



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

April 12, 2013

GENERAL LETTER NO. 17-AP-25

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 17, **CHILD WELFARE APPENDIX**, Contents (pages 1, 6, and 7), revised; pages 17 and 218, revised; page 218a, new; and the following forms:

470-4128	<i>Community Care Explanation and Referral</i> , revised
470-4128(S)	<i>Community Care Explanation and Referral (Spanish)</i> , revised
470-5061	<i>Community Care Supervisor Checklist</i> , revised
Comm. 437	<i>Iowa Foster Child and Youth Bill of Rights</i> , new
RC-0098	<i>Community Care Practice Guide</i> , revised

Summary

Chapter 17-Appendix is revised to:

- ◆ Remove form 470-5137, *Assessment Worker Access to School*. Facility and school visit language was added to Employees' Manual 17-B(1) to highlight the Iowa Code section giving authority to use confidential access in place of this form.
- ◆ Update form 470-4128, *Community Care Explanation and Referral*, and its Spanish translation 470-4128(S), to include "and safety" following family risk to reflect that the safety assessment is now part of the referral.
- ◆ Update form 470-5061, *Community Care Supervisor Checklist*, to include "subsequent safety assessment is completed" as part of the review before approving a *Child Protective Services Assessment Summary* to make a referral to community care. The timeframe for completion of the assessment was changed from "20-working" to "20-business" days.
- ◆ Add Comm. 437, *Iowa Foster Child and Youth Bill of Rights*. Case managers use this flier to discuss the rights and responsibilities of a child in foster care with the parent and the child. These rights were developed by Iowa youth to empower children and youth in foster care and to improve casework practice.

- ◆ Update form RC-0098, Community Care Practice Guide, to:
 - Change the timeframe for completion of the assessment from “20-working” to “20-business” days.
 - Include “and safety” before assessment as part of the referral information.
 - Change the contact person from Jeri Angell to Julie Gunn and include her direct email address.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees’ Manual, Title 17, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	November 2, 2012
Contents (pages 6 and 7)	December 16, 2011
16a	November 2, 2012
470-5137	11/12
17	November 2, 2012
470-4128	12/11
470-4128(S)	12/11
470-5061	9/11
218	December 16, 2011
RC-0098	9/11

Additional Information

Refer questions about this general letter to your area service administrator.

	<u>Page</u>
Adoption Information Checklist, Form 470-3614 or 470-3614(S)	1
Adoption IV-E Checklist, Form 470-4075	2
Adoption Notice of Decision, Form 470-0745 or 470-0745(S)	3
Adoption Report to the Court, Form 470-3355.....	4
Adoption Staffing Summary, Form 470-0774	5
Adoption Subsidy Agreement, Form 470-0749 or 470-0749(S)	6
Adoption Subsidy Special Needs Documentation, Form 470-4312	8
AdoptUsKids Website Waiver, Form 470-4155	9
Agreement and Consent for School Activities, Form 470-4538	10
Agreement of Placement for Adoption, Form 470-0761 or 470-0761(S)	11
Agreement to Future Adoption Subsidy, Form 470-0762 or 470-0762(S)	12
Application for Adoption, Form 470-0743 or 470-0743(S)	13
Application for All Social Services, Form 470-0615 or 470-0615(S)	14
Application for Subsidy, Form 470-0744 or 470-0744(S)	17
Authorization for Release of Child Abuse Information, Form 470-3301 or 470-3301(S)	18
Authorization to Release HIV-Related Information, Form 470-3225 or 470-3225(S).....	20
Birth: Application for a Search for an Iowa Record, Form 588-0225VR.....	21
Birth Certificate Request, Form 470-4567	24
Birth Parent Affidavit to Court, Form 470-3031 or 470-3031(S)	25
Child Abuse Assessment Parental Notification, Form 470-3239 or 470-3239(S).....	26
Child Abuse Multidisciplinary Team Agreement, Form 470-0639.....	27
Child Care Assistance Eligibility Worksheet, Form 470-4057 or 470-4057(S)	28
Child Protective Assessment Cover Letter, Form 470-3479.....	29
Child Protective Services Assessment Summary, Form 470-3240 or 470-3240(S)	30
Child Protective Services Intake, Form 470-0607.....	37
Child Study, Form 470-3698.....	41

