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Employees' Manual  
Title 17  
Chapter E



## **CHILD WELFARE**

# **OUT-OF-HOME PLACEMENT POLICY AND PROCEDURES**





# Iowa Department of Human Services

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## MANUAL LETTER NO. 17-E-1

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

SUBJECT: Voluntary Placement Agreements and Safety Plans

### Summary

On July 14, 2014, the Iowa District Court issued an injunction restricting the use of Voluntary Foster Care Placement Agreements and Safety Plans in certain circumstances. The Attorney General's office is currently reviewing its legal options in this case. However, until further notice:

### Voluntary Foster Care Placement Agreements

Voluntary Foster Care Placement Agreements shall not be used when:

- ◆ Signed by only one parent when the use of such agreements interferes with the custodial rights of the other parent, or
- ◆ Signed by a non-custodial parent or a parent who has not yet established any custodial rights.

### Safety Plans

Safety Plans cannot be used if they:

- ◆ Remove or keep a child from the child's usual and customary home, without the consent of the custodial parent, or
- ◆ Prevent a parent from having physical contact with the child, without the consent of that parent, or
- ◆ Are with third-parties or non-parents of the child.

Please use the link below for the questions and answers posted to the Q&A – VPAs and Safety Plans log located on the Service Help Desk SharePoint:

<http://dhssp/fo/fosuhelp/Lists/QA%20%20VPAs%20and%20Safety%20Plans/AllItems.aspx?InitialTabId=Ribbon%2EListItem&VisibilityContext=WSSTabPersistence>

**Effective Date**

Immediately.

**Additional Information**

Refer questions about this manual letter to your social work administrator or to the Service Help Desk.

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	<u>Page</u>
<b>Life of the Case Phase: Out-of-Home Placement</b> .....	<b>1</b>
Placement Outcomes.....	2
Placement Decisions.....	2
Placement Criteria .....	2
Scope of Chapter.....	2
Definition of Terms .....	3
Alternatives to Placement .....	3
Diligent Search for Parents and Relatives .....	5
<b>Removing Child From Home</b> .....	<b>9</b>
Eligibility Criteria .....	9
Age Limits .....	10
Residence.....	12
Authority for Placement .....	12
Voluntary Placement for Children Under Age 18 .....	13
Ex Parte Court Order for Temporary Custody .....	14
Court-Ordered Supervision.....	16
Transfer of Legal Custody to Department .....	16
Transfer of Guardianship to Department.....	17
Release of a Foster Child’s Social Security Number When the Department is the Guardian .....	18
Release of a Foster Child’s Social Security Number When the Department is Not the Guardian.....	18
Placement of an Indian Child .....	19
Placement of a Child with Mexican Citizenship.....	19
Voluntary Placement for Children Aged 18 or Older.....	20
Additional Assessments Required .....	21
Social History .....	21
Health Assessment.....	22
Life Skills Assessment .....	24
Selecting Placement Type Needed .....	24
Relative or Kinship Care.....	26
Shelter Care.....	27
Family Foster Care .....	30
Foster Group Care.....	31
Psychiatric Medical Institutions for Children .....	34
Supervised Apartment Living .....	35
<b>Making the Placement</b> .....	<b>37</b>
Maintaining Continuity and Placement Stability .....	38
Breast-Fed Infant .....	39
Educational Stability.....	39
Out-of-Area Placement .....	41
Siblings.....	42

