



Iowa Department of DHS Human Services

How-Do-I? Guide Out-of-Home Case Management

OUTCOMES:

- Child safety
- Child and family well-being
- Permanency for the child
- Appropriate type, level and intensity of DHS services and placement
- Family active participation

DECISIONS:

- Type, level and intensity of services

CRITERIA:

- Allegation findings
- Safety factors
- Risk factors
- Child and parent's capacity and needs

ELIGIBILITY FOR FOSTER CARE

Policy	Procedure	Practice Guidance
Eligibility for Foster Care Iowa Code sections 234.1, 234.35 441 IAC 130.2(5), 130.3(2), 156.20(234), 202.3(3)	Determine eligibility for foster care based on: <ul style="list-style-type: none"> ■ Age ■ Legal status ■ Residence 	

MAKING A PLACEMENT SELECTION

Policy	Procedure	Practice Guidance
Determining Placement Type Indian Child Welfare Act Iowa Code section 234.6 441 IAC 156.6, 156.9, 156.12, 156.20(234)	Determine whether the child is of Indian heritage: <ul style="list-style-type: none"> ■ Ask: "Are you or your parents an enrolled member of a tribe?" and "Are you affiliated with any Indian tribe?" ■ If the answer is yes, follow the provisions of the <u>Indian Child Welfare Act</u>. When the parents of a child with mental retardation or other disability requests foster placement for over 30 days: <ul style="list-style-type: none"> ■ File a petition with the court ■ Provide the court with a <i>Background Report, Part 1</i>, form 470-3615, or <i>Part 2</i>, form 470-3698 Determine the appropriate type of placement: <ul style="list-style-type: none"> ■ Relative placement ■ Foster family placement ■ Foster group care ■ Shelter care ■ Supervised apartment living 	Foster care placement shall be consistent with the best interests and special needs of the child. First consideration for placement should be with kinship connections. Make the placement in the least restrictive, most family-like, and most appropriate facility available. Develop a family tree if the child, mother, father, grandparent, or Indian custodian can indicate whether the child may be Indian. It is important that the family and child have the opportunity to participate in the assessment of needs and selection of placement setting. Family team meetings can be a vehicle for discussing the need for placement and placement alternatives.

Policy	Procedure	Practice Guidance
<p>Selecting the Placement</p> <p>Iowa Code sections 232.21, 232.52, 232.100, 237.15(6), 237.22</p> <p>441 IAC 156.6, 156.9, 156.12(234), 202.4, 202.12</p>	<p>Consider the needs of the child in determining the appropriate level of placement:</p> <ul style="list-style-type: none"> ■ Special training care or services ■ Structure, supervision or external controls ■ Readiness for placement and treatment ■ Parents participation ■ Cost of the placement and availability of funding <p>Use the <i>Pediatric Symptom Checklist</i> (http://dhsintranet/field/asp/svc_rsp.asp) to determine whether a child needs a behavioral health evaluation.</p> <p>Children who are eligible or are Medicaid members are referred to a licensed practitioner of the healing arts (LPHA) when the <i>Pediatric Symptom Checklist</i> indicates the child needs an evaluation and possibly remedial services.</p> <p>The LPHA assesses the child and completes a treatment plan when the child needs (Medicaid) remedial services.</p> <p>For non-Medicaid-eligible children needing behavioral health evaluation, Department staff will work to connect the child and family to community resources, such as community mental health centers and other agencies with a sliding-fee schedule.</p> <p>Determine the placement that can best meet the child's identified needs and level of placement required by considering the following:</p> <ul style="list-style-type: none"> ■ Is relative placement available and in the child's best interest? ■ If child was previously in placement, is that placement available? ■ Should siblings be placed together? ■ Is the sibling in placement and if so, is that placement available? ■ Can the child remain in his or her current neighborhood or community? ■ Can the child remain in the same school? ■ What would be the least restrictive setting which can meet the child's needs? ■ Has the foster family or facility being considered had prior success with similar children? 	<p>A placement decision is the most critical decision that a worker can make on behalf of a child. The placement decision needs to be made with input from:</p> <ul style="list-style-type: none"> ■ The family and child (if age appropriate). ■ Other professionals working with the family or child. ■ Your supervisor. <p>The "right" placement meets the needs of the child and promotes the stability of the child and his/her connections with:</p> <ul style="list-style-type: none"> ■ Parents and caregivers ■ Siblings ■ Extended family members ■ School ■ Cultural and religious affiliations ■ Community and neighborhood <p>The placement should be the least restrictive, most family-like resource available, with preference to an adult relative. Siblings should be placed together unless doing so would be detrimental to the physical, emotional or mental well-being of one of the children.</p> <p>Diligent efforts must be made to identify, evaluate, and consider relatives or other suitable persons with a relationship with the child and with whom the child might reside. Consider using a Genogram to identify relatives.</p>