Page

Informational Materials

Comm. 146 or Comm. 189, The State Has My Child! What Can I Do?	212
Comm. 164 or Comm. 164(S), Child Abuse: A Guide for Mandatory Reporters	213
Comm. 177 or Comm. 190, How Can I Help This Child?	214
Comm. 283, Family Team Decision-Making Evaluation Handbook.....	215
Comm. 385, Overview of Iowa’s Adoption Subsidy Program	216
Comm. 386, Financial Assistance for Relative Caretakers.....	217
Comm. 437, Iowa Foster Child and Youth Bill of Rights.....	218
RC-0003, Child Abuse Registry Report Code Card	218a
RC-0045, Interstate Compact Requirements for Placing Children Out of Iowa	219
RC-0046, Interstate Compact Requirements for Receiving Children Into Iowa.....	220
RC-0049, Dissemination Desk Aid	221
RC-0053, Home Study Update Guide: Transition to Adoption.....	224
RC-0076, CPS and CINA Intake Decision Tree	225
RC-0077, CINA Guidance Tool	226
RC-0078, Relative Home Study Outline	227
RC-0082, How-Do-I? Guide: Case Planning.....	228
RC-0083, How-Do-I? Guide: Case Management.....	229
RC-0084, How-Do-I? Guide: In-Home Case Management.....	230
RC-0086, How-Do-I? Guide: CPS Assessment	231
RC-0087, How-Do-I? Guide: CINA Assessment.....	232
RC-0088, How-Do-I? Guide: CINA Intake	233
RC-0089, How-Do-I? Guide: CPS Intake.....	234
RC-0090, Drug Testing Guidelines	235
RC-0093, CPS Assessment – Case Disposition Decision Tree	236
RC-0095, Criminal Record Case Codes	237

	<u>Page</u>
RC-0096, How-Do-I? Guide: Out-of-Home Case Management.....	238
RC-0097, CINA Intake Guidance Tree	239
RC-0098, Community Care Practice Guide	240
RC-0099, How-Do-I? Guide: Adoption.....	241
RC-0101, Case Closure	242
RC-0102, How-Do-I? Guide: Case Closure	243
RC-0104, Safety Assessment Guidance	244
RC-0122, Factoring Child Abuse Desk Aid.....	245
RC-0123, Family Risk Assessment Guidance	246
RC-0124, Family Risk Reassessment Guidance.....	247

Application for Subsidy, Form 470-0744 or 470-0744(S)

Purpose	Form 470-0744 or 470-0744(S) is used to apply for an adoption presubsidy or subsidy.
Source	Complete the English or Spanish version of this form on line using the templates in the public state-approved forms folder on Outlook.
Completion	<p>For presubsidy, the application may be completed at any time during the adoptive placement of the child, but before finalization of the adoption. No presubsidy payments can be made before the date of application.</p> <p>For subsidy, complete the application before the hearing to finalize the adoption.</p> <p>The adoptive family signs the form. The adoption worker signs the bottom portion to record receipt of the application.</p>
Distribution	Make a copy for the family after signing the bottom half. Keep the original in the child's subsidy case record.
Data	<p>For a presubsidy application, use the child's birth name.</p> <p>For a subsidy application, use the child's adoptive name.</p>



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Dear _____ :

The Department of Human Services is pleased to offer a supportive option called Community Care to families. The Community Care program is provided by the Mid-Iowa Family Therapy Clinic, Inc. It offers child and family focused services designed to empower families, prevent the need for future DHS involvement, and help families build ongoing connections to community resources.

Community Care is a voluntary program. Your family is not required to accept a referral to Community Care. If you agree to be referred and later decide you no longer want to participate, you may stop services at any time.

If you wish to be referred to Mid-Iowa Family Therapy Clinic, Inc. for Community Care services, you need to read and sign the attached *Authorization to Obtain or Release Health Care Information*, form 470-3951. The Department will then provide Mid-Iowa Family Therapy Clinic, Inc. with your name, family contact information, and a copy of the current child abuse assessment report completed on your family, which includes family risk and safety assessment information. This agency will not release this information to anyone else without your permission. Staff from the Community Care agency will contact you within 14 days to explain their services.

The Community Care provider will only let the Department of Human Services know whether you accepted or declined services, the general categories of services you received, when services to your family were closed, and the reason services ended.

Community Care is a great option for families looking for support to make themselves stronger. I hope you will consider this program as a way to help your family. Please contact me at _____ if you have any questions.

Sincerely,

DHS Child Protection Worker

AUTHORIZATION TO OBTAIN OR RELEASE HEALTH CARE INFORMATION

Client Name:	ID#:	SS#:
Date of Birth:	Parent/Guardian:	

I authorize the following individual or agency to share written and oral information (two-way or reciprocal release) about my needs and the services I receive . . .