---

	<u>Page</u>
Worker Responsibilities for All Placements .....	43
Referral to Provider .....	44
Preplacement Visits .....	46
Opening the FACS Case .....	47
Authorization for Services .....	47
Issuing Notification .....	48
Providing Placement Information .....	48
Selecting a Relative or Kinship Placement .....	52
In-State Relative Home Study .....	54
Shelter Care Placement Protocol .....	56
Selecting a Foster Family Placement .....	59
Foster Group Care Placement .....	61
PMIC Placement .....	61
Supervised Apartment Living Placement .....	63
Out-of-State Placement .....	65
Approval of Out-of-State Foster Family Care Placement .....	66
Approval of Out-of-State Foster Group Care Placement .....	67
<b>Postplacement Services .....</b>	<b>68</b>
Visits to the Child .....	69
Reasonable and Prudent Parenting Standard and Normalcy .....	70
Education .....	70b
Waiver of School Fees .....	72
Arranging for Additional Services .....	73
Family-Centered Services .....	75
Health Care .....	76
Medicaid Eligibility .....	78
Child in Managed Care at Placement .....	80
Child Hospitalized Before Placement .....	81
Interstate Placements .....	82
Medicaid Services .....	84
Care for Kids .....	85
Mental Health and Substance Abuse Services .....	85
Transportation to Receive Medical Care .....	87
Services Not Covered by Medicaid .....	89
Managing the Placement Service .....	90
Kinship Placement .....	90
Foster Family Placement .....	93
Support of Foster Families .....	94
Group Care Placement .....	96
Supervised Apartment Living Services .....	97
Required SAL Services .....	100
Optional SAL Services .....	101

---

	<u>Page</u>
Provider Responsibilities .....	102
Clothing .....	102
Daily Routine .....	103
Discipline.....	103
Family and Culture.....	104
Personal Funds.....	104
Leisure-Time Activities .....	105
Transporting Children .....	105
Transition Planning .....	106
Response to Unauthorized Absence From Placement .....	106c
<b>Child and Parent Rights and Responsibilities .....</b>	<b>113</b>
Participation in Case Planning .....	113
Communication With Attorney .....	114
Right to Attend Court Hearings .....	114
Placement Notification .....	115
Parental Visits and Communication.....	116
Parental Decision-Making Authority .....	117
Parent-Child Relationship Terminated .....	118
Guardianship of the Child.....	118
Legal Custody of a Child .....	118
Voluntary Placement .....	119
<b>Foster Care Payment.....</b>	<b>120</b>
Maintenance Payment .....	121
Foster Family Maintenance Payment.....	123
Add-on for Sibling Groups.....	125
Add-on for Transportation for Visits.....	125
Add-on for Maintenance Plus Levels.....	126
Shelter Care Payment.....	128
Group Care Payment .....	129
Supervised Apartment Living Payment.....	130
PMIC Payment.....	131
Child Parent in Placement with Young Child .....	133
Reserved Bed Payment.....	135
Absence for Family Visit.....	136
Absence for Hospital Care .....	137
Absence of Runaway .....	138
Absence for Preplacement Visit.....	139

---

	<u>Page</u>
Other Payments .....	140
Clothing Allowances .....	140
Foster Family Tangible Goods, Ancillary Services, and Child Care.....	142
Foster Family Respite Care .....	144
School Fees .....	145
Funeral Expenses.....	146
Payment Errors .....	147
Correction of Overpayments .....	147
IV-E Eligibility Determination.....	149
Judicial Language Criteria .....	152
Verification of Citizenship Status .....	153
Liability for Cost of Care .....	154
Referral to Foster Care Recovery Unit .....	155
Child’s Income and Resources .....	160
Application of Unearned Income.....	160
Escrow Account .....	161
Child’s Earned Income.....	163
Health Care Resources.....	163
Liability for Negligent Supervision of a Foster Child .....	163
<b>Periodic Reviews.....</b>	<b>165</b>
Court Reviews .....	166
Iowa Citizen’s Foster Care Review Board .....	167
Administrative Review .....	168
Participation on the Review Committee .....	169
Confidentiality of Review Information.....	172
Review of Payment Determinations .....	173
Report of Changes .....	174
Reviews of IV-E and Medicaid Eligibility .....	175
PMIC Level of Care Reviews.....	176
<b>Ending Out-of-Home Placement .....</b>	<b>176</b>
Notice and Explanation of Removal.....	177
Foster Family Conference.....	178
Move to Another Placement.....	179
Closing Placement Services .....	180
Termination of Group Care Services.....	182
Termination of Supervised Apartment Living Services .....	182
Family Reunification .....	183
Termination of Parental Rights and Adoption.....	183

## **Life of the Case Phase: Out-of-Home Placement**

Temporary out-of-home placement services are a resource to families that are unable to provide adequate care for their children. These placements provide care that is normally provided by a child's parents.

