verify a CA employee is certified by a private child placing agency (CPA) prior to issuing a foster family home license to the employee.

   b. Division of Children and Family Services (DCFS) staff will not directly place children or provide case management services to employees licensed as foster family home providers; and

   c. DCFS staff will not "borrow" an employee/foster parent's home unless:

i. It is on a short term, time-limited basis; and

ii. The DCFS staff person borrowing the home has a waiver signed by the CA Regional Administrator or his or her designee.

3. A CA employee who is licensed as a foster family home provider must:

   a. Receive placements and case management services through the certifying CPA rather than directly from CA;

   b. Neither seek nor accept placement of a child with whom the employee has worked in an official capacity; and

   c. Act solely in the role of foster parent when in a court proceeding regarding a child placed in the employee/foster parent's home.

4. The certifying CPA must:

   a. Screen children for possible placement with the employee/ foster parent;

   b. When appropriate, refer a child for placement with the employee/foster parent and place the child if accepted;

   c. Serve as the contact with the employee/foster parent regarding all issues relating to the child;

   d. Comply with provisions in its contract with the department relating to case management and financial considerations for the child placed in the employee/foster parent's home; and

   e. Not place children with the employee/foster parent from the same office in which the employee/foster parent works.

5. To assure confidentiality of client and employee information, following certification by the CPA, the OFCL Regional Manager, for the DLR office through which the employee has been licensed for foster family care must direct the sealing of licensing and related client electronic files in administrative files.

6. The following restrictions apply to CA staff who are licensed to provide foster family care, or who have applied for such license:

   a. Such staff may review their file, including electronic data, only through formal request to the assigned licenser.

   b. Such employees are prohibited from independently accessing the files of children placed or who may be placed in the employee's home.

c. Such employees are prohibited from using the department's electronic information systems to obtain data about themselves or children placed or proposed to be placed in their care

d. Generally, CA employees are prohibited from accepting Exceptional Cost Payments (ECP) from the department in behalf of children placed in their care. The household may only receive ECP in behalf of the child if the an exception to policy is approved by the DCFS Regional Administrator and the OFCL Regional Manager.

7. Persons who are licensed as foster family home providers when they become employed by CA must be re-licensed through a CPA within six months of employment.

a. The OFCL Regional Manager for the office in which the employee(s) is licensed must refer the employee(s) to suitable CPAs with sufficient lead time to enable the CPA to complete the necessary steps for re-licensing.

b. The employees licensed as foster family homes must accept no additional placements through the department.

c. All other provisions of this section apply to licensees newly employed by CA.

8. The local OFCL office must refer CA employees with currently pending foster family home applications to suitable CPAs for completion of the necessary steps to assure timely completion of licensing action for the employees.

5140 COMPLAINT INVESTIGATION

A. The local or other designated office must conduct investigations of alleged child abuse or neglect (CA/N) and alleged non-compliance with licensing standards in accordance with *Operations Manual*, chapter 5000, section 5300, and the DLR CA/N Section *Practice Guide - Investigating Abuse and Neglect in State-Regulated Care.*

B. The local office must staff each licensing incident report with the CPS investigator, the licenser, their supervisors, social workers for children in the home, and the area manager to assure close communication and clarity of expectations and actions.

5150 ACTION ON LICENSES

A. In those cases where an investigation has been completed and substantiation of CA/N has occurred and/or serious non-compliance with MLR has been verified (with unsuccessful corrective action measures), the licenser must consider taking action against the license. DLR must make a determination as to whether licensing action is warranted following case staffing and consultation with the Attorney General's Office as provided below.

B. The licenser must staff the case with all involved DCFS staff, including the CPS

investigator, social workers for children in the home, and appropriate supervisory and administrative personnel.

C. Stop Placement Actions
The DLR licenser may issue a stop placement order for any licensee who is the subject of an investigation of alleged child abuse or neglect or failure to comply with licensing requirements. The licenser must issue the stop placement order when the department has concerns about the health, safety, and wellbeing of the child in placement. Involved DCFS And DDD staff should participate in the staffing. However, DLR has the ultimate decision-making responsibility in the stop placement action. If the licenser takes such action, the licenser must formally inform all affected staff, including DCFS, DLR, and DDD, of such corrective or stop placement actions.

D. **Denial, Suspension, and Revocation**

1. When considering denial, suspension, or revocation, the licenser must confer with the assigned Assistant Attorney General (AAG) to determine appropriate action. If a determination is made to take licensing action, the licenser must prepare a draft denial, suspension, or revocation (as applicable) letter for review by the AAG. The draft letter must include:

   a. A concise summary of the CPS allegations (if applicable), RCW, and WAC violations, findings, and conclusions.

   b. Documentation of corrective action attempted, if appropriate.

   c. Detailed citation of all applicable RCW/WAC violated.

   d. Complete information advising the licensee of their administrative hearing rights, including the filing process and timeframes.

2. DLR may deny an agency a license. DLR may suspend, revoke, modify, or not renew any license issued pursuant to chapter 74.15 RCW and RCW 74.13.031 upon proof that the agency has failed or refused to comply with the provisions of chapter 74.15 RCW and RCW 74.13.031 or the rules issued under chapter 74.15 RCW and RCW 74.13.031. DLR also may suspend, revoke, modify, or not renew a license if the conditions required for issuance of a license under chapter 74.15 RCW and RCW 74.13.031 have ceased to exist with respect to such licenses. RCW 43.20A.205 governs notice of a license denial, revocation, suspension, or modification, and provides the right to an adjudicative proceeding. See the *Case Services Policy Manual*, chapter 8000, section 8100.

RCW 74.15.130

E. Upon approval as to form and content by the AAG, the Regional Manager, as the regional licensing authority, must sign and send the final letter by certified mail or other proper method of service to the licensee as provided in Chapter 43.20A RCW.

F. In any adjudicative proceeding regarding the denial, modification, suspension, or revocation of a foster family home license, the review judge must uphold the department's if there is reasonable cause to believe that:

1. The applicant or licensee lacks the character, suitability, or competence to care for children placed in out-of-home care; however, no unfounded report of child abuse or neglect may be used to deny employment or a license;

2. The applicant or licensee has failed or refused to comply with any provision of chapter 74.15 RCW, the licensing chapter, RCW 74.13.031, authorizing child welfare services, or chapter 388-73 WAC; or

3. The conditions required for issuance of a license under chapter 74.15 RCW and RCW 74.13.031 have ceased to exist with respect to such licenses.

RCW 74.15.130

5160 RECRUITMENT AND RETENTION OF HOMES

Recruitment and retention activities are an on-going statewide process, with emphasis in the local area on the need for specially skilled homes for specific children. Recruitment is primarily a responsibility of DCFS and a secondary responsibility of DLR and the licenser. Assigned DCFS staff are encouraged to conduct outreach to people of different racial and ethnic backgrounds as part of a regular and periodic effort to recruit new homes.

5170 PLACEMENT ACTIVITIES

5171 LICENSER ROLE

A. The licensing regulatory functions are designed to safeguard the well-being of children in out-of-home placements. Therefore, the primary duty of a licenser is to periodically review whether the applicant/licensee is in compliance with MLR.

B. The licenser does not play a role as a placement worker, but has a secondary responsibility as a resource developer.

C. The Regional Manager manages the role of licenser under the following conditions:

1. Each Regional Manager develops procedures that specifically outline how staff will carry out licensing and monitoring functions. Such procedures must address at least:

a. Waiver processing and approval.

b. Processing of Incident Reports.

c. Complaints/corrective actions.

d. Shared decision-making.

e. Separation of functions for licensers.

2. The local or other designated office must conduct all investigations of incidents in licensed facilities in conformance with the *Operations Manual*, chapter 5000, section 5300.

3. The Regional Manager must, within available resources, arrange for training for licensers and other affected staff specifically designed to provide increased expertise and ongoing clarification of job functions and expectations.

4. The Regional Manager is expected to maintain a complete separation of child welfare case services from licensing duties in all offices.

5. The Regional Manager shall provide ongoing case consultation with each licenser to identify or eliminate any possible situations that could result in conflict arising from regulatory as opposed to placement issues.

6. The licenser shall staff all problematic licensed homes with the social workers for children placed, the DLR CPS investigator assigned to do incident reports, and involved supervisors. The staffing shall consider, with other issues identified by the group, conclusions of the CPS or licensing investigation(s) and recommendations for corrective action. The staffing shall also consider the cumulative seriousness of multiple complaints.

7. The licenser shall request consultation with the AAG regarding proposed corrective actions resulting from MLR violations.

8. The Regional Manager and the licenser shall discuss and review all requests for waivers and compliance agreements for children's health and safety needs. Neither the licenser nor the Regional Manager shall endorse such a request if it compromises health and safety. They shall seek administrative consultation on a case by case basis.

9. If a serious issue is identified in a licensed home with or without a finding of abuse/neglect and a conflict occurs between the licenser of the home and the social worker for the child(ren) placed, the assigned supervisors for those staff shall resolve the conflict, consistent with the *Operations Manual*, chapter 5000, section 5100. The protection of the children involved shall be paramount to any other consideration.

10. Where the DCFS supervisor and the OFCL Regional Manager are unable to resolve the conflict between the workers, the Regional Manager and the appropriate Area Manager shall make an effort to resolve the issue. If they are unable to do so, the Regional Administrator and the Chief, OFCL, will make the final decision.

5172 CONSIDERATIONS FOR PLACEMENTS

A. When it is necessary to place a child or sibling group into foster care, the focus of the placement worker and the worker assigned to the child(ren) is first on meeting the child(ren)'s individual needs by providing the least restrictive possible placement. The placement worker uses these primary factors plus other case-

specific and unique criteria as guides in searching for the most appropriate placement.