Name or agency to release and receive information: Iowa Department of Human Services - County Office	
Address:	
City/State/Zip:	
Phone:	Fax:

With the following individual or agency:

Name or agency to receive and release information: Mid Iowa Family Therapy Clinic, Inc.	
Address: Box 416, 600 1st Street	
City/State/Zip: Perry, Iowa 50220	
Phone: 515-465-5739	Fax: 515-465-5744

- The information released or shared may include:**
- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Family data photos | <input type="checkbox"/> Social history | <input type="checkbox"/> Lab results | <input type="checkbox"/> Psychological reports |
| <input type="checkbox"/> Diagnosis/allergies | <input type="checkbox"/> X-ray/imaging reports | <input type="checkbox"/> Team notes | <input type="checkbox"/> Medication history | <input type="checkbox"/> Treatment and aftercare plans |
| <input type="checkbox"/> Initial assessment | <input type="checkbox"/> Immunization record | <input type="checkbox"/> School records | <input type="checkbox"/> Court documents | <input type="checkbox"/> History & physical exam |
| <input type="checkbox"/> Receiving phone calls | | | | <input type="checkbox"/> Evaluation & recommendations |
- Consultation reports from (doctor/specialty name):
- Other (please specify): 1. DHS will provide the current DHS Child Protective Services Assessment Summary, including risk and safety assessment information; 2. Mid Iowa will provide DHS with information on whether services were accepted, general categories of services provided, and when and why services ended.

Other (note exceptions or limits to this release):

This information is being used ONLY for (state purpose): for the Department to refer you to the Mid Iowa Family Therapy Clinic, Inc. to offer you an opportunity to participate in the Community Care program.

SPECIFIC AUTHORIZATION FOR RELEASE	Type of Information	Authorizing Initials
I authorize the release of the information listed at the right, which requires specific consent under federal law:	Mental health evaluation/treatment*	
	AIDS/HIV-related	
	Substance abuse**	

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see this information during normal business hours. I understand that I can revoke my authorization at any time by completing form 470-3949, Request to Revoke an Authorization. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire in six months after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that if the persons or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. However, there may be other federal or state laws that require the information to remain confidential. If I have questions about disclosure of my health information, I can contact (name) DeAnna Thomas at (phone) (515) 281-3044. I have read this form, or it has been read and explained to me, and I understand its content.

Authorizing signature:	Date:	Expiration date:
Relationship to client: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Legal representative <input type="checkbox"/> Nearest living relative <input type="checkbox"/> Other (specify below)		
<input checked="" type="checkbox"/> Not Required	Witness signature:	
<input type="checkbox"/> Required	Witness signature:	

A photocopy of this signed authorization shall have the same force and effect as this original.

RECORD OF DISCLOSURES
(Required for mental health information)

Date	Name of Recipient	Contents Disclosed	Sent By
1.			
2.			
3.			
4.			
5.			
* Only a person 18 years of age or older or a person's legal representative can authorize release of mental health information.			
** Only the subject can authorize release of substance abuse information unless the subject is of such age and mental maturity that they are unable to authorize release.			

Notice to Recipients of Mental Health Information

In accordance with "Disclosure of Mental Health and Psychological Information" (Iowa Code, Chapter 228), a recipient of mental health information may further disclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of Substance Abuse Information

This information has been disclosed from records whose confidentiality is protected by federal law. Iowa Code, Chapter 125 and federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written authorization of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of HIV-Related Testing Information

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 the information without 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. (Iowa Code Section 141A.9) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

For assistance or consultation you may contact the IDHS Diversity Program Unit. Complaints should be filed promptly, but in most instances, no later than 180 days of the alleged discriminatory act. If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

de de

Estimado(a) :

El Department of Human Services se complace en ofrecer una opción de apoyo para las familias, llamada Community Care (Atención comunitaria). El programa Community Care se ofrece a través de la Mid-Iowa Family Therapy Clinic, Inc. Ofrece servicios enfocados hacia los menores y las familias, diseñados para empoderar a las familias, evitar la necesidad de futuras intervenciones del DHS, y para ayudar a las familias a generar conexiones permanentes con los recursos comunitarios.

Community Care es un programa voluntario. Su familia no está obligada a aceptar una remisión a Community Care. Si usted accede a ser remitido, y luego decide que ya no desea participar, usted puede suspender los servicios en cualquier momento.

Si usted desea ser remitido a la Mid-Iowa Family Therapy Clinic, Inc. para los servicios de Community Care, debe leer y firmar la *Authorization to Obtain or Release Health Care Information (Autorización para Obtener o Proporcionar Información Sobre el Cuidado de la Salud)*, formulario 470-3951. El Departamento luego suministrará a Mid-Iowa Family Therapy Clinic, Inc. su nombre, información de contacto de su familia y una copia del informe actual de evaluación de abuso infantil sobre su familia, el cual incluye información de la evaluación de seguridad y riesgo familiar. Esta agencia no divulgará esta información a ninguna persona sin su permiso. El personal de la agencia de Community Care se pondrá en contacto con usted dentro de los 14 días siguientes para explicar sus servicios.