The decision to place a child is made when services and supports cannot ensure the safety of the child in the family home. The Department is committed to the principle that no child shall be removed from the family home unnecessarily. See [17-C\(1\), Assessing the Need for Placement](#), for more information.

Both state and federal law recognize that:

- ◆ Foster care services are an essential component of child welfare services; and
- ◆ A child has a right to be in the least restrictive setting appropriate to the child's needs and should remain at home with the child's parents whenever possible.

When parents are not living together and a child cannot remain safely in the home with one parent, the child may be able to live safely with the other parent. A child removed from one parent's home and placed with the other parent is not considered to be in an out-of-home placement.

Placement services covered in this chapter include:

- ◆ Relative or "kinship" placements, unpaid or paid through community resources
- ◆ Placements paid through the state foster care program, including:
  - Shelter care
  - Foster family care
  - Foster group care
  - Supervised apartment living
- ◆ Placements paid through the Medicaid program, specifically in a psychiatric medical institution for children (PMIC)

The objectives of placement are:

- ◆ To care for the child on a temporary basis in a nurturing, stimulating environment, which offers the child opportunities to participate in developmentally healthy and appropriate activities.
- ◆ To help heal the hurts the child has suffered as a result of the events that led to the placement, separation from the family, damage to self-worth through placement, and other events in the child's past.
- ◆ To develop and execute a permanency plan for the child's future.

Because separation from the family can be a traumatic event for the child, efforts must be made to alleviate the pain of separation and to maintain the parent/child bond when reunification is the permanency goal.

### **Placement Outcomes**

- Child safety
- Permanency for the child
- Child well-being

### **Placement Decisions**

- Permanency goal
- Appropriate type and level of child's placement
- Type, level, and intensity of services

### **Placement Criteria**

- Safety factors
- Child's capacity and needs
- Parents' capacity and needs

### **Scope of Chapter**

This chapter describes state policy and procedures for Department service workers who perform case management for children in temporary out-of-home care under the supervision of the Department or of Juvenile Court Services.

The chapter covers placement with a relative, placement with a suitable person with a kinship bond, placement with a foster family, placement in group care, placement in emergency juvenile shelter care, placement in supervised apartment living, and placement in a psychiatric medical institution for children.

“Permanent” placements through guardianship or adoption are addressed in Chapters 17-F, 17-F(1), 17-F(2), and 17-F(3).

The policies and procedures in this chapter build on the basic steps of case management policies and procedures as outlined in Chapters 17-D, 17-D(1), 17-D(2), and 17-D(3), which also apply to out-of-home placement cases:

- ◆ Taking applications
- ◆ Determining eligibility
- ◆ Referring children and families to a provider
- ◆ Managing service delivery
- ◆ Monitoring and modifying services
- ◆ Closing a case
- ◆ Handling appeals of Department decisions

### **Definition of Terms**

See [17-F\(3\), Topic 1, Definition of Terms Used in Permanent Placement](#), for definitions of terms used in this chapter.

### **Alternatives to Placement**

**Legal reference:** 42 USC 672; 45 CFR 1356.21(b)(2); [Iowa Code sections 232.78](#) and [232.79A](#); [441 IAC 202.2\(4\)](#)

#### **Policy:**

Unless the child is in imminent danger, the Department shall recommend out-of-home placement only after efforts have been made to prevent or eliminate the need for removal of the child from the home.

**Procedure:**

Follow the procedures in [17-C\(1\), Planning for Permanency](#), and [17-C\(3\), Topic 3, Reasonable Efforts](#).

1. During intake and assessment, identify and obtain contact information for both parents and for relatives and kin in preparation for family team decision-making meetings, support of the family, and placement options for a child. See [Diligent Search for Parents and Relatives](#).
2. If the child is living with one parent, attempt to find the other parent and determine if the child could live there instead of entering out-of-home placement. Placing the child with a parent is not considered an out-of-home placement.
3. In emergencies, explore whether the parents or guardians would consent to suitable adults, who are known to the child, providing temporary care. Complete record checks before making the placement. A child in such a living arrangement should not be under the custody of the Department and the Department will not make any payment.