Policy	Procedure	Practice Guidance
Documentation	Document in the child placement plan: <ul style="list-style-type: none"> ■ Reasons for using the placement ■ Why a relative placement was not selected, if applicable ■ Efforts to prevent separating siblings, if applicable ■ Reasons for separating siblings, if applicable ■ Plans for maintaining sibling contact, if applicable ■ Reasons for using a more restrictive placement than family foster care, if applicable 	Document all efforts in the <i>Family Case Plan</i> , form 470-3453, to place a child with a relative and in the case narrative.
Preplacement Visits 441 IAC 202.5(234)	Before or during the preplacement visit: <ul style="list-style-type: none"> ■ Provide the placement resource with relevant de-identified information about the child being considered for placement, including: <ul style="list-style-type: none"> ● Medical needs, ● Behavior patterns, ● Education plan, and ● permanency goal. ■ Review the placement resource role in general, including: <ul style="list-style-type: none"> ● The expectations of the Department, ● The placement resource and the parents in relationship to the child, and ● Any special treatment or confidentiality requirements. ■ When a child is at risk of or is diagnosed with HIV or AIDS, give the placement resource sufficient information to give consent to care for the child. ■ For family foster care, do not disclose the child's name until placement with a specific placement resource is definite. 	Except for emergency placements there shall be a preplacement visit. The preplacement visit is used to provide support to the child and to help with the adjustment to new people and a new environment.

Policy	Procedure	Practice Guidance
<p>Placement Information</p> <p>Iowa Code, House File 753, 2005 Iowa Acts, Chapters 232.2, 232.49, 232.97, 232.181</p> <p>441 IAC 108.7(6)“c”; 108.7(11); 108.7(14)“b”; 130.7(2)“c”(5), (6); 202.4(1); 202.5(2); 202.6(1); 202.11(3); 202.12(5)</p>	<p>Give foster parents and provider agencies information about the child, including:</p> <ul style="list-style-type: none"> ■ The health of the child. ■ The results of medical examinations (including HIV test results according to 18-A(2), <u>Access to HIV-Related Information Within DHS</u>). ■ Directions regarding medical recommendations. ■ Special advice regarding children with physical or developmental disabilities. ■ Care and feeding of infants. ■ Whether the child has been violent, unless prohibited by court order. ■ Whether the child has been a victim of sexual abuse or has perpetrated sexual abuse, unless prohibited by court order. ■ Whether the placement is court-ordered or voluntary. ■ <i>Family Case Plan</i>, form 470-3453. 	<p>Information about the child is critical to meet the needs of the child and promotes the safety and stability of the child, as well as, the safety of the caregivers and other children.</p>
<p>Placement Stability</p> <p>Iowa Code section 234.6</p> <p>441 IAC 202.5(234)</p>	<p>Minimize the potential for placement breakdown by:</p> <ul style="list-style-type: none"> ■ Adequately assessing the needs of the child. ■ Matching the child’s needs with the substitute family’s or facility’s abilities. ■ Preparing the child and family for the placement. ■ Assisting the child with feelings about living apart from families. ■ Providing adequate support to the child, family, and substitute caregivers. ■ Maintaining family connections by allowing visits early and often. ■ Developing crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement. ■ Recognizing relationship stress early and responding to resolve problems. 	<p>Identify key areas that need to be addressed to stabilize the child’s placement and to minimize the need for the child to change placements before discharge from foster care.</p>
<p>Suspected Abuse After Placement</p>	<p>When any type of child abuse is suspected in a placement, make an immediate referral to the Child Protective Services Unit.</p> <p>The CPS assessment shall be carried out jointly by the protective service worker and the licensing worker to develop a record independent of the abuse report.</p>	