El proveedor de Community Care únicamente hará saber al Department of Human Services si usted aceptó o rechazó los servicios, las categorías generales de los servicios que usted recibió, cuándo se cerraron los servicios para su familia y la razón para la terminación de los servicios.

Community Care es una gran opción para las familias que buscan apoyo para volverse más fuertes. Espero que considere este programa como una forma para ayudar a su familia. Por favor contácteme en el si tiene alguna pregunta.

Cordialmente,

Trabajador de protección infantil del DHS

**AUTHORIZATION TO OBTAIN OR RELEASE HEALTH CARE INFORMATION
(AUTORIZACIÓN PARA OBTENER O PROPORCIONAR INFORMACIÓN SOBRE EL CUIDADO DE LA SALUD)**

Nombre del cliente:	Nº de documento:	Nº de Seguro social:
Fecha de nacimiento:	Padre/Tutor:	

Autorizo a la siguiente persona o agencia a compartir información tanto escrita como oral (*información ida y vuelta o recíproca*) con respecto a mis necesidades y a los diferentes servicios que recibo. . .

Nombre de la agencia que proporcionará y recibirá información: Iowa Department of Human Services - Oficina del condado	
Dirección:	
Ciudad/Estado/Código postal:	
Teléfono:	Fax:

Para la siguiente persona o agencia:

Nombre de la agencia que proporcionará y recibirá información: Mid Iowa Family Therapy Clinic, Inc.	
Dirección: Box 416, 600 1st Street	
Ciudad/Estado/Código postal: Perry, Iowa 50220	
Teléfono: 515-465-5739	Fax: 515-465-5744

La información proporcionada o recibida puede incluir:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Informes psicológicos | <input type="checkbox"/> Resumen de descargo | <input type="checkbox"/> Resumen del expediente clínico | <input type="checkbox"/> Estado de admisión |
| <input type="checkbox"/> Resultados del laboratorio | <input type="checkbox"/> Tratamientos y planes pos-cuidado | <input type="checkbox"/> Fotografías de datos familiares | <input type="checkbox"/> Antecedentes sociales |
| <input type="checkbox"/> Comentarios del equipo | <input type="checkbox"/> Historial de medicamentos | <input type="checkbox"/> Diagnóstico/alergias | <input type="checkbox"/> Rayos X/informes por imagen |
| <input type="checkbox"/> Certificado de vacunas | <input type="checkbox"/> Informes escolares | <input type="checkbox"/> Historial y chequeo físico | <input type="checkbox"/> Evaluación inicial |
| <input type="checkbox"/> Evaluación y recomendaciones | | <input type="checkbox"/> Documentos legales | |
| <input type="checkbox"/> Informes de consultas emitidos por parte de (nombre del médico/especialista): | | <input type="checkbox"/> Recepción de llamadas telefónicas | |

- Otros (especifique): 1. El DHS luego entregará el resumen actual de la evaluación de servicios de protección infantil del DHS, incluyendo la información sobre la evaluación de riesgo y seguridad; 2. Mid Iowa suministrará al DHS la información sobre si los servicios fueron aceptados, las categorías generales de los servicios suministrados y cuándo y por qué terminaron los servicios.

Otros (tenga en cuenta las excepciones y limitaciones relacionadas con el suministro de información):

Esta información se utiliza ÚNICAMENTE para (indique fin): Para que el Departamento le remita a la Mid Iowa Family Therapy Clinic, Inc. para ofrecerle una oportunidad para participar en el Programa Community Care.

<u>AUTORIZACIÓN ESPECIAL PARA EL SUMINISTRO DE INFORMACIÓN</u>	Tipo de información	Iniciales de Autorización
Autorizo el suministro de la información proporcionada a la derecha, la cual necesita autorización específico, como lo estipula la ley federal:	Tratamiento/evaluación de salud mental*	
	Enfermedades relacionadas con VIH/SIDA	
	Abuso de sustancias**	

La presente autorización es válida para la información ya existente o para todo tipo de información que podría aparecer durante el período de efectividad de esta autorización. Entiendo que tengo el derecho de leer todo tipo de información proporcionada en relación con esta autorización para su posterior suministro. Es posible que pueda solicitar esta información durante el horario de trabajo normal. Entiendo de igual manera que podré modificar esta autorización en cualquier momento con sólo completar el formulario 470-3949, Request to Revoke an Authorization (Solicitud para Revocar una Autorización). Entiendo además que esta revocación no se aplicará a la información que ya ha sido proporcionada como respuesta a esta autorización. Entiendo que dicha modificación no se aplicará a mi compañía de seguros ya que la ley otorga a la aseguradora correspondiente el derecho de impugnar una demanda según lo estipulado en mi póliza. A menos que se determine lo contrario, esta autorización perderá toda la validez el día que se indica más abajo. Si no especifico una fecha de vencimiento determinada, esta autorización vencerá a los seis meses a partir de la fecha en la cual se firme. Entiendo que el suministro de esta información se autoriza por propia voluntad. Puedo negarme a firmar esta autorización. Entiendo que si las personas u organizaciones autorizadas a recibir esta información no fueran un plan médico o un profesional de la salud, la información divulgada ya no estaría protegida por las normas federales de privacidad. Sin embargo, podrían existir otras leyes federales o estatales que exijan que dicha información permanezca confidencial. Si tuviera alguna duda con respecto al suministro de información relacionada con mi salud, deberé comunicarme con (nombre) DeAnna Thomas llamando al (teléfono) (515) 281-3044. He leído este formulario, o el mismo se me ha leído o explicado, y afirmo entender su contenido.