B. When the assigned worker requests a foster home for a child(ren), the placement worker consults the licenser, as appropriate, and considers the following when identifying a suitable home:

1. The child(ren)'s proximity to their own home and family to facilitate visitation with parents.

2. Closeness to the child(ren)'s school or child day care so that attendance is not disrupted.

3. The foster family's ability to meet the child's cultural, linguistic, and religious needs. A foster family need not be of the same ethnic background as the child in order to meet the ethnic or cultural needs of a child. Unless CA staff identifies a compelling reason, CA staff will not match children on the basis of race to foster or adoptive families.

4. In the case of behaviors that pose a danger to other children, a home that has either no children or children older than the child being placed.

5. If many medical or counseling appointments are anticipated, the availability of a caretaker or substitute at home, which is essential with medically fragile or severely disabled/special needs children.

6. The experience and skill level of the foster parent.

7. The capability of the foster parent to meet the identified needs of the child, such as behavioral or physical needs.

5175 HEALTH AND SAFETY REVIEWS

DLR OFCL licensers must complete health and safety reviews of licensed homes on a selective basis as prescribed by DLR. The licensers must follow the guidelines for the reviews contained in chapter 4000, section 4421, Health and Safety of Children, including face-to-face interviews with the children in care.

5180 FOSTER PARENT SUPPORTS

5181 TRAINING

A. The local office licenser must offer Orientation and Pre-Service Training on a regular basis and sends notice of classes to those potential applicants who have inquired about a license. The licenser has applicants complete Pre-Service Training prior to approving the license, unless attendance has been postponed by a properly authorized waiver, to the extent provided by law and limited to 90 days.

B. Children's Administration provides more comprehensive training, including Foster Parent Scope. The Regional Administrator may reimburse child care and mileage at state rates, upon request and subject to availability of funds for this purpose.

C. The licenser identifies and makes available other training opportunities for foster parents, as budgets permit. The licenser shall encourage the foster parents' participation.

5182 SUPPORT SERVICES

A. The licenser often becomes aware of problems or concerns which arise due to child(ren)'s behavior, payment issues, communication between the social worker and the foster parent, or conflicts regarding case plans. The licenser must attempt to clear up such questions by providing general information and refer the foster parent to the child's worker, the worker's supervisor, and/or inform the worker and the supervisor of the problems/concerns. At other times, the licenser may convene a meeting of concerned parties to open communication and resolve issues.

B. The licenser informs the foster parents that they have access to peer support through the statewide Foster Parents Association of Washington State (FPAWS). The licenser also provides information to foster parents about availability of Foster Intervention/Retention Support Team (FIRST) at the time of licensing, upon request, and at the time of a CPS investigation.

C. Support services, such as respite care, may be available but can vary from region to region, depending on budgetary allotments and program development. See chapter 4000, Section 4510, for a description of Respite Care for foster parents. The Regional Administrator must issue procedures identifying the nature of such services available in the region and the steps the DCFS social worker must take in behalf of the licensee to access them.

5183 ANCILLARY SUPPORTS

The social worker consults regional procedures to access ancillary support services for foster parents. Home Finders are a resource to provide information on regional availability of this service.

5184 FOSTER PARENT LIAISON

A. The legislature, in RCW 74.13.340, mandated that CA provide foster parent liaison positions throughout the state. See the CA *Case Services Policy Manual*, chapter 8000, section 8110. CA contracts with the liaison agencies to:

1. Provide support, consultation, and assistance to foster parents in accessing the DCFS and DLR systems;

2. Troubleshoot issues;

3. Promote teamwork between the foster parent and the social worker; and

4. Expedite the licensing process.

See the specific foster parent liaison contract for additional details on services.

B. The CA social worker must refer the foster parent to a liaison in instances where the foster parent requests assistance from a liaison.

5190 FILE MAINTENANCE

Each Regional Manager shall have staff maintain Family Foster Home Licensing files in accordance with record management requirements of the *Operations Manual*, chapter 13000, section 13500.

5200 RELATIVE CARETAKERS AND NON-CUSTODIAL PARENTS

5210 SERVICE DESCRIPTION

After considering the custodial or the non-custodial parent as a placement resource, DCFS regards relatives to be the first priority for placement of children who are removed from their homes, provided the relatives are assessed as being appropriate to the child's needs and to be capable and willing to cooperate with the case plan.

5220 ELIGIBILITY

Relatives who can assist DCFS and the family in meeting the child's needs are eligible for consideration for placement. Relatives are considered to be those persons who are related to the child by blood, marriage, or adoption. Some relatives who are more distantly related must be licensed as family foster homes.

RCW 74.15.020

5230 PROCEDURES

A. **Relatives of the child exempt from licensing**

1. Persons related by blood, marriage, or legal adoption to the child, through the mother or presumed father, including:

Grandparent	Step Parent	Uncle	Brother
Step Brother	Aunt	Sister	Step Sister
First Cousin		Nephew	Niece

   Persons of preceding generations related by blood or adoption as denoted by prefixes of grand, great, and great-great.

2. Spouses of the above persons, even after the marriage is terminated.

3. "Extended family members" as defined by law or custom of the Native American child's tribe or, in the absence of such law or custom, a person who has reached the age of 18 and who is related to the child as defined in this section and further including second cousin and brother-in-law or sister-in-law.

Any other relatives, including relatives of alleged fathers, must be licensed if DCFS or a Child Placing Agency makes or supervises the placement. See the *Case Services Policy Manual*, Appendix A, for the definition of "alleged father."

B. To consider a relative who is exempt from licensing as a caretaker, the social worker completes a home study/assessment. The worker completes the study prior to placement, except in the case of a parent making the placement before DCFS

takes custody or pursuant to a Shelter Care order or a Dependency disposition order.

5231 HOME STUDY/ASSESSMENT

A. See chapter 4000, section 4253, for general requirements for home studies. In addition, the social worker shall document an assessment of appropriateness, including:

1. A formal criminal history and background inquiry, using the DSHS 14-239(X) to the Washington State Patrol and to local law enforcement.

2. A review of agency files, including CAMIS, for background information.

3. An assessment of capability to care for the child.

4. An assessment of willingness to cooperate with the case plan.

B. Additionally, the social worker may include in the Home Study/Assessment such things as:

1. Consideration of the emotional relationship between the child and relative(s) and between parent(s) and relative(s).

2. Characteristics of the relative(s) that will be supportive to the child and parent(s).

3. Consideration of housing and sleeping quarters.

4. Distances to services and visitation by the parent(s).

5. Experience in parenting.

6. Suitability of relative(s)' physical and mental health to provide for the child's care.

7. A review of relative(s)' needs and specific supports required for the relative(s) to become or remain an available and capable caretaker.

8. A review of relative(s)' attitude(s) toward services being provided or potentially provided.

9. A review of relative(s)' commitment and strengths to prohibit contact by a parent under unsafe circumstances or if otherwise required.

10. A review of relative(s)' commitment to support and assist if possible in visitations.

11. A discussion of all possible permanency plans and the relative(s)' attitude(s) toward possible outcomes and their willingness to cooperate in achieving a permanent family for the child, including the relative(s)' degree of interest as a potential permanent family.

C. The social worker must note consideration of any relative, and the conclusions, in the case narrative. The worker documents the reason a relative(s) is not being further considered as a placement resource at that time. If the worker completes a home study document, the social worker must reference it in the SER.

5232 MAINTENANCE FUNDING

A. Many relatives are eligible for Temporary Assistance to Needy Families (TANF) or other payment source on behalf of the child as a relative of specified degree. The licensed relative care giver may select foster care or TANF or other payments in behalf of the child in care.

B. Relatives who are not of the specified degree, as defined in WAC, are eligible for state-funded foster care, provided they are licensed as foster family homes. Examples are a second cousin of the child, a parent's partner, or the partner's relative.

C. Some relatives, provided they are licensed as foster family homes, are eligible to receive foster care funds that are federally matched. They can receive this if the child being placed is eligible for federal funding for the placement. The DCFS Financial Services Specialist determines Eligibility. Since the amount of the foster care payment varies with the age of the child, it may be to the relative's advantage to select public assistance rather than foster care. However, the licensed relative care provider may choose either TANF or foster care assistance without regard to eligibility for federal matching funds for costs of foster care.

D. The social worker follows the steps outlined in the *Operations Manual*, chapter 11000, on federal funding, for proper eligibility determination.

E. Relatives may apply to be the representative payee for SSI/SSA benefits for a related child living with them. If DCFS holds a dependency, DSHS will usually remain payee until dependency is dismissed.

5240 OTHER RESOURCES

A guide for Home Studies is included in the Interstate Compact handbook/practice guide. See also chapter 4000, section 4527, on placing with relatives.

5300 ADOPTIVE FAMILY HOMES WAC 388-70-400-499

5310 SERVICES TO ADOPTIVE FAMILY APPLICANT

The adoption family worker provides services to adoptive family applicants. The adoption worker participates in efforts to recruit families who want to adopt children with special needs and who are in the care of DCFS. This activity includes both general recruitment and child specific recruitment. The adoption program manager and the program manager of the Washington Adoption Resource Exchange (WARE) are available to provide consultation and recruitment tools. The use of the word "family" in this section includes single parents.

5311 RECRUITMENT

A. General recruitment is designed to acquaint the public with issues involved with the adoption of children with special needs and to interest families in providing this type

of service. The social worker may include the following types of activities in general recruitment:

1. Convene public adoption interest meetings on a regular basis.

2. Speak at various group meetings to discuss adoption.

3. Develop a support group of current adoptive parents to participate in recruitment activities.

4. Develop an adoption booth for placement at fairs, libraries, and other public places.

5. Work with the media to present prepared Public Service Announcements.

B. Child specific recruitment is designed to identify a family for a waiting child. The social worker may include the following activities:

1. Present information about children from the WARE Bulletin and the Northwest Adoption Exchange (NWAE) photo-listing to families expressing interest in adoption of a child with special needs.