If the child stays in such a living arrangement over 20 days, unlicensed caretakers must be designated by the court as the legal custodians of the child or the home is illegally providing foster care. Discuss with the caretakers if they are interested in being licensed as foster parents.

4. For a child being considered for shelter placement, contact the child welfare emergency services (CWES) contractor serving the county of the child's residence. The child may benefit from alternative interventions that can divert a child from a shelter placement and removal from the home.

The CWES contractor can provide screening to help determine if an alternative to shelter placement that is appropriate to the child's immediate situation is available. The referral worker shall make the final determination of placement into shelter using screening information provided by the CWES contractor.

### **Diligent Search for Parents and Relatives**

**Legal reference:** [441 IAC 202.2\(2\)"a"](#)

**Policy:**

The assessment of the need for foster care services shall include a family genogram to determine relatives and other suitable support persons who have a kinship bond with the child.

**Procedure:**

Initiate the search before placement of the child if possible.

1. Ask the parents or caretakers to identify both maternal and paternal relatives of the child. Besides the parents, this includes:
  - ◆ Maternal and paternal grandparents.
  - ◆ Adult siblings of the child.
  - ◆ Adult maternal and paternal aunts and uncles of both parents.
  - ◆ Adult relatives of the child suggested by the parent.

Give each parent form 470-4840, *Notice to Relatives Worksheet*, to identify relatives and give their opinions of the relatives' potential to assist with case planning or placement. Issue the forms for each removal episode from the home even if the child returns home within 30 days of removal.

Family team decision-making meetings also are useful tools in identifying relative or kin placement possibilities. Ask parents what relatives they would choose to have the child placed with on a temporary basis if the safety plan or the safety plan services to prevent placement are not successful.

2. When a parent or relative is identified, get the person's name, address, and phone number. Initiate a search for the person as soon as you are made aware of the person's existence. A diligent search shall include:
  - ◆ Interviews with persons who are likely to have information about the identity or location of the person being sought;
  - ◆ Database searches, such as the Federal Parent Locator Services (FPLS) and [www.zabasearch.com](http://www.zabasearch.com); and

- ◆ Record searches, including searches of employment, residence, utilities, Armed forces, vehicle registration, child support enforcement, law enforcement, and corrections records and any other records likely to result in identifying and locating the person being sought.

3. Contact the identified persons to determine their willingness to be a support to the family or a potential placement. Iowa law does not require a signed parental release for this initial contact.

Use form 470-4769, *Notice to Relatives*, if the child has already entered care. The *Notice to Relatives* is required to be sent to relatives within 30 days of removal of the child.

If a relative indicates willingness to be a support to the family or a potential placement after receipt of the *Notice to Relatives*, have the parent or guardian sign a release of information before you share information regarding the child and family. If the parent or guardian refuses to sign the release, approach the court for authority.

4. If no relatives are identified, ask about non-relatives who have a significant relationship with the child.

Have the parent or caretaker sign a release of information to share information regarding the child, so you can contact a non-relative. If the parent or guardian refuses to sign the release, approach the court for authority. Obtain the same information as listed above for relatives.

- | 5. Complete an assessment of each person who responds to determine the person's ability to provide the care and support required by the child, including placement.

If appropriate to the child's developmental stage, ask the child the following:

- ◆ Do you know this person?
- ◆ Have you been to this person's house?
- ◆ Would you feel safe with this person?

If you determine that the person is unwilling or unable to assume care of the child, determine if the person is willing to provide other types of support to the child to maintain their connection to family relatives and others with whom they have a significant relationship.

- | 6. After the completion of the initial search, the Department has a continuing duty to search for relatives and kin with whom it may be appropriate to place the child until such relatives are found or until the child achieves permanency through adoption or guardianship.

Whether the child returns home, is adopted or placed with a guardian, the relatives and kin can provide family connections and supports to the child such as participation in family reunions, visits, e-mail, respite, and family activities.

Page 8 is reserved for future use.

## **Removing Child From Home**

**Legal reference:** 42 USCA 671(a)(15)(A), 671(a)22, 675(1), and 675(15); [441 IAC 202.2\(2\)"a"](#)

### **Policy:**

The safety of children is the paramount concern that must guide all child welfare services. Children shall be protected from abuse and shall be safely maintained in their homes whenever possible.