Firma de autorización:	Fecha:	Fecha de vencimiento:
Relación con el cliente: <input checked="" type="checkbox"/> Uno mismo <input type="checkbox"/> Representante legal <input type="checkbox"/> Pariente más cercano <input type="checkbox"/> Otro (especificar debajo)		
<input checked="" type="checkbox"/> Opcional	Firma del testigo:	
<input type="checkbox"/> Obligatorio	Firma del testigo:	

La copia de esta autorización firmada tendrá la misma validez que el original.

RECORD OF DISCLOSURES (INFORME DE DIVULGACIÓN)

(Para información de salud mental)

Fecha	Nombre del destinatario	Contenidos proporcionados	Enviado por
1.			
2.			
3.			
4.			
5.			

- * El suministro de información sobre salud mental sólo podrá ser autorizado por personas mayores de 18 años o por el representante legal de una persona.
- ** El suministro de información sobre abuso de sustancias podrá ser autorizado únicamente por la persona en cuestión, a menos que la edad y nivel de madurez mental de la persona demuestren que la misma no está capacitada para autorizar el suministro de tal información.

AVISO A LOS DESTINATARIOS DE INFORMACIÓN SOBRE SALUD MENTAL

De acuerdo con la sección "Suministro de información psicológica y de salud mental" (Código de Iowa, Capítulo 228), el destinatario de información sobre salud mental podrá continuar proporcionando información únicamente si obtiene una autorización de la persona afectada o del representante legal de dicha persona, o tal como lo estipulen los Capítulos 228 y 229. El suministro de información no autorizada se considera ilegal. Como consecuencia y ante este delito, podrían aplicarse ciertas penalizaciones criminales y civiles. Las reglas federales de confidencialidad (42 CFR Parte 2) limitan el uso de esta información con el fin de llevar a cabo una investigación penal o bien para procesar a cualquier paciente drogadicto o alcohólico.

AVISO A LOS DESTINATARIOS DE INFORMACIÓN SOBRE ABUSO DE SUBSTANCIAS

Esta información ha sido proporcionada a partir de los informes cuya confidencialidad se encuentra protegida por ley federal. El Código de Iowa, Capítulo 25, y las reglas federales (42 CFR, Parte 2) prohíben cualquier tipo de suministro de información adicional sin la previa autorización por escrito de la persona a quien pertenece esta información, o de otra forma permitido por dichos estatutos y reglamentos. Para este propósito, se requerirá mucho más que una autorización general para el suministro de información médica u otro tipo de información. Las reglas federales limitan el uso de esta información con el fin de llevar a cabo una investigación penal o bien para procesar a cualquier paciente drogadicto o alcohólico.

AVISO A DESTINATARIOS DE INFORMACIÓN SOBRE PRUEBAS DE VIH

Esta información se le ha proporcionado a partir de los informes cuya confidencialidad se encuentra protegida por ley estatal. La ley estatal le prohíbe continuar suministrando información sin el previo consentimiento de la persona afectada, o de algún otro modo permitido por la ley. Para este propósito, se requerirá mucho más que una autorización general para el suministro de información médica u otro tipo de información. (Código Iowa, Sección 141^a.9) Las reglas federales de confidencialidad (42 CFR Parte 2) limitan el uso de esta información con el fin de llevar a cabo una investigación penal o bien para procesar a cualquier paciente drogadicto o alcohólico.

POLÍTICA RELATIVA A LA DISCRIMINACIÓN, EL ACOSO, LA ACCIÓN AFIRMATIVA, Y LA OPORTUNIDAD IGUALITARIA DE EMPLEO

Es política del Iowa Department of Human Services ofrecer trato igualitario en cuanto a empleo y ofrecimiento de servicios a los solicitantes, empleados y clientes, sin importar su raza, color, nacionalidad, sexo, orientación de sexual, identidad de género, religión, edad, incapacidad, creencia política o estatus de veterano.