SERVICES TO THE CHILD IN FOSTER CARE

Policy	Procedure	Practice Guidance
<p>Worker Role Iowa Code sections 232.2(11), (19) 441 IAC 136.2(2)</p>	<p>Maintain a continuous relationship with the child to:</p> <ul style="list-style-type: none"> ■ Help the child plan for the future. ■ Evaluate the child's needs and progress. ■ Supervise the living arrangement. ■ Arrange for services from other resources as needed. ■ Counsel the child in adjusting to the placement. 	<p>It is critical to develop and maintain a positive working relationship with the child.</p> <p>The child's relationship with the SWCM and ongoing contact provides stability and continuity for the child in having one person who knows and cares about what is happening to them during this time of separation from the family.</p> <p>The SWCM's relationship with the child and role in the case is critical in helping the child cope with the emotional issues and stress caused by:</p> <ul style="list-style-type: none"> ■ Issues surrounding separation, loss and grief caused by the placement. ■ Changes in the plan, placement setting, and services being provided. ■ Problems that arise in the child's life at school, with family members and peers.
<p>Services to the Child Iowa Code sections 232, 234.6, 281.12, 282.19 441 IAC 105.8(6), 108.7(12), 113.17(237), 114.10(6), 137.8(2), 156.8(1), 202.2(2), 202.6(1), 202.11(234)</p>	<p>Ensure that the child receives all needed services:</p> <ul style="list-style-type: none"> ■ Educational services ■ Health assessment and medical services ■ Mental health services ■ Psychological services ■ Legal services ■ Religious opportunities ■ Leisure time activities ■ Age appropriate clothing ■ Personal allowance 	<p>The Iowa Supreme Court has said that "when a child is removed from parental control and legal custody transferred to the Department, the Department shall secure for him care as nearly possible equivalent to that which he would have been given." The objective is the child's best interest and welfare.</p>

PARENTAL RIGHTS AND RESPONSIBILITIES

Policy	Procedure	Practice Guidance
<p>Parental Rights and Responsibilities 441 IAC 202.5(234), 202.12(1), (2)</p>	<p>Consult with parents about all decisions concerning their child including:</p> <ul style="list-style-type: none"> ■ Placement ■ Services to be provided ■ Medical care 	<p>Successful permanency planning requires parent involvement. Even if the child will not be returning home, the parents should be as involved as possible in planning for the alternative permanent placement.</p>

Policy	Procedure	Practice Guidance
<p>Visits and Communication 441 IAC 202.11, 202.12(1)</p>	<p>Facilitate visitation:</p> <ul style="list-style-type: none"> ■ Prepare child, siblings, family, and placement provider for visits ■ Develop a schedule of visits in consultation with the foster care provider, including frequency of visits ■ Select location and arrange transportation for visits ■ Determine supervision requirements <p>When scheduling visits, consider:</p> <ul style="list-style-type: none"> ■ Child's needs, age, and sense of time ■ Child and family's attitude toward contact ■ Parents' circumstances ■ Distance and logistical considerations 	<p>The bond of the child with the parent or caregiver is one of the strongest human bonds. The stability and emotional health of the child requires that the worker does all that is possible to develop an appropriate visitation plan for the child. Regular and frequent visits:</p> <ul style="list-style-type: none"> ■ Maintain the parent-child relationship and provide for continuity of the parent-child bond. ■ Support the parent or caregiver to make changes necessary to have the child returned home. ■ Strengthen the effectiveness of foster care placement services. ■ Increase the likelihood and timeliness of reunification.

UNAUTHORIZED ABSENCE OF A CHILD FROM PLACEMENT

Policy	Procedure	Practice Guidance
<p>Unauthorized Absence of a Child The National Child Search Assistance Act of 1990 Iowa Code sections 232.11, 233.1, 694, 709A.1</p>	<p>When a child is missing from placement, take immediate action:</p> <ul style="list-style-type: none"> ■ Obtain as much information as possible about the circumstances. Contact schools, parents, relatives, friends, and other sources where the child may be. ■ If there is reason to suspect that the life or well-being of the child is in jeopardy, request the local law enforcement agency to enlist the aid of the Iowa Division of Criminal Investigation. ■ Notify the court in writing within two working days when you believe that parents or others have: <ul style="list-style-type: none"> ● Failed to divulge or concealed known facts about the whereabouts of the child, ● Aided and abetted the child's unauthorized absence, or ● Contributed to the delinquency of the child. ■ Report an unauthorized absence to law enforcement as soon as it is determined that a child meets the definition of "missing person." ■ When attempts to locate the child have been unsuccessful, place a law enforcement agency pick-up request for the youth. 	<p>Unauthorized absence means any unplanned absence due to actions taken by the:</p> <ul style="list-style-type: none"> ■ Youth (e.g., running away), ■ Actions of others (e.g. abduction) or ■ Lack of attention or supervision by the caretaker. <p>Contact the Central Abuse Registry and request a protective service alert when you have protective concerns about a family subject to an ongoing assessment who moves and cannot be located.</p> <p>Consider other resources that may be helpful in locating and returning children:</p> <ul style="list-style-type: none"> ■ Home Free ■ Let's Find Them ■ National Runaway Switchboard