### **Procedure:**

Conduct a safety assessment and a risk assessment as directed in [17-B\(1\), Analysis of Safety and Risk Factors](#), [17-B\(2\), Assessing Child Safety](#); or [17-C\(1\), Assessing Child Safety and Risk](#).

If a child is unsafe and other safety measures cannot be used to reduce a child's risk of harm, removal from the home is the only controlling safety intervention possible.

## **Eligibility Criteria**

**Legal reference:** 42 USC 672; 45 CFR 1356.21(c); [Iowa Code sections 232.2\(2\), 232.6, 234.1\(2\), and 234.35](#); [441 IAC 156.20\(1\)](#) and [202.2\(234\)](#)

### **Policy:**

The need for placement shall be determined by an assessment of the child and family to determine:

- ◆ The educational, physical, psychological, social, family living, and recreational needs of the child, and
- ◆ The family's ability to meet those needs.

### **Procedure:**

1. Follow the procedures in [17-B\(1\), Assessment of Family Strengths and Needs and Service Eligibility, Referrals, and Case Transfer](#), or [17-B\(2\), Determining Services to Be Provided](#).
2. If it appears that out-of-home placement may be necessary, consider the eligibility requirements described in the following sections.

**Age Limits**

**Legal reference:** [Iowa Code sections 234.1\(2\)](#) and [234.35](#); [441 IAC 156.20\(1\)](#), [202.1\(234\)](#), and [202.9\(1\)](#)

**Policy:**

The Department may provide foster care to any person meeting the definition of “child” in Iowa Code section 234.1. Persons of certain ages have additional conditions and limits on eligibility as follows:

Placement Type	Additional Conditions		
	Birth to Age 18	Age 18	Age 19
For all placements	None	Must attend high school or high school equivalency classes full-time or require special education as identified by the area education agency.	
Shelter care	Not appropriate for child under 12 unless no alternatives are available.	Not available	
Kinship care	None	Not available	
Foster family care	None	Available with voluntary placement agreement if child has been in continuous placement since reaching age 18.	Available by service area manager approval if child does not have intellectual disability* and is at imminent risk of becoming homeless or of failing to complete high school or high school equivalency. Must have voluntary agreement and available funding.
Foster group care	May be limited by facility	Available by service area manager approval if child does not have an intellectual disability* and is at imminent risk of becoming homeless or of failing to complete high school or high school equivalency. Must have a voluntary placement agreement and available funding.	

Placement Type	Additional Conditions		
	Birth to Age 18	Age 18	Age 19
Supervised apartment living	Must be 16½ for a cluster setting and 17 for a scattered-site setting.	Available by service area manager approval if child is at imminent risk of becoming homeless or of failing to complete high school or high school equivalency. Must have a voluntary placement agreement and available funding.  The child must have been in foster care immediately before reaching the age of 18. The service area manager may give approval for a child who left care at age 18 and voluntarily returns prior to the age of 20 to complete high school or high school equivalency.	

\* Individuals with an intellectual disability who are aged 18 or over are expected to be served through the adult disability system.

**Procedure:**

1. Be sure the child meets the eligibility requirements applicable to the child's age. See [Voluntary Placement for Children Aged 18 or Older](#) and [Supervised Apartment Living](#) for more information.
2. Terminate foster care service with timely and adequate notice and appropriate procedures as outlined in [Closing Placement Services](#) when the ceases to meet these criteria by:
  - ◆ Obtaining high school diploma or general high school equivalency diploma;
  - ◆ Stopping attending high school, high school equivalency or special education classes; or
  - ◆ Reaching age 18, 19, or 20, as dictated by the placement authority. Children may remain in care through the day of their birthday.

### **Residence**

**Legal reference:** [441 IAC 130.3\(2\)](#)

#### **Policy:**

To be eligible for services, the person must be living in the state of Iowa. Persons living in Iowa for a temporary purpose are considered to be “living in Iowa,” unless the purpose is vacation.