Para recibir asistencia o hacer una consulta, puede comunicarse con IDHS Diversity Program Unit. Los reclamos deben ser presentados puntualmente, pero en la mayoría de los casos, antes de transcurridos 180 días de ocurrida la acción discriminatoria alegada. Si usted considera que el IDHS le ha discriminado o acosado, puede enviar una carta quejándose a:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; teléfono (800) 972-2017; fax (515) 281-4243.



Community Care Supervisor Checklist

Eligibility Process

The Department of Human Services receives child abuse allegations and an assessment is initiated. **The 45-day timeframe for referring eligible cases to Community Care begins.**

The child protective worker (CPW) begins the process of assessing the case. **The 20-business-day timeframe for completion of assessment begins.**

The following information should be reviewed and completed before approving a *CPS Assessment Summary* report for making a referral to Community Care:

- CPS Assessment Summary* is completed
 - Need Consideration conducted, all three questions answered "Yes"
 - Release of information is signed and in case file
 - CPW documented in the "Recommendation for Service" section that Community Care was discussed with the family, they agreed to services, and signed the release
- Subsequent *Safety Assessment* is completed
- Family Risk Assessment* is completed
- STAR screens (STAT2) completed
 - The correct risk level from the *Family Risk Assessment* is checked
 - The correct Service Eligibility Category (I) is checked
 - There is a "Y" in the RELEASE OBTAINED field

Once the *CPS Assessment Summary* report is approved:

- Referral date is entered on STAT2 (same date as in the STAR system)
- Referral sent via Case Flow the same date as referral date in STAR
- Copy of the release of information is mailed out with *CPS Assessment Summary*

Comm. 437, Iowa Foster Child and Youth Bill of Rights

Purpose	Comm. 437, <i>Iowa Foster Child and Youth Bill of Rights</i> , is used to inform the child, parents, and caretakers about the rights and responsibilities of a child in foster care. These rights were developed by Iowa youth to empower children and youth in foster care and to improve casework practice.
Source	Print or photocopy supplies of this flier from the sample in the manual.
Distribution	At the time a child enters foster care, provide the flier to the child, their parents, and caretakers as appropriate and discuss.
Data	The flier provides a tool to start a discussion with a child, parent, or caretaker that will promote respectful and engaging care of the child.

Iowa Foster Child and Youth Bill of Rights

I have the right to be treated with respect.

I have the right to be safe and well cared for.

I have the right to be who I am.

I have the right to lifelong family connections.

I have the right to be fully informed about what is happening to me.

I have the right to be told why I am in the child welfare system.

I have the right to adequate health care, including mental health care.

I have the right to a good, stable education.

I have the right to permanency.

I have the right to know when court hearings are scheduled and to attend hearings regarding my care.

I have the right to a qualified advocate.

I have the right to receive skills, knowledge and resources needed to be an independent adult.

I have the right to seek assistance if these rights aren't being met.



Responsibilities for Children and Youth in Care

I am responsible for my choices, decisions, actions and behaviors. I understand that I make the biggest difference in my life.

I know I will make mistakes but I hope to learn from them and make positive choices for my life to create a bright future.

I will treat myself and others with respect; I will follow the golden rule and treat others as I wish to be treated.

I promise to make every effort to take the necessary actions not to cause harm to myself or others.

I will do my best to communicate openly with people when I have a problem and try to ask for help when I need it... but please remember I may have trouble asking for help.

I will try to work to the best of my ability in school and achieve the educational goals that I need to be a productive and successful person.

I have the responsibility to ask for help in learning life skills I need for becoming an independent young adult.

I will make an effort to be involved in and cooperate with suggested mental health treatment.

Respectfully I ask that you do not judge me by my past, instead get to know me for the person I am today.

Family connections are very important to me. I know I am responsible for setting and keeping safe boundaries with my family members. I am also responsible for making amends for any of my former actions that may have caused someone harm.

I will try to be courageous and speak up when I feel my rights have been violated.

Every child in foster care has the same rights belonging inherently to all children. Achieving Maximum Potential (AMP) is a youth driven, statewide advocacy group that seeks to unleash the full potential for personal growth among children and youth experiencing foster, adoptive and kinship care. AMP asks that service providers, court professionals, and case managers provide the Foster Care Bill of Rights and Responsibilities document to children and youth in care. Because each child and youth is unique, discuss in a manner which he or she can understand. This Iowa Foster Care Bill of Rights and Responsibilities was developed by children and youth, with the support of the Department of Human Services and mentoring from other youth advocates. This is a resource that children and youth can use to advocate for themselves and adults can keep this as a reminder to always uphold these rights and show children and youth the respect they deserve. The responsibilities are to be used as encouragement to uplift and support youth in their development and successful transition toward becoming successful young adults.