2. Show slide or video presentations of waiting children at public adoption interest meetings.

3. Work with the media to develop regular features of waiting children.

5312 LIMITATIONS ON CA EMPLOYEES AS APPLICANTS FOR ADOPTION SERVICES

A. **Purpose and Scope**

This section affects all CA employees and outlines conditions under which CA employees may be certified as adoptive parents. It is not intended to limit opportunities for staff to be licensed or certified. Rather, it is intended to clarify ethics and alert staff to the potential for conflicts of interest. If an employee chooses, the employee may apply for adoption through a private agency rather than through the department.

B. **Definitions**

C. For definitions relating to this section, see Appendix A, Definitions.

D. **Standard**

1. See section 5138.C, above, for provisions relating to employee ethics.

2. The DCFS office servicing the community in which a CA employee is seeking to become an **adoptive parent** through the department shall refer the employee to a DCFS office outside the region(s) in which the employee works. This provision does not apply to the CA employee who is seeking to become an adoptive parent through a private agency.

a. The DCFS office to which the employee has been referred will receive the completed application, conduct the adoptive home study, determine the suitability of the employee to be an adoptive parent, and provide post-placement case management services.

b. The employee may receive referrals of suitable prospective adoptive children from offices other than the office in which the employee works. The employee may not receive referrals from the office in which the employee works, even if the referral comes through a private agency.

c. The employee shall not seek nor accept placement of a child with whom the employee has worked in an official capacity.

3. To assure confidentiality of client and employee information, the DCFS Regional Administrator, for the DCFS office through which the employee has been certified for adoption, shall direct the sealing of licensing, adoption, and related client electronic files in administrative files.

4. The following restrictions apply to CA staff who are certified for adoption, or who have applied for such certification:

a. Such staff shall review their file, including electronic data, only through formal request to the assigned adoption worker.

b. Such employees are prohibited from independently accessing the files of children placed or who may be placed in the employee's home.

c. Such employees are prohibited from using the department's electronic information systems to obtain data about themselves or children placed or proposed to be placed in their care.

5. The local DCFS office shall transfer pending adoption applications for new Children's Administration employees to a region other than the one in which the employee works for completion of the home study and application process. All other applicable provisions of this section shall apply to newly employed prospective adoptive parents.

5320 INTAKE

A. All family inquiries regarding adoption shall be referred directly to the adoption worker.

1. The worker shall invite the families to an adoption orientation, if one is available.

a. Orientation meetings may be held either with individuals or with a group of families to provide the family with sufficient information regarding adoption through DCFS to enable them to decide whether to enter into an agreement to work toward adoption.

b. The orientation meetings shall include information regarding the following issues:

i. The significance of adoption in permanency planning for children in foster care and DCFS' position that the child is the primary client in adoption services.

ii. Adoption of children with special needs, including the types of children awaiting adoption through the department and the resources available to help families that adopt such children.

iii. The procedure for a family to follow in pursuing adoption through DCFS, the differences between foster parent, adoptive, and foster-adoptive placements.

iv. The legal risk involved in foster-adoptive placements and the placement of legally free children under appeal.

v. The legal procedures involved in adoption, the roles and responsibilities of the family and the department in adoption.

2. The adoption worker offers families the opportunity to discuss special needs adoption with the worker before they make the decision on whether to pursue this type of adoption.

3. The worker may refer families that decide that they do not want to pursue special needs adoption to private CPAs providing services for families seeking to adopt readily placed children.

4. If a family is inquiring about a specific child, the adoption worker informs the family that pursuing an adoptive home study does not guarantee their adoption of the identified child. The worker also solicits their interest in adoption of other special needs children.

B. All departmental requests to initiate an adoptive home study for a foster parent, relative, or interstate adoptive placement must be referred to the adoption worker or unit.

1. The adoption worker initiates contact with the family when:

a. The request for a foster parent or relative home study is the result of the Initial Adoption Planning Review (the first adoption staffing).

b. The request for a home study for an interstate adoptive placement has been approved by the Washington state ICPC program manager.

2. The adoption worker makes contact with the child's worker to review information about the child being considered for adoptive placement.

C. DCFS must not accept applications from persons:

1. Receiving adoption services from another agency.

2. Still in the process of finalizing the adoption of another child.

5330 PRE-PLACEMENT REPORT (ADOPTIVE HOME STUDY)

CA, a licensed private adoption agency, an authorized public or tribal agency, or court may place a legally free child in an adoptive home that CA or the private agency has not licensed or certified under chapter 74.15 RCW and chapter 388-73 WAC. However, before making such placement, the social worker must determine that a completed home study has been filed with the court prior to the placement. RCW 26.33.180 authorizes such placements following court filing of the home study.

RCW 74.15.020

5331 APPLICATION STEPS

A. The prospective adoptive parent(s) must complete the *Adoption Application*, DSHS 10-33, including information regarding the type of child the family wants to adopt. If the family appears to meet the basic criteria for the adoption of dependent, special needs children, then the adoption worker accepts the application. DCFS staff complete home studies only on families expressing an interest in adoption of special needs children who are in the care of DSHS or for whom DSHS is paying the cost of care and who demonstrate basic suitability for such placements.

B. The adoption worker must contact at least three personal references (in writing or by telephone), no more than one of whom may be a relative, whose names have been furnished by the adoptive applicants. The worker documents, in the adoptive family case file, these contacts and the information obtained.

C. Each applicant parent must submit a copy of the *Adoptive Applicant Medical Report*, DSHS 13-01, completed by their physician.

D. The adoption worker obtains criminal history checks, using the DSHS 14-239(X), on all persons age 16 or older residing in the home. The worker may conduct criminal history checks on younger persons, if indicated, through the juvenile justice system. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

E. The family must submit a written summary of the family's financial status, including income, assets, debts, and expenses.

F. The family must submit written verification of their marital status; e.g., a photocopy of their current marriage certificate and any divorce decrees.

G. If the family has had a home study completed by another agency, the adoption worker must obtain a signed *Authorization to Release Information*, DSHS 14-12(X), from the adoption applicant(s) and a copy of the file or the home study from the other agency. If another DCFS office conducted a home study, the adoption worker must request transfer of the service record.

5332 FAMILY CONTACTS

The adoption worker and the family must participate in a minimum of four contacts, including at least one home visit. If the applicants are an experienced foster family, or have had a relative home study done and are experienced relative caretakers, the adoption worker may substitute collateral contacts with other DCFS social workers who have been in the home for one of the direct family contacts. The adoption worker explores the following issues during the contacts:

A. The family's interest in adoption and the characteristics of child(ren) they want to add to their family.

B. The types of training and/or experiences which the family has had to prepare them to parent the child(ren) they want to adopt.

C. The emotional maturity of each family member.

D. The nature of the marital relationship, parent-child relationships, and other interpersonal relationships.

E. The family's interests, activities, and life style.

F. The family's expectations regarding children in the family, including approaches and beliefs regarding discipline.

G. The adjustment of children already in the family; the expectations the children have for adding a new sibling.

H. The experiences the family has had in coping with problems; the nature of the family's personal support system.

I. The family's attitude toward termination of parental rights, the family of origin, adoption, and open adoption.

J. The family's understanding of the impact of abuse and neglect upon a child.

5333 DECISION ON APPLICATION AND WARE REGISTRATION

A. The adoption worker includes in the written *Adoption Pre-Placement Report*, DSHS 10-43, a summary of the information obtained in the home study as well as specific recommendations to the court regarding the suitability of the family for adoption.

B. If the results of the home study indicate that the family is a good candidate for the adoption of a child with special needs, the adoption worker registers the family with WARE according to the following procedures:

1. The adoption worker completes the *Adoption Exchange Family Registration*, DSHS 15-22, in typed format. The supervisor then signs the form and mails it to the adoption program manager in state office.

2. Whenever the circumstances or interests of the adoptive family change, the adoption worker updates the DSHS 15-22.

3. The adoption worker notifies the WARE program manager if a registered family is transferred to another office for service.

4. Families registered with WARE are listed by date of receipt of their registration and by the characteristics of child(ren) for whom they have been approved. Both criteria are used by the WARE program manager when referring families.

C. If the home study gives evidence, or the social worker determines prior to the home study, that the family is a good candidate for adoption of a readily placed child but not a special needs child, the adoption worker may refer the family to a private agency for services.

D. If the home study gives evidence that the family is not a good candidate for adoption, the adoption worker shall inform the family of specific problem areas identified. If the problem areas appear amenable to treatment, the family may be encouraged to secure the needed help and proceed with the home study when the problems have been resolved.

E. If the problem areas do not appear amenable to treatment, the family adoption worker shall encourage the family to withdraw. If the family declines to withdraw, the worker shall deny the service request and include a recommendation against placement of adoptive children in the written report, DSHS 10-43. The adoption worker shall send a letter to the applicant(s) outlining reasons for denial.

F. The social worker may complete the home study following placement with relatives or in a foster-adopt home. In accordance with regional procedures and local court practices, the adoptive family worker files a copy of the pre-placement report (home study) with the court, indicating the name of the child on whose behalf the report is being filed. The adoption worker shall maintain a record of the date on which this report was filed.

5340 NATIVE AMERICAN ADOPTIVE FAMILIES

For Native American/Alaskan Native children, refer to the *Indian Child Welfare (ICW) Manual*.

A. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker **must** do this **in every case**.

B. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.

5350 WARE WITHDRAWAL

A. DCFS must withdraw families from WARE under the following circumstances, unless an exception is approved by the Regional Administrator:

1. Upon the adoptive placement of a child with the family.

2. Upon notice of the family's decision to receive adoption services from another agency or through an independent placement.