FOSTER CARE PLACEMENT

Policy	Procedure	Practice Guidance
Initial Determination Public Law 104-103, 105-89; ADSF, Title 45 CFR 1356	When a child becomes eligible for foster care payment, determine: <ul style="list-style-type: none"> ■ Whether the child is eligible for Social Services Block Grant funding for services. ■ The maintenance costs of the child's placement. Complete form 470-4401, <i>Foster Child Behavioral Assessment</i>, within 30 days after placement in a foster care home. ■ The income and resources available to the child and the contribution the child shall make toward the cost of foster care. Obtain a <i>Health Services Application</i> , form 470-2927, from the child's parents, guardian or other responsible persons and facilitate a timely determination of IV-E and Medicaid benefits by the IM worker.	The Department's responsibility for foster care payment is broader than the responsibility for foster care services. The policies and procedures for payment are the same for all children for whom the Department has payment responsibility, regardless of whether the services are provided under Department supervision..
Foster Care Payment	The Department shall pay for each day of foster care while the child is in placement. Exceptions are: <ul style="list-style-type: none"> ■ Placements in shelter care facilities participating in the alternative payment system ■ Days covered by reserve bed payments ■ Foster family care respite days Make payment for the day the child enters placement, but not the day the child leaves placement. If the child enters and leaves placement on the same day, the Department pays for that day of foster care.	

FOSTER CARE RECOVERY

Policy	Procedure	Practice Guidance
Foster Care Recovery 441 IAC 156.2	Recovery is required from the following financial resources: <ul style="list-style-type: none"> ■ Child support ■ Child's unearned and earned income ■ Medical resources The worker must: <ul style="list-style-type: none"> ■ Notify parents before or at the time of placement of their responsibility for paying the cost of care and services. ■ Refer the parents to the Foster Care Recovery Unit (FCRU). ■ Obtain a <i>Health Services Application</i>, form 470-2927, for each child placed. ■ Assist in recovery of medical resources by reporting any information on the child's income to the Foster Care Accounting Unit. 	The Iowa Code provides that children and their parents or guardians have primary responsibility for paying the cost of care and services provided by the Department, consistent with their incomes and resources. When state funds are used to pay for foster care, the Department pays the provider for the foster care and recovers funds from the parents and child.

MEDICAL COVERAGE FOR CHILDREN

Policy	Procedure	Practice Guidance
Medicaid Eligibility	Determine Medicaid eligibility for children in foster care placement in cooperation with the income maintenance (IM) worker.	It is important for the Department to provide medical coverage for children in placement.
Use of Other Medical Resources	<p>Ensure that third-party resources are used before payment is made through the Medicaid program, except when otherwise authorized by the Department:</p> <ul style="list-style-type: none"> ■ Complete the <i>Supplemental Insurance Questionnaire</i>, form 470-2826. ■ Ensure that the foster care provider has information regarding the child's health insurance coverage. 	<p>Third-party medical resources include:</p> <ul style="list-style-type: none"> ■ Health and accident insurance, ■ Settlements from lawsuits, ■ Eligibility for care through the Veteran's Administration, ■ Specialized Child Health Services, ■ Medicare, and ■ Other resources for meeting the cost of medical care which may be available to the recipient.
Psychiatric Medical Institutions for Children	A child court-ordered into foster care who meets level of care criteria shall be eligible for Medicaid payment at facilities licensed as psychiatric medical institutions for children (PMIC).	Because of the complexity of Medicaid eligibility and payment procedures, both IM and social work case managers have responsibilities when a child court-ordered into foster care is placed into a PMIC. An IM worker (known as the facility IM worker) in the county in which the PMIC is located is designated to work with the facility.