[RC-0003, Child Abuse Registry Report Code Card](#)

Purpose	The code card provides a list of all coded responses necessary to interpret computerized records of child abuse investigations on the Automated Child Abuse and Neglect (ACAN) system.
Source	Print or photocopy supplies of the <i>Child Abuse Registry Report Code Card</i> as needed from the sample in the manual.



Community Care Practice Guide

Community Care provides child and family focused services and supports to families referred from the Department. These services and supports are geared to:

- ◆ Keeping the children in the family safe from abuse and neglect,
- ◆ Keeping the family intact,
- ◆ Preventing the need for further and future intervention by the Department (including removal of the child from the home), and
- ◆ Build ongoing linkages to community-based resources that improve the safety, health, stability, and well being of those served.

Eligibility Process

The Department of Human Services receives child abuse allegations and an assessment is initiated. **The 45-day timeframe for referring eligible cases to Community Care begins.**

The child protective worker (CPW) begins the process of assessing the case. **The 20-business-day timeframe for completion of assessment begins.**

During the course of an assessment, if the DHS worker determines that there is a need for safety plan services, the worker must obtain supervisory approval and prepare the documentation for referral (*Safety Plan*, form 470-3055, and *Referral Face Sheet*).

At the completion of the assessment make the appropriate referral to:

- ◆ DHS
 - FSRP Services; or
- ◆ Community Care
 - Answer the following three questions:

* If the case meets criteria for Community Care referral, conduct the Need Consideration		
Does the family need assistance to prevent future incidents of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered yes to all, refer to Community Care.
Does the family need support beyond current formal or informal systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered no to any, consider information and referral or information only and close case.
Is the parent willing to be referred to Community Care Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: The **Need Consideration** should be used as a tool to guide the CPW in determining if a referral to Community Care is appropriate. Just because a family meets criteria for eligibility, it does not automatically mean that a referral should be made.

If **ALL three** boxes are checked yes, then a referral to Community Care can be made. The **Need Consideration** section of the *CPS Assessment Summary* does not print off as it is only a tool to guide you, so it is not included in the report provided to the family, et al.

The *Family Risk Assessment* must be completed as it determines the risk level and is provided as part of the referral documentation.

If the case does not meet criteria for a referral to DHS or Community Care you may provide Information and Information and Referral to close the case.

Cases NOT Eligible to Receive Community Care Services

The Department will **NOT** refer a family for Community Care:

- ◆ When a child has been adjudicated a Child in Need of Assistance **OR**
- ◆ If any child in the household has an open child welfare service case with the Department **OR**
- ◆ If the alleged abuse occurred in an out of home setting.

Referral Process/Release of Information

Community Care is a voluntary service. All families who agree to Community Care must sign a release of information. The release of information to be used for Community Care can be accessed in OUTLOOK under: Public Folders\All Public Folders\State Approved Forms\Service\Community Care. The form number is 470-4128, *Community Care Explanation and Referral*. A Spanish version of the information letter and release is also available.

A signed release of information must be received by DHS and placed in the case file before making a Community Care referral. Verbal agreements or faith that a client will return a signed release are not sufficient.

DHS cannot release child abuse information to a provider of care without proper authorization. In Community Care, Mid Iowa is the provider of care and the proper authorization is a signed release of information, form 470-4128. Information provided to Mid Iowa is not considered a "referral" unless **all** required information is provided within the 45-day timeframe. If not provided within the timeframe, the case will be deemed ineligible for Community Care.

NOTE: A signed copy of the release of information must be signed by the adult who wants to receive services and mailed with their copy of the final assessment.

If there are two households and both parents want to participate with Community Care, both parents must then sign a separate release of information. This still remains as one referral, but with two separate signed releases.

If there are multiple *CPS Assessment Summaries* completed simultaneously on one family who becomes eligible for Community Care, only ONE referral will be made for services.

Documentation in the *CPS Assessment Summary*

If the family is eligible and agrees to participate with Community Care, the CPW should document in their report that they discussed this option and that the family agreed to participate with services and signed the release of information. A copy of the signed release of information is maintained in the CPW case file and a copy is mailed along with the report. This information should be documented in the "Recommendation for Service" section of the *CPS Assessment Summary*.