3. Upon the family's physical move from the state.

4. Upon the family or worker's decision that adoption is no longer an appropriate plan for the family.

5. Upon the adoption worker's learning of the pregnancy of the potential adoptive mother, the worker may pend registration with the approval of the family.

B. The adoption worker accomplishes withdrawal from WARE by submitting the *Change of Status Report*, DSHS 15-21. Families are also withdrawn when the DSHS 15-21 is forwarded to WARE by a child's worker at the time of placement. The family's worker must inform the family at any time the family is withdrawn from WARE.

C. Families that want to be re-registered with WARE following withdrawal must reapply for adoption services and have their home study updated. The adoption worker then submits an updated *Adoption Exchange Family Registration*, DSHS 15-22.

5360 PLACEMENT PROCESS

5361 INFORMATION SHARING

See chapter 4000, section 45403, for requirements for information gathering relating to prospective adoptions. The adoption worker shares information about children and birth family for whom a family is being considered with that family by using the following guidelines:

A. General information about a referral may be shared with a family each time a referral is made.

B. For policy regarding disclosure of information, see the *Case Services Policy Manual,* chapter 5000, section 5840.

C. Additional guidelines for information shared with the adoptive family can be found in 42 USC 675, section 475; RCW 26.33.350; RCW 26.33.380: and RCW 70.24.105.

1. The department, through the assigned social worker, and private adoption agencies and entities must make reasonable efforts to locate records and information concerning the child's mental, physical, and sensory handicaps.

2. The entities providing the information have no duty, beyond providing the information, to explain or interpret the records or information regarding the child's present or future health.

D. The assigned social worker maintains the Health and Education record in accordance with guidelines contained in the CA *Practices and Procedures Guide*, chapter 4000, section 43092.

E. For requirements regarding the adoption placement decision, see chapter 4000, section 45406, of this manual.

F. The department social worker may not withhold information from prospective adoptive parents if the information has any effect on the parenting of the child. However, if the department intends to withhold information from the adoptive parents, the following approvals are necessary:

1. The adoption supervisor or a staffing in which adoption specialists are present (such as an adoption planning review) must approve the action; and

2. Following these approvals, the area manager must also approve withholding of information.

3. The social worker must document the approval to withhold information in the child's archived file and must include the signatures of the adoption supervisor and/or adoption specialists authorizing the withholding of the information.

G. The child's social worker will ask birth parents, for every child in placement or expected to be in placement longer than 90 days, to sign appropriate release of information forms so that information concerning both the child and the birth parents can be gathered from treating professionals, physicians, and schools.

1. Efforts to obtain information about the child include interviews with relatives; interviews with parents; and requests for information from treatment agencies, schools, and other sources from whom the parents received professional examination, evaluation or treatment.

2. If parents are unwilling to sign appropriate release of information forms, the social worker must request the court to order authorization of release of confidential records so that background information may be obtained.

3. The social worker consults the AAG so that the language in the court order meets federal requirements for release of confidential information from substance abuse and mental health treatment programs.

H. If the prospective adoptive placement for the child is with the current foster parent(s) or relative care provider(s), the department will not consider the placement an adoptive placement until an adoptive home study recommends for the adoption and the care providers have acknowledged receipt of all reasonably available information about the child and stated their intent to adopt the child by signing the *Child's Medical and Family Background Report* (DSHS 13-041).

I. The child's assigned social worker must make available and provide copies to the prospective adopting parent prior to adoptive placement a complete medical report containing all known and available medical information concerning the mental, physical, and sensory handicaps of the child.

1. The report must not reveal the identity of the birth parent of the child, except if already known by the adoptive parents. However, the report must include

any known or available mental or physical health history of the birth parent that needs to be known by the adoptive parent to facilitate proper health care for the child or that will assist the adoptive parent in maximizing the developmental potential of the child.

2. Where known or available, the information the social worker provides must include:

   a. A review of the birth family's and the child's previous medical history, including the child's x-rays, examinations, hospitalizations, and immunizations. Medical histories shall be given on a standardized reporting form developed by the department (DSHS 13-041);

   b. A report of physical examination of the child conducted within the previous 12 months by a licensed physician with appropriate laboratory tests and x-rays;

   c. A referral to a specialist if indicated in reports released in the DSHS 13-041;

   d. A written copy of all evaluations of the child with recommendations to the adoptive family receiving the report;

   e. A chronological history of the events and circumstances leading to the adoptive placement; and

   f. Any available psychiatric reports, psychological reports, court reports pertaining to dependency or custody, and school reports.

3. The social worker need not copy information in the Passport on the DSHS 13-041, but may incorporate it by attaching the Passport, and documenting the attachment, on the DSHS 13-041.

J. The social worker must disclose to adoptive parents when a child being placed for adoption is receiving or has received mental health services, is or has been prescribed psychotropic medication, has a sexually transmitted disease, and/or is HIV positive. With respect to disclosure of HIV antibody testing or treatment of sexually transmitted diseases, department staff must comply with the following requirements:

1. The following persons may receive such information if involved in planning for the child:

   a. A department worker;

   b. A child placing agency worker;

   c. A *guardian ad litem* who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than 14 years of age, has a

sexually transmitted disease, and is in the custody of the department or a licensed child placing agency;

d. A person responsible for providing residential care for such a child when the department or a licensed child placing agency determines that it is necessary for the provision of child care services.

2. No person may release information concerning HIV status and sexually transmitted diseases to the adoptive parent of a child over the age of 14 without the consent of the child or an order from the court.

   a. For youth age 14 and above, before disclosing information regarding sexually transmitted disease testing and treatment to prospective adoptive placement resources, the department social worker must obtain a signed consent to release the information from the otherwise competent youth or a court order.

   b. If the youth age 14 or above refuses to sign a release of information or the social worker is unable to obtain a court order authorizing release of information, the social worker must inform the adoptive parents that information exists that cannot be released and document provision of this information.

3. Department staff cannot release mental health counseling and treatment information, including the prescription of psychotropic medications, to the adoptive parents of a child over the age of 13 without the child's consent to release the information or a court order.

4. The social worker must not make a placement without full disclosure, either by consent of the child or court order, of diseases that the child may have or a condition requiring treatment.

5. If the social worker is unable to disclose HIV or mental health information because of the lack of a court order or consent to release information, the social worker, the worker's supervisor, and the prospective adoptive parents will have to make a decision on an individual basis whether to proceed with the adoptive placement or finalization of the adoption.

6. Whenever disclosure is made, the social worker must accompany the disclosure with a written statement that includes the following or substantially similar language:

   "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 law. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

7. The social worker must follow an oral disclosure with written notice within 10 days.

K. The prospective adoptive family may consult with a specialist prior to agreeing to adopt the child and signing the DSHS 13-041. The CA social worker will provide to the prospective adoptive family all documents requested (with identifying information of the birth family deleted) in order to facilitate a consultation with a specialist of the family's choosing.

L. The adoptive parent's signature on the DSHS 13-041 signifies their intent to adopt the child and acknowledges receipt of the information provided. The prospective adoptive parent's signature on the DSHS 13-041 does not signify the agency's approval of the adoptive placement.

M. The social worker includes on the DSHS 13-041 information about the efforts, including unsuccessful efforts, made by the department to obtain information about the child and his/her birth family. See paragraph C, above.

N. The adoptive family's receipt of information about a child, contact with a child's caseworker, contact with a child's foster family, etc., must be governed by procedures that do not violate the confidentiality requirements of case information. Thus, prospective adoptive parents must agree to keep information about the child, family of origin, and foster family confidential.

1. If a prospective adoptive parent reads the child's file, the social worker must document that activity and have the adoptive parent sign an acknowledgment of having read and reviewed the file.

2. In addition, the social worker must request that the adoptive parent initial each page of each document, including the Service Episode Record (SER), the adoptive parent has reviewed.

O. For guidelines for archiving of records of legally free children, see the CA *Operations Manual*, chapter 13000, section 13930.

5362 PLACEMENT SELECTION AND DECISION

A. The social worker evaluates families referred for a legally free child or for a foster-adoptive placement to determine which of the families can best meet the needs of the child using the following criteria:

1. The family's ability to meet the physical, emotional and mental needs of the child

2. The compatibility between the child's personal characteristics and the expectations of all members of the adoptive family.

3. The specific experiences and/or training the family has had which prepares them to provide for the special needs of the child.

4. The resources in the family's community which are available to meet the special needs of the child.

5. The degree to which the family is willing to initiate and participate in medical and/or therapeutic treatment.

B. The professional staff of the CA office with administrative responsibility for the child makes the final decision on placement of a child with an adoptive family. The child's worker makes the final placement selection for families referred from the WARE and other referral sources in conjunction with the CWS supervisor. The CA professional staff considers the following criteria:

1. The child's attachment with the foster family and length of time in the foster care placement.

2. The ability of the adoptive family to meet the special needs of the child.

3. The ability of the adoptive family to meet the cultural, linguistic, and religious needs of the child. An 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 social worker will not match children on the basis of race to adoptive parents.

4. Willingness to provide long-term contact with siblings who may be placed elsewhere, appropriate birth relatives, former foster families, or other individuals who may have prior relationships with the child.

5. Whether or not the adoptive family is a birth relative. If a relative, the following factors shall also be evaluated:

a. The relatives' previous relationship with the child.

b. The relatives' ability to protect the child, if necessary, from the parents of origin while avoiding portraying them in an unnecessarily negative manner.

C. For foster-adoptive placements, the foster-adoptive family shall sign a permanency planning placement agreement. See section 45352.

5363 VISITATION

The child's foster parents may be involved in planning and implementing plans.

A. The purposes of visitation include:

1. To initiate contact between the prospective adoptive family and the child and to observe the relationship as it develops.

2. To allow the prospective adoptive parents and child(ren) an opportunity to begin to know each other, to form an attachment, and to grieve the losses of the prior relationships that are ending.