PERIODIC REVIEW OF THE FOSTER CARE PLACEMENT

Policy	Procedure	Practice Guidance
<p>Types of Reviews</p> <p>Iowa Code section 237.19, 427(a)(2)(A), 471(a)(16)</p> <p>475(5) of the Social Security Act</p>	<p>When a child is in foster care placement, a case review must be conducted no less frequently than once every six months.</p> <p>There are three types of case reviews in Iowa:</p> <ul style="list-style-type: none"> ■ Court hearing ■ Iowa Citizens Foster Care Review Board ■ DHS Administrative Review <p>Regardless of the type of review, the case plan review shall:</p> <ul style="list-style-type: none"> ■ Evaluate the continuing necessity and appropriateness for foster care placement. ■ Evaluate the extent of compliance with the case plan. ■ Evaluate the progress made toward lessening the causes for placement. ■ Project a likely date by which the child will leave foster care. 	<p>The need for continuing placement for the child and the progress of the child and family need to be reviewed on a regular basis.</p> <p>Sections B. Family Case Plan and C. Child Placement Plan of the <i>Family Case Plan</i>, form 470-3453, are critical tools in preparing for and supporting the review process by helping all involved with the family to focus on:</p> <ul style="list-style-type: none"> ■ Reasons for foster care placement. ■ Case participants' understanding of the need or reason for continuing or not continuing the placement. ■ Visitation planning. ■ Identification of the status of case permanency plan goal.

Policy	Procedure	Practice Guidance
Types of Reviews (Cont.)	<ul style="list-style-type: none"> ■ Review and update the child's health and education record. ■ Ensure that the child's physical record and report card have been furnished to the foster care provider. ■ Evaluate the written transition plan for independent living, if applicable. 	<ul style="list-style-type: none"> ■ Discussion of progress and accomplishments and areas in which more change and work may be necessary. ■ Efforts made toward achieving permanency.

TERMINATION OF FOSTER CARE SERVICES

Policy	Procedure	Practice Guidance
Conditions for Termination 441 IAC 202.14(234)	<p>Consider the following when planning for termination:</p> <ul style="list-style-type: none"> ■ Have the goals in the case plan been attained or maximum benefits been obtained? ■ Is the child age 18 or older and not in an educational or vocational program? ■ Do the foster care services no longer meet the child's needs? ■ Are the natural parents of the child under a voluntary placement uncooperative? ■ Has the natural parent or guardian withdrawn the child from voluntary placement? ■ Has the court removed the child from custody of the Department? ■ Has the child's adoption been finalized? ■ Did the child die? ■ Has it been determined the goals cannot be achieved, or that the family or individual is unable to profit from the service or unwilling to accept further services? 	<p>Evidence-based best practices demonstrate that throughout the life of the case, family participation and involvement is critical to positive outcomes – in assessment, planning, and service delivery. Family involvement and participation are equally critical in case closure.</p> <p>Several vehicles can be used to provide for family involvement in the case closure decision and in assisting the family post-DHS involvement. These include:</p> <ul style="list-style-type: none"> ■ Holding preliminary discussions regarding case closing prior to the final decision to close the case. ■ Providing a face-to-face structured meeting focusing solely on case closure decision and issues. ■ Using family team meetings to discuss case closure and solicit family input no matter what post-DHS services and supports the family may need.
Guidelines for Terminating a Placement 441 IAC 202.14(234)	<p>Notify the foster family, the natural parents or guardian, and the child of the plan to terminate the placement at least ten days before the termination. The service area manager must approve all variances from this notice period.</p> <p>Notify the child's school before the child is moved and make arrangements for transfer of educational records.</p> <p>Notify the SSI advocacy contractor to change the payee for all children receiving SSI or social security for whom the Department is payee.</p> <p>When the child's family is receiving FIP, inform the income maintenance unit in advance of the child's return home, before foster care services end, so that the FIP grant can be adjusted.</p> <p>Request any funds from the child's escrow account.</p>	<p>For a child returning home, encourage the involvement of the child and the natural parents in planning specific details of the return. If the child has not been able to have regular contacts with the parents, plans for the child's return home should always include prior visits of the natural parents to the foster home and preliminary visits of the child to the parental home.</p> <p>The child's re-entry into the home will bring with it an increased sense of stress and expectations for the parents or caregivers and child.</p> <p>For a youth reaching majority age who does not return home, work with the transition specialist to provide assistance in planning for self-sufficiency.</p>

TRANSITION SERVICES

Policy	Procedure	Practice Guidance
<p>Transition Planning Iowa Code section 232.2(4)f 42 USC 677 (Section 477) 441 IAC 202.18</p>	<p>For youth who are 16 years of age and older:</p> <ul style="list-style-type: none">■ Work with the transition specialist to develop a transition plan (Child Placement section of the <i>Family Case Plan</i>, form 470-3453) that will assist the youth in transitioning to adulthood and self-sufficiency.■ Submit the youth's transition plan, following local protocol, to the local Transition Committee for review and approval.■ Update the transition plan as often as needed, and at a minimum every six months.	