System Entries – STAR

For those families that meet criteria for Community Care, a referral is made through **STAR** to generate the referral date and through **Case Flow** to send the referral. The process is as follows:

1. On **STAT2**, one of the three risk levels must be entered by selecting with an 'X.' This will correspond to the final risk level on the *Family Risk Assessment*.
2. You will then select the Service Eligibility Category based on the report finding, risk level, and age of the child victim. Service Eligibility has an **F2** lookup. **STAR** has built in edits that will assist in selecting the appropriate service category. If the family is eligible for Community Care, you will select option "**I**". Following the Service Eligibility Category there is an EXCEPTION REASON entry field. This **F2** lookup provides the user with exception reasons for not making a referral to the service category (options A – J). Some exception reasons may only be used if the child victim is the only child in the home.
3. If the Service Eligibility Category is Community Care, you must enter a 'Y' in the release obtained field unless there is an exception reason listed for not making a Community Care Referral.
4. The referral date cannot be entered until the report has been approved by a supervisor, thus completing the assessment. Once the report has been approved the assigned CPW will receive an alert to make the Community Care Referral. You as the user can fast path directly to **STAT2**.

If the referral date is not entered within 36 calendar days from the date of intake a second alert will be issued to the CPW and an alert will also be issued to the supervisor that a Community Care referral needs to be made. If the referral is not made within 45 calendar days from the date of intake, no referral can be made.

5. The RELEASE OBTAINED, REFERRAL DATE, and EXCEPTION REASON entry fields remain open for entry after supervisory approval. If the release is obtained and referral can be received by Mid Iowa within 45 days of from the date of intake, the exception reason may be deleted and a "Y" entered in the release obtained field.

The referral date in **STAR** is the date that you are actually in the system on **STAT2**; you cannot pre or post date the referral date.

NOTE: If any demographics change during the course of the assessment from what was initially reported to intake, the CPW needs to make sure that those changes are entered into **STAR**. All current and valid demographic information, specifically address and phone numbers, should be entered into the system.

NOTE: When there are multiple *Child Protective Assessment Summaries* completed on a family, only one referral is made. EXAMPLE: A CPW has three open assessments on a family who is eligible for Community Care. The CPW will select ONE report (Incident #) that will be the primary report to be included in the referral. The other two reports will be reflected on the **STAT2** screen in **STAR** with Exception Reason (F) – Family does not need additional supports) and on the Incident Summary line type in “Community Care referred under another Incident Number.”

System Entries – Case Flow

When you have entered the referral date on **STAT2**, you should:

1. Go immediately into Case Flow.
2. Type in the incident number and then to the far right of Case Flow is the section titled "Send Community Care Referral."
3. Click on the Assess Summary & Fam Risk and then hit Go. This will pull up your completed report.
4. At the top right, there is a button that says *Email Referral to Community Care*. Click on this and the referral is sent. **If there is no referral date listed on STAT2 you will not be able to e-mail your referral and an error message will appear stating there is no referral date in STAR.**

NOTE: The referral date on **STAT2** and the date that you send the referral to Community Care through Case Flow **MUST** be the same date. This prevents conflicting referral dates and triggers the timeline for Community Care to make contact with the family within 14 calendar days.

Once a Community Care referral is made, the CPW's involvement ends for purposes of case oversight. The release of information is for the purpose of data sharing only. DHS will provide the current *CPS Assessment Summary*, including the risk and safety assessment, and the Community Care contractor will provide DHS with information on whether services were accepted, general categories of services provided, and when and why services ended. If the Community Care contractor needs additional information in order to make contact with the family or regarding any of the referral information, the Community Care contractor may contact you and you can provide this information. Contact may be made if another assessment is received during the course of the Community Care service provision.

Out-of-Home Setting

If the alleged abuse occurred in an out-of-home setting, the family is NOT eligible for Community Care.

Court Involvement and Community Care

If CPW determines that juvenile court intervention is necessary, a referral to court for a CINA petition must be made. If a CINA petition or assessment is initiated, a referral to Community Care is not appropriate. If CPW anticipates court intervention in the near future, the case is not appropriate for Community Care.

Addendums

Iowa Code 232.71B, subsection 11, states “An addendum to a *Child Protective Assessment Services Summary* is required when additional information becomes available regarding the allegation or finding.”

How Does an Addendum Affect Eligibility for Community Care?

Chapter 17-B(4), Topic 19, states “If an addendum is completed due to new or additional information within six months of the intake date, a Community Care referral can be made **if**:

- ◆ The addendum information changes the risk level and service eligibility of the original report, and
- ◆ The family was not eligible for Community Care following the original report.

New Allegations/New Assessment Initiated on a Family Receiving Community Care

If a family is currently receiving Community Care and a new child abuse referral is assigned and the outcome determines the family is Community Care eligible, on **STAT2** use Exception Reason (F) – Family does not need additional supports) and on the Incident Summary line type in “Community Care currently involved.”

If the outcome of the current (new) assessment identifies DHS eligibility, the CPW must contact the Community Care provider and notify them of the case eligibility so that Community Care services can be terminated and the agency can assist with the transition of the case. The CPW should e-mail Mid Iowa by contacting Julie Gunn at julie.gunn@mifc.com stating that the family will now be served by DHS.