3. To allow the prospective adoptive family, the adoption worker, the child, and the child's social worker an opportunity to make a continuing evaluation regarding suitability of the placement.

B. The child's worker:

1. Selects the location of the visitation.

2. Accompanies the child on the initial visit.

3. Discusses each visit with the child and family after they have occurred.

4. Decides at each point whether to proceed with visitation and/or placement in consultation with the family and the child.

C. The length of visits and total amount of time between first meeting and placement will vary. The age and developmental level of the child(ren), their attachment to the foster family, and their emotional readiness to move are all factors to consider. A typical placement transition may include three to five pre-placement visits, with each visit increasing in length until child is actually placed. Open contact between the new family and the family the child is leaving should occur whenever possible and when in the child's best interest.

5370 POST-PLACEMENT SUPPORT SERVICES

A. The purpose of post-placement services is to support continuing placement of the child in the family by providing needed services or referrals.

B. The assigned social worker provides on-going casework supervision of the adoptive placement and coordinates needed support services for the family and/or child. Post-placement support services may include the following:

1. Casework services designed to assist the family and child during the initial adjustment period. Contacts shall be maintained, at a minimum, on a monthly basis and may be face-to-face or telephone. The social worker must document these activities in the case SER.

2. Information and referral to community resources.

3. Formation of and leadership in adoption support groups for parents of adoptive children.

4. If an SSI application has not been considered and seems appropriate, the social worker refers the case to the regional federal funding unit, SSI facilitator. An SSI allowance with an application prior to the petition to finalize adoption can mean IV-E funding of otherwise state-funded adoption support.

5. The assigned social worker provides the family with a copy of the Adoption Support Brochure and asks the family if they are able to adopt without adoption support. The worker must note the family's response in the child's file. The worker must complete and submit the family's application for adoption support and adoption non-recurring cost programs to the regional adoption support program manager. The social worker must be sure that

the family has a signed adoption support agreement and adoption non-recurring cost agreement before finalizing the adoption.

C. At the time when the family, the child, and the adoption worker mutually agree that finalization of the adoption is in the best interest of all persons involved, the adoption worker encourages the family to retain an attorney to file the petition for adoption. An adoptive parent may petition to adopt without an attorney when there is no need for DCFS to release confidential information; for example, the adoption of an older child when the names of the birth parents are already known to the adopting parents.

D. An attorney retained by the adoptive family files the adoption petition. The adoption worker provides the attorney with the necessary documents and information when the worker is satisfied that finalization is in the best interest of the child and the family. The documents include:

1. A certified copy of the legal order of termination of parental rights.

2. *Release and Consent to Adoption* signed by the Regional Administrator or designee or information indicating where to obtain consent if that responsibility does not lie with the Regional Administrator.

3. Adoption consent from children 14 years of age and older.

4. A completed *Application for Adoption Re-Registration,* DSHS 9-465, for issuance of the child's revised birth certificate.

5. The date the pre-placement report was filed with the court.

6. A copy of the final signed *Adoption Support Agreement*, if applicable.

7. A request for a copy of the certified decree of adoption after finalization.

E. The assigned social worker completes court work that includes:

1. Dependency reviews until adoption is finalized.

2. Individual Service and Safety Plans.

3. Post-placement report.

4. Notification of GAL and juvenile court that adoption is finalized and obtain dismissal of dependency order.

5371 DISRUPTION SERVICES

Disruption services are designed to develop a new placement plan for a child when it becomes evident, prior to finalization of an adoption, that the adoptive placement should not continue.

5380 POST-PLACEMENT REPORT

A. The court, after accepting a petition for adoption, orders a post-placement report to advise the court as to the propriety of the adoption.

1. The department shall be named to complete a post-placement report for a child for whom it provided post-placement services.

2. The adoption worker completes the *Adoption Data Card*.

3. The adoption worker completes the *Waiver of Notice of Further Hearing*, DSHS 9-54, or the *Acknowledgment of Notice and Declaration of Intent Not to Appear*, DSHS 9-56, provided the departmental recommendation is positive and the parental rights of the child to be adopted have been terminated.

B. If the post-placement report is negative, the department shall request representation by the Office of Attorney General (or local prosecutor, where applicable) at a hearing on the matter. In this case, the DSHS 9-54 and the DSHS 9-56 shall not be included with the post-placement report.

5390 POST-FINALIZATION

5391 POST-DECREE ACTION

See chapter 4000, section 4740, for actions to take following issuance of the final decree of adoption.

5392 POST-ADOPTION SERVICES

A. Post-adoption services are provided to the adoptive family after finalization of the adoption when those services are needed to support the adoption and to identify community resources necessary to maintain the placement.

B. Non-identifying information contained in the child's archived record may be obtained for medical or emotional treatment when requested by a treating professional, accompanied by a signed release from the adoptive family or adult adoptee. All requests shall be sent to the Adoption Program Manager in Olympia.

C. For a Native American child, the family and/or child shall be informed that the Local Indian Child Welfare Advisory Committee (LICWAC) and/or local Indian consultant are available for consultation related to the adoption.

D. Adoptees seeking identifying information will be requested to consult with the clerk of the court granting the final decree. The court may, at its discretion, issue an order directing the opening of any records of the adoption.

5400 CHILD DAY CARE PROVIDERS

The parent/guardian is responsible for making an informed selection about the type of provider that will best meet the needs of the child in care. The authorizing social worker provides information to help the parent/guardian make an informed choice.

5410 IN-HOME CHILD DAY CARE

5411 SERVICE DESCRIPTION

Child day care may be provided in the child's own home/residence. In-Home care includes a relative care provider, and the care can be in the relative's home, rather than the child's home. For children under the custody or supervision of DCFS, there is a high level of interest in the appropriateness of the In-Home caretaker. However, in-home care providers are not required to be licensed and the parent, relative, foster parent, or pre-adoptive parent is considered to be the person authorizing/permitting the care in their home. For a licensed home, the licensee's employee must undergo a criminal background check.

5412 ELIGIBILITY

When DSHS approves an in-home or a relative/relative's home child care plan at the request of a parent/guardian, the parent or guardian and the provider shall meet the minimum qualifications and fulfill the responsibilities outlined in WAC 388-15-176, Exempt In-Home Child Care.

5413 PROCEDURES

A. In determining the appropriateness of In-Home child caretakers for a child under the custody or supervision of DCFS, the social worker shall:

1. Consider the age, maturity, and suitability of the caretaker.

2. Complete a *Background Inquiry*, DSHS 14-239, in behalf of the authorizing foster parent for the caretaker. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

3. Complete a DCFS records check in CAMIS and, if the person is listed, gather information from the office(s) and/or files on the person for the foster parent.

4. If payment will be CA-subsidized, review any other eligibility factors regarding the caretaker.

5. The social worker may complete a background inquiry and CPS records check on behalf of parents, relatives, and pre-adoptive parents provided the child is under DCFS supervision. The social worker should obtain the prospective caretaker's permission to conduct a criminal history and CPS records check.

B. **Parent/Guardian Responsibilities**

The parent/guardian is responsible for selecting a caretaker who can meet the requirements and responsibilities contained in WAC 388-15-176. The parent/guardian signs an assurance, on the *DSHS Child Care Plan*, that minimum requirements are met. The publication*, Is My Child Safe, Healthy and Happy?*, DSHS 22-083(X), is a check list for parents who are considering choosing in-home

child care. Authorizing workers shall give this checklist to every client considering the use of in-home child care.

5414 OTHER RESOURCES

Refer to the information contained in chapter 4000, sections 4503 and 4504, for determining the payment authorization process for child care subsidy and consult with the foster family home placement worker and the child day care licenser about possible providers as alternatives through licensed child day care or respite care providers.

5420 LICENSED CHILD DAY CARE PROVIDERS

Supportive to DCFS client families, child day care licensing is administered by the DLR Office of Child Care Policy (OCCP). See the publication *Office of Child Care Policy Methods and Practices* for procedures used for the licensing of child day care facilities and related activities. Such facilities include:

A. Child Care Center

A Child Care Center cares for 13 or more children in an out-of-home facility and must be licensed by DSHS.

B. Family Child Care Home

A Family Child Care Home cares for up to 12 children in a family home and must be licensed by DSHS.

C. Out-of-Home Child Care Comparison Chart

1. The chart provides additional information on Child Care Centers and Family Child Care Homes to social workers who may authorize child care payments.

	FAMILY CHILD CARE HOME	CHILD CARE CENTER
Facility	Home where the provider resides	Church, converted home, private building, school facility
Location	Family Homes	Residential or Commercial Areas
Minimum Staff/Child Ratio	1 adult: 6 children, depending on age range of children and experience of provider. See *Minimum Licensing Requirements for Child Day Care Homes.*	1 adult: 4 children 1-11 months 1 adult: 7 children 12-29 months 1 adult: 10 children 30 mos. through 5 yrs. (not enrolled in Kindergarten) 1 adult: 15 children 5 years and older (enrolled in Kindergarten or school)
Maximum Group Size (including provider's own children)	12 full-time; no more than 4 under age 2	8 (1-11 months) 14 (12-29 months) 20 (30 mos. through 5 yrs., not enrolled in Kindergarten) 30 (5 years and older, enrolled in Kindergarten or school)
Ages of children	0-11 years	1 month-12 years
Care Giver Qualifications	See *Minimum Licensing Requirements for Child Day Care Homes*	See *Minimum Licensing Requirements for Child Day Care Centers*
Program Inspection Required	Yes	Yes
Facility Inspection Required	Yes	Yes

5500 INDIVIDUALS ENGAGED BY CA

5510 SERVICE DESCRIPTION

Volunteers, students, interns, and any other individual, whether paid or unpaid, engaged by CA to provide care, supervision, or treatment for children shall be assessed for appropriateness and capability. Hourly respite care providers who support foster parents are included in this group.

5520 ELIGIBILITY

Prospective employees or volunteers will have appropriately clear criminal history and CA record checks as well as the necessary skills and suitability to provide care, supervision, or treatment for children for whom the agency is responsible. Those individuals who will be transporting clients must possess a valid driver's license recognized by the state of Washington along with adequate insurance coverage.

5530 PROCEDURES

A. The social worker or Community Resource Program Manager must have the applicant complete a *Criminal History and Background Inquiry* form, DSHS 14-239, and submit it according to procedures outlined in the *Operations Manual*, chapter 5000, section 5500. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.

B. The worker completes a review of CA records that may exist, including a CAMIS inquiry.

C. Local or regional procedures may designate a specific person other than the social worker to complete the above steps.

D. Approved applicants for volunteer or paid positions shall complete any required documentation applicable to the service they are providing.

5540 OTHER RESOURCES

There are several handbooks and pamphlets published regarding the use of volunteers in DSHS. Some regional and local offices have Community Resource Program Managers. Respite care providers for foster family homes are often the responsibility of the licenser.

5600 INTERSTATE COMPACT HOME STUDIES

A. *Interstate Compact on the Placement of Children (ICPC) Handbook*, issued by CA, contains the steps necessary for the social worker to follow to place a dependent child into another state when dependency will be maintained in a Washington court with supervision of the placement required.

B. The assigned social worker also must do home studies on parents, relatives, foster parents, and adoptive homes for placement of dependent children from other states as part of the ICPC process. Criminal history checks are required for all ICPC home studies. If the home study is positive and placement is made, the assigned DCFS social worker provides supervision as long as the dependency remains in effect in the sending state. Refer to the *ICPC Handbook* for additional procedures.

5700 ADOPTION SUPPORT

5710 SERVICE DESCRIPTION

DCFS, under authority of chapter 74.13 RCW, provides post adoption assistance to prospective adoptive parents to enable them to adopt hard-to-place children. The assistance can take several forms, including medical coverage and financial assistance to meet the special needs of these children.

5720 ELIGIBILITY

A. Not all children with special needs or conditions are eligible for adoption support. To be eligible, a child must meet all of the conditions described below:

1. Is residing in or likely to be placed in out-of-home care.

2. Is hard to place for adoption as demonstrated by registration with WARE for 90 days or longer without an appropriate family being identified. Reasonable efforts have been made to place the child for adoption without adoption support services.

3. The social worker must fully document pre-existing special needs conditions and efforts to place the child without adoption support before the child's registration with adoption support.

ACYF-PIQ-89-02

4. In cases of adoption by foster parents, the following eligibility criteria must be met in order to establish the child as hard to place. However, the child does not need to be registered with adoption exchanges if the following apply. The child must:

   a. Have been in the foster parents' home for at least six months prior to becoming legally free.

   b. Have close emotional ties to the current foster family which, if severed, could cause emotional damage to the child.

   c. The foster family must have been identified as the adoptive family of choice by the agency having custody of the child.

5. Has one or more of the following documented special conditions that creates a barrier to adoption and contributes to the child being hard to place for adoption:

   a. Physical or mental disability.

   b. Emotional/psychiatric disturbance.

   c. Ethnic background, including race, color, and/or language.

   d. Age (six years or older).

   e. A diagnosed medical condition which is chronic and/or severe and/or a diagnosed medical risk condition.

   f. Member of a large sibling group (three or more); or if a sibling group of two, at least one sibling was previously adopted by the family or one of the siblings being adopted is over six years of age).

6. Is legally free for adoption.

ACYF-PIQ-82-18

7. Is seventeen years of age or younger at the time the agreement is signed.

RCW 74.13.109

8. Adoption is the most appropriate plan.

9. Adoption support shall not continue beyond the adopted child's 18th birthday, becomes emancipated, dies, or otherwise ceases to need support, unless the adoption support program manager determines that continuing dependency after the child reaches 18 years of age warrants the continuation of support.

B. Adoptive family income is not a factor in determining a child's eligibility for adoption support services.

ACYF-PIQ-90-02

C. Funding sources for adoption support will differ according to the funding source available to the child. See the *Operations Manual*, chapter 11000, related to determining financial eligibility.

1. Federal matching funds are used for maintenance for children who are found IV-E eligible.

2. Federal matching for Title XIX (Medicaid) and Title XX (social services) are available to all children eligible for adoption support.

3. State-only moneys are used for a child who is not eligible for federally matched funds and for those agreed-to services which are not matched by federal funds.

D. If the adoptive parents are unable to continue providing for day-to-day care of the child, the adoption support agreement is no longer in effect and the program services are no longer available to the child.

ACYF-PIQ-84-4

E. Biological parents whose rights have been terminated, but who later adopt their biological child, are not eligible for adoption support.

ACYF-PIQ-86-05

F. See chapter 4000, section 4517, for Medicaid eligibility for children in the Adoption Support Program.

5721 PAYMENT DETERMINATION AND STANDARD ADJUSTMENTS

The regional adoption support program manager considers the factors outlined in the CA *Case Services Policy Manual*, chapter 9000, section 9200, when setting the amount of any payment or payments or in adjusting standards.

5730 PROCEDURES

5731 APPLICATION

A. The prospective adoptive family must apply for adoption support services prior to finalization of the adoption. The adoptive family must submit a separate application for each child being adopted. The terms of the agreement are negotiated between the adoptive family and the social worker, with final approval authority resting with the regional adoption support program manager. See section 5732. The application includes:

1. The social worker and the family initiate the process by completing the application, DSHS 10-62 and DSHS 10-62A, together. The agreed upon payment is expected to combine with the parent's resources to cover the ordinary and special needs of the child for an extended period of time.
2. Monthly cash payments to the family cannot exceed the established regular and family foster home special rates. The specific amount of the payment will be determined by an evaluation of the difference between the costs of the child's documented needs and the family, community and state resources available to meet those needs.

ACYF-PIQ-86-05

3. If requested by the social worker or the regional adoption support program manager, the adoptive parent must submit a copy of the family's most recent Federal Income Tax Return, IRS 1040, with the application for adoption support.

RCW 74.13.121

B. The worker submits the application, DSHS 10-62 and 10-62A, to the adoption support program manager for approval. In addition to the two application forms, the completed packet includes the following:

1. *Child's Registration*, DSHS 10-061(X), with a brief summary of the child's history, behavior, and primary reasons for the adoption support request.

2. Reports documenting the child's special need or conditions and diagnosis, including any pre-existing and anticipated medical needs/prognosis.

ACYF-PIQ-89-02

3. A copy of the *Adoption Planning Review*, DSHS 15-174.

4. *Adoption Support Monitoring Schedule*, DSHS 14-319, indicating the child's funding source for adoption support services.

5. SSI award letter, if applicable.

6. Orders of termination of parental rights.

7. If an open adoption agreement exists, a copy is to be included.

C. The regional adoption support program manager must process only completed application packets within 30 days of receipt. The manager shall immediately return incomplete packets to the sender for completion and re-submittal.

5732 INITIAL AGREEMENT

A. An initial agreement for adoption support services must be signed by all parties to the agreement prior to finalization of the adoption. If this does not occur, the family will be ineligible for adoption support except as provided in sections 5734 and 5735, below. Upon approval of the application, the regional adoption support program manager issues an agreement to the adoptive parents and sends a copy to the service worker, thereby notifying the worker of the agreement and authorized services.

B. If, after reviewing the agreement, the family has questions or wishes to seek changes in the agreement, the family may contact the regional adoption support program manager.

C. If the family finds the agreement acceptable, the family must sign, date, and return the full agreement to the regional adoption support program manager. The agreement becomes a binding contract only after all parties to the agreement, including the designated agency persons, have signed.

RCW 74.13.124

D. Adoption support services must be continued regardless of where the family resides.

5733 NON-RECURRING COSTS AGREEMENT

A. Certain non-recurring adoption expenses may be reimbursed by adoption support. Reimbursement may be made for the following:

1. Adoption fees.

2. Court costs.

3. Revised birth certificates.

4. Attorney fees.

5. Costs related to the adoption home study, required health and psychological examinations, placement supervision, and pre-placement visits (lodging, meals, transportation, etc.).

B. These costs are available to any family adopting an eligible special needs child, with no income requirement. Non-recurring adoption expenses may be available to children not receiving adoption support services if the child otherwise qualifies.

45 CFR 1356.41(d) and (f)

C. The prospective adoptive parent(s) must submit a separate application specific to non-recurring costs reimbursement prior to finalization of the adoption. Claims must be filed within two years of the date of the final decree of adoption

45 CFR 1356.41(c)

D. The regional program manager issues a separate non-recurring costs agreement for each child being adopted specific to the costs of that child's adoption. This agreement must be signed by all parties to the agreement prior to finalization. Without this signed agreement, the costs cannot be reimbursed to the family. This agreement is limited to $1500 per child and is paid on a reimbursement basis following finalization.

45 CFR 1356.41(f)

5734 RECONSIDERATION

A. The department may, within available funds, provide limited adoption support through a reconsideration process if the child met the criteria for ongoing adoption support in Washington state at the time the adoption was finalized. The regional adoption support program manager uses documented evidence available at the time of the adoption to make this determination.

B. The child and the child's family must be current residents of the state of Washington.

C. The family must complete the application for adoption support reconsideration and provide the adoption support program manager with requested information.

D. Adoption support assistance must be defined in a reconsideration agreement and is limited to counseling and medical services for corrective/rehabilitative services. Maximum allowable payment per child is $20,000 under Medicaid.

5735 ELIGIBILITY FOR ADOPTION SUPPORT AFTER ADOPTION

For adoptions occurring in or after the year 1981, certain adopted children may be eligible for subsidy after finalization. The determination of eligibility is based upon the extenuating circumstances at the time of the adoption and other qualifying factors. The child's eligibility for federal funding at the time of adoption will need to be established based upon the information in the archived file. If a family inquires about adoption support for an adopted child, the social worker refers them to the regional adoption support program manager.

ACFY-PIQ-92-02

5736 REVIEW OF SUPPORT PAYMENTS

A. At least once every five years, the regional adoption support program manager reviews the need of any adoptive parent or parents receiving continuing adoption support or the need of any parent who is to receive more than one lump sum payment where such payments are to be spaced more than one year apart.

RCW 74.13.118

B. When the regional adoption support program manager deems changed conditions, including variations in medical opinions, prognosis, and costs, to warrant such action, the program manager must make appropriate adjustments in payments. The program manager bases adjustments on the needs of the child, the adoptive parents' income, resources, and expenses for the care of the child or other members of the family. These needs may include medical and/or hospitalization expense not otherwise covered by or subject to reimbursement from insurance or other sources of financial assistance.

RCW 74.13.118

C. A parent who is party to an agreement may at any time, in writing, request a review of the amount of any payment or the level of continuing payments.

1. The regional adoption support program manager begins the review not later than 30 days from the receipt of such request.

2. The program manager may make any adjustment retroactive to the date the request was received by the department.

3. If the program manager does not act on the request within 30 days of receipt by the department, the parent may invoke their right to a hearing under RCW 74.13.127.

RCW 74.13.118

D. So long as the adoptive parent is receiving adoption support services he or she shall, upon request, file with the regional adoption support program manager his or her federal income tax return.

RCW 74.13.121

APPENDIX A. DEFINITIONS

The following definitions apply for purposes of the CA *Practices and Procedures Guide*.

"**AFTERCARE SERVICES**" means the provision of less intensive, ongoing services to youth and their families following the youth's discharge from residential care or in-home services.

"**AT-RISK YOUTH**" means a juvenile who:

A. Is absent from home for at least 72 consecutive hours without consent of his or her parent.

B. Is beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or any other person.

C. Has a substance abuse problem for which there are no pending criminal charges related to the substance abuse.

RCW 13.32A.030

"**BEHAVIORAL REHABILITATION SERVICES**": See "After-Care Services," "Continuum of Care," "Group Care," In-Home Services," "Residential Care," "Staffed Treatment Foster Care," and "Treatment Foster Care."

"**BORROWED FOSTER HOME**" means the placement and supervision by an agency of child(ren) in a foster family home licensed or certified by another agency, with the permission of that agency.

"**CASE PLAN**" means a written statement by the social worker of the anticipated activities, including service agreements, which are planned in the conduct of the case.

"**CERTIFICATION FOR ADOPTION**" means a person or persons constituting a household have submitted an application for adoption to the department or a child placing agency, have had a satisfactory home study completed, and have been determined suitable as adoptive parent or parents.

"**CHILD**," "**JUVENILE**," and "**YOUTH**" mean any unemancipated individual who is under the chronological age of 18 years.

RCW 13.32A.030

"**CHILD ABUSE AND NEGLECT**"
Publication DSHS 22-614(X) provides a summary of operational definitions. These are acts or omissions which may be considered as indicators of possible CA/N. The factors are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

A. **Physical Abuse**

1. Non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker.

2. Dangerous acts; i.e., acts constituting a serious risk to a child's physical or mental health, safety, or welfare but which do not result in the child's injury.

3. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

4. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referrers.

   RCW 26.44.015 reads: "This chapter shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not injurious to the child's health, welfare and safety": And provided further that "nothing in this chapter may be used to prohibit the reasonable use of corporal punishment as a means of discipline."

   Physical discipline of infants is a "dangerous act" placing these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, non-accidental injury, or other similar harm to a child is not reasonable discipline.

   The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

   In general, physical discipline is "reasonable" when:

   a. Physical discipline is used to educate and/or correct a child.

   b. The parent's use of physical discipline is limited in degree and frequency.

   c. Physical discipline is not used on vulnerable parts of the body and does not result in "non-accidental injury."

   d. The parent(s) disciplining the child have control of their own behavior and emotions.

   e. The method of discipline does not constitute a dangerous act.

   f. The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

   g. The disciplinary act is not injurious to the child's health, welfare, or safety.

5. Physical injury by other than accidental means results when any of the following occur:

   a. Death.

b. Disfigurement.

c. Skin bruising.

d. Impairment of physical or emotional health; or

e. Loss or impairment of any bodily function.

6. Substantial risk of physical harm to a child's bodily functioning.

7. Sexual abuse against a child as defined in the criminal code, and includes intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

a. Genitals.

b. Anus.

c. Breasts.

8. Acts which are cruel or inhumane regardless of observable injury. Such are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

9. Assault or criminal mistreatment of a child as defined by the criminal code.

B. **Physical Neglect**

Physical neglect is an act, omission of action, or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cause for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes, but is not limited to:

1. Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development.

2. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. "Dirty house" referrals must identify factors which place the child at risk.

3. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child.

4. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development.

5. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm.

6. Failure to provide protection from harm.

7. Failure to provide for child's needs for appropriate hygiene.

C. **Sexual Abuse/Exploitation**

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

1. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

   a. Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

   b. Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another, oral - genital/anal contact.

2. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

3. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

4. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

5. Genital - Anal contact.

6. Genital - Genital contact.

7. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

8. Encouraging or forcing a child to engage in sexually explicit conduct.

9. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct

knowing that the conduct will be photographed or be part of a live performance.

10. Promoting prostitution by minors.

11. Permitting, encouraging, or forcing a child to watch sexual activities of others; e.g.:

    a. Parents or others engaging in sexual intercourse.

    b. Watching pornography.

12. Allowing or encouraging others to sexually abuse/exploit a child.

D. **Emotional Abuse and Neglect**

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

1. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

2. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

3. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

4. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

5. Exploitative/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

"**CHILD IN NEED OF SERVICES**" (CHINS) means a juvenile who:

A. Is beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or other person.

B. Has been reported to law enforcement as absent without consent for at least 24 consecutive hours from the parent's home, a crisis residential center, an out-of-home placement, or a court-ordered placement on two or more separate occasions and has exhibited:

1. A serious substance abuse problem or

2. Behaviors that create a serious risk of harm to the health, safety, and welfare of the child or any other person.

C. Is in need of necessary services, including food, shelter, health care, clothing, educational, or services designed to maintain or reunite the family, and

1. Who lacks access, or has declined, to utilize these services.

2. Whose parents have evidenced continuing but unsuccessful efforts to maintain the family structure or are unable or unwilling to continue efforts to maintain the family structure.

"**CHILD IN NEED OF SERVICES (CHINS) PETITION**" means a petition filed in juvenile court by a parent, child, or the department seeking adjudication of placement of the child.

RCW 13.32A.030

"CHILD PLACING AGENCY" means an agency which places a child or children for temporary care, continued care, or for adoption.

"**COMPELLING REASON**" means, for purposes of the Adoption and Safe Families Act, a factor in case planning that presents an unusual circumstance that makes necessary a decision which would not normally be made for a child or family. "Compelling Reason" includes, but is not necessary limited to:

A. Circumstances in which a child:

1. Is older and is opposed, following a discussion with the social worker of the alternatives, to adoption as a permanent plan;
2. Has significant ties to the child's family which are positive and expected to be on-going and would be disrupted by termination of parental rights;
3. Is in placement for reasons other than abuse, neglect, abandonment, or no parent able or willing to care for the child (e, g., children in care due to the risk they pose to others, due to behavioral management issues, etc.);
4. Does not have a permanent placement resource identified and for whom there is significant risk that an adoptive resource will not be found; or
5. Has other unique situations described in the ISSP by the social worker that constitute compelling reasons not to file a petition to terminate parental rights.

B. The supervising agency is required to recruit, identify, and process a permanency placement resource for a child when a permanent plan other than reunification is identified for the child. In unusual circumstances, it may be appropriate to leave a child in a temporary placement setting until the court decision-making process is completed or in order to meet the treatment needs of the child.

"**COMMUNITY NETWORK**" means working relationships between DCFS, cultural consultants, key informants (lay/professional person), natural helpers (extended families, folk healers), and other agencies to develop cultural responsiveness.

"**CONTINUUM OF CARE**" means provision of care from in-home services to highly structured residential care and the ability to provide appropriate services to the child/family.

"**CULTURAL COMPETENCE**" means a set of behaviors and attitudes that enables individuals working with a child or family to learn about or recognize the cultural context of a situation and to integrate that knowledge into an action.

"**CULTURAL CONSULTANTS**" means culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

"**CULTURAL DIVERSITY**" means the distinguishable differences in life styles, values, traditions, religions, etc.

"**CULTURALLY RESPONSIVE**" means a pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

"**CULTURE**" means the integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

"**CUSTODIAN**" means the person or entity who has the legal right to the custody of the child.

RCW 13.32A.030

"**DEVELOPMENTAL STAGES**" means:

A. Adolescent - a child age 12 but less than 18 years.

B. Child - a born person less than 18 years.

C. Fetus - the unborn child.

D. Infant - a child from birth until one year of age.

E. Toddler - a child age one but less than six years.

"**ETHNIC**" means a group designated by customs, characteristics, language, common history and/or racial affiliation.

"**ETHNOGRAPHIC INTERVIEWING**" means communication with a member of another culture to identify the:

A. Key cultural differences.

B. Meaning of those cultural practices and norms.

"**EXTENDED FAMILY MEMBER**" means an adult who is a grandparent, brother, sister, stepbrother, stepsister, uncle, aunt, or first cousin with whom the child has a relationship and is comfortable and who is willing and available to care for the child.

RCW 13.32A.030

"**FAMILY PRESERVATION SERVICES**" means in-home or community-based services drawing on the strengths of the family and its individual members while addressing family needs to strengthen and keep the family together where possible and may include:

A. Respite care of children to provide temporary relief for parents and other care givers.

B. Services designed to improve parenting skills with respect to such matters as child development, family budgeting, coping with stress, health, safety, and nutrition.

C. Services designed to promote the well-being of children and families, increase the strength and stability of families, increase parents' confidence and competence in their parenting abilities, promote a safe, stable, and supportive family environment for children, and otherwise enhance children's development.

RCW 74.14C.010

"**FOSTER CARE**" means placement of a child by the department or a licensed child placing agency in a home or facility licensed pursuant to chapter 74.15 RCW or in a home or facility that is not required to be licensed pursuant to chapter 74.15 RCW.

"**FOSTER CARE PASSPORT PROGRAM**" or FCPP means a program that records health and education information in a computer database, and provides a concise summary of the information – the "Passport" – to be shared with foster parents and social workers. It is an interdisciplinary program that combines the expertise of the local public health jurisdictions with child welfare.

"**FOSTER FAMILY CARE**" means care and supervision provided on a 24-hour basis for up to six children in the licensed family abode of the person or persons under whose direct care and supervision the child is placed.

"**GROUP CARE**" means the provision of a safe, healthful environment for youth in a 24-hour licensed facility for more than six children, which provides the basic needs of food, shelter, and the provision of therapeutic services required for the successful reunification of youth with their family resource.

"**GUARDIAN**" means that person or agency that (a) has been appointed as the guardian of a child in a legal proceeding other than a proceeding under chapter 13.34 RCW, and (b) has the right to legal custody of the child pursuant to such appointment. The term "guardian" does not include a "dependency guardian" appointed pursuant to a proceeding under Chapter 13.34 RCW.

RCW 13.32A.030; 13.34.030

"**HEALTH & EDUCATION RECORD**" means the entire array of data entry screens in the CAMIS Passport module, including the provider, education, behavior, counseling, and daily routine information entered by the social worker and the health information entered by staff of the Foster Care Passport Program.

"**HEALTH RECOMMENDATIONS LETTER**" means a child-specific letter, to the child's foster parent, and a memo, to the child's social worker, written by the Public Health Nurse (PHN) upon completion of a child's Passport. The Health Recommendations Letter provides a means for the PHN to place all the child's health related issues in context with each other and to document recommendations for follow up care. The PHN produces a new Health Recommendations Letter at each update of a child's Passport.

"**IMMINENT RISK**" means, for Intensive Family Preservation Services, when a decision has been made by the department that without intensive family preservation services, a petition requesting the removal of a child from the family home will be immediately filed under chapters 13.13A or 13.34 RCW, or that a voluntary placement agreement will be immediately initiated.

74.14C.010 RCW

"**INDIAN CHILD**" means any unmarried person under the age of 18 who is:

A. A member of or eligible for membership in a federal recognized Indian Tribe, or who is Eskimo, Aleut, or other Alaska Native, or a member of an Alaskan Native regional corporation or Alaska Native Village;

B. Determined or eligible to be found to be Indian by the Secretary of the Interior, including through issuance of a certificate of Degree of Indian Blood or by the Indian Health Service;

C. Considered to be Indian by a federally recognized or non-federally recognized Indian Tribe or off-reservation Indian/Alaska Native community organization; or

D. A member or entitled to be a member of a Canadian Tribe or Band, Metis community, or non-status Indian community from Canada.

"**IN-HOME SERVICES**" means services provided in the child's home in lieu of out-of-home placement equivalent to the level of service intensity required to maintain the child in residential care.

"**INTENSIVE FAMILY PRESERVATION SERVICES**" means community-based services that are delivered primarily in the home, that follow intensive service models with demonstrated effectiveness in reducing or avoiding the need for unnecessary imminent out-of-home placement.

RCW 74.14C.010

"**MEDICAL HISTORY**" means health information on the child contained in the child's case record, as required by the CA *Practices and Procedures Guide*, chapter 4000, section 43092, Health and Education Record.

"**MEDICAL NECESSITY FOR INPATIENT MENTAL HEALTH CARE"** means a requested service which is reasonably calculated to: (a) diagnose, correct, cure, or alleviate a mental disorder; or (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

RCW 71.34.020

"ORIGINAL PLACEMENT DATE" or **"ORIGINAL FOSTER CARE PLACEMENT"**, for the purposes of the Social Security Act and federal regulations, means the date of the child's most recent removal from the child's home and placement into foster care under the care and responsibility of the state agency.

45 CFR 1356.21(f)

This definition applies both to children placed in foster care under a voluntary agreement and to those children under the state's responsibility through court order. Therefore, the original date of placement, for purposes of Title IV-E and section 427 of Title IV-B, would be when the child is in foster care and the state has been given responsibility for care either through a voluntary placement agreement or a court adjudication. There is no requirement under either Title IV-B or IV-E that the state have legal custody.

PIQ 83-06

"**OUT-OF-HOME PLACEMENT** or **CARE**" means a placement in a foster family home or group care facility or placement in a home, other than that of the child's parent, guardian, or legal custodian, not required to be licensed under 74.15 RCW.

RCW 74.14C.010

"**PARENT**" means the parent or parents who have the legal right to custody of the child. "Parent" includes custodian or guardian.

RCW 13.32A.030

"**PARENTING STATUS**" means:

A. **Custodian** - a person appointed by the parent, guardian, or court to provide care for a child.

B. **Guardian** - a person appointed by the court to provide care or to supervise a child.

C. **Parent** - is the prime person responsible for the care of a child and may include:

1. **Adoptive parent** - a person the courts grant parental status, rights, and privileges for a child.

2. **Birth or natural parents** - the persons, male and female, who conceived and gave birth to the child.

3. **Custodial parent** - the parent with whom the child resides:

a. **Legal** - a current court order designating a parent's right to the child's custody that may include:

i. Joint custody.

ii. Parenting plans.

iii. Shared custody.

iv. Sole custody to one parent.

b. **Physical** - the parent(s) with whom the child resides or is found.

D. **Stepparent** - a person, not the child's parent, who is currently married to the child's parent.

E. **Caretaker** - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

"**PASSPORT**" means the concise, printed, child-specific health and education summary information that is provided to the child's caregiver. A "Passport" consists of 2 main parts: 1) the printed summary; and 2) the Health Recommendations Letter.

"**PLACEMENT DECISION**" means the decision to place, or to delay or deny the placement of, a child in a foster care or an adoptive home, and includes the decision of the agency or entity involved to seek the termination of birth parent rights or otherwise make a child legally available for adoptive placement.

42 USC 5115a

"**PRESERVATION SERVICES**" means family preservation services and intensive family preservation services that consider the individual family's cultural values and needs.

RCW 74.14C.010

"**PREVENTIVE SERVICES**" means preservation services, as defined in 74.14C RCW, and other reasonably available services capable of preventing the need for out-of-home placement while protecting the child.

RCW 13.34.030

"**PRN**" stands for *pro re nata* and means "As needed."

"**PROBATIONARY LICENSE**" means a license issued as a disciplinary measure to an agency that has previously been issued a full license but is out of compliance with licensing standards.

RCW 74.15.020

"**PSYCHOTROPIC MEDICATION**" means medication, the prescribed intent of which is to affect or alter thought processes, mood, sleep, or behavior, including, but not limited to, anti-psychotic, antidepressant, and anxiolytic medications. The classification of a medication depends on its stated, intended effect when prescribed because it may have many different effects. Examples of some such medications are:

Amitriptyline/Elavil	Desipramine/Norpramine
Amoxapine/Asendin	Imipramine/Tofranil
Trimipramine/Surmontil	Fluoxetine/Prozac
Sertraline/Zoloft	Phenelzine/Nardil
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Chlorpromazine/Thorazine	Halperiodal/Haldol

Trifluoperazine/Stelazine	Thioridazine/Mellaril
Methylphenidate/Ritalin	Pemoline/Cylert
Amphetamine Sulfate/Amphetamine	

"**RESIDENTIAL CARE**" is a generic term for group care, residential treatment, and treatment foster care.

"**RESIDENTIAL TREATMENT SERVICES**": See "After-Care Services," "Continuum of Care," "Group Care," In-Home Services," "Residential Care," "Staffed Treatment Foster Care," and "Treatment Foster Care."

"**SECURE FACILITY**" means a crisis residential center, or portion thereof, that has locking doors, locking windows, or a secured perimeter, designed and operated to prevent a child from leaving without permission of the facility staff.

RCW 13.32A.030

"**SERVICE AGREEMENT**" means a formal written description of services to be provided or performed. Agreements are developed by the social worker with the parent and/or the court and any child over age 13 who is to receive or participate in services.

"**STAFFED TREATMENT FOSTER CARE**" means a licensed treatment foster care where the foster parents are professional staff who are hired to provide 24-hour supervision to six or less children residing in a foster home-like setting.

"**TEMPORARY OUT-OF-HOME PLACEMENT**" means an out-of-home placement of not more than 14 days ordered by a court at a fact-finding hearing on a child in need of services (CHINS) petition.

RCW 13.32A.030

"**TREATMENT FOSTER CARE**" means a program designed for children, youth, and their families whose special needs are provided through services delivered primarily by treatment foster parents trained, supervised, and supported by agency staff. In addition to the provision of a safe, healthful environment, foster parents are expected to be members of the treatment team and to perform tasks which are central to the treatment process in a manner consistent with the child's treatment plan.

"**UNEXPECTED DEATH OF A MINOR**" means a death not resulting from a diagnosed terminal illness or other debilitating or deteriorating illness or condition where death is anticipated.

"**UNFOUNDED**" means available information indicates that, more likely than not, child abuse or neglect did not occur.

Chapter 26.44.020

APPENDIX B. INDEX

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