Children are considered residents of Iowa when they are under the jurisdiction of an Iowa juvenile court and are placed in another state.

#### **Procedure:**

If a child who is not “living in Iowa” is referred for intake and assessment, work through the Iowa interstate compact administrator to obtain services from the child’s home state. See [17-C\(3\), Topic 5, Interstate Compact on the Placement of Children](#), for instructions.

### **Authority for Placement**

**Legal reference:** [Iowa Code Chapter 232](#) and sections [234.1](#) and [234.35](#)

#### **Policy:**

The Department does not have legal authority to remove children from their homes. Removal must be accomplished using a voluntary placement agreement or through a physician, law enforcement, or a judicial determination that remaining in the home is contrary to the welfare of the child or that placement is in the best interest of the child.

The Department shall provide out-of-home services only to children for whom the Department has legal responsibility for placement and care. The Department shall pay for foster care only as authorized by Iowa law.

#### **Procedure:**

Obtain the necessary approvals for the placement. This may include:

- ◆ Parents or guardian approval through a voluntary placement agreement.
- ◆ Juvenile court order.
- ◆ Interstate Compact approval for a placement outside Iowa. See [Out-of-State Placement](#).

- ◆ Tribal approval, for a Native American child with tribal affiliation. See [Placement of an Indian Child](#).
- ◆ Certification of the need for care and managed care organization approval for a Medicaid-funded PMIC placement.
- ◆ Voluntary placement agreement with the child if aged 18 or older.

### **Voluntary Placement for Children Under Age 18**

**Legal reference:** [Iowa Code section 234.35\(1\)\(c\)](#); [441 IAC 202.3\(1\)](#) and [202.3\(2\)](#)

#### **Policy:**

The Department has responsibility for the placement and care of a child under the age of 18 when it has agreed to provide foster care services for the child based on a signed agreement between the Department and the child's parents or guardians. A voluntary placement agreement for a child under age 18 shall terminate 90 days after the effective date of the agreement.

A voluntary placement agreement shall not be used to place a child outside Iowa and shall not be signed with parents or guardians who reside outside Iowa. A voluntary placement agreement shall terminate if the child's parents or guardians move outside Iowa after the placement.

#### **Procedure:**

If the parents or guardians agree to voluntary placement as an alternative to an ex parte order, then the placement agreement can be used for foster care placement if the child:

- ◆ Is determined to be at imminent risk of harm and
  - ◆ Cannot be kept safe through any means other than removal from the home.
1. Do not recommend an out-of-home placement until an assessment determines that reasonable efforts have been made to prevent placement.
  2. When a child must be out of the home for less than 20 days, help the family find relatives or friends who can assume temporary responsibility for the child as an alternative to out-of-home placement.

3. Offer voluntary foster care placement services only with the approval of the service area manager. A voluntary placement may be made if the child would otherwise be removed by a court order and both parents or guardians sign the placement agreement.
4. Use form 470-0715 or 470-0715(S), *Voluntary Foster Care Placement Agreement*, to record the agreement. Both parents or guardians must sign the agreement. If signatures cannot be obtained, obtain an ex parte order. See [Ex Parte Court Order for Temporary Custody](#).
5. Terminate the voluntary placement agreement if the child moves outside Iowa after the placement. When a voluntary placement agreement is terminated, send a copy of the Notice of Decision to the foster care provider.

#### **Ex Parte Court Order for Temporary Custody**

**Legal reference:** [Iowa Code sections 232.78](#) and [234.35](#)

#### **Policy:**

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has issued an ex parte order giving the Department temporary custody of the child.

#### **Procedure:**

Follow local procedures for requesting the juvenile court to issue an ex parte order for the removal of a child.

1. Gather information to support all of the following:
  - ◆ The child's immediate removal is necessary to avoid imminent danger to the child's life or health;
  - ◆ There is not enough time to file a petition and hold a hearing concerning temporary removal under Iowa Code section 232.95;
  - ◆ The child cannot either:
    - Be returned to the place where the child was residing or
    - Be placed with the parent who does not have physical care of the child; AND

- ◆ One of the following applies:
  - The person responsible for the care of the child is absent, or though present, was asked and refused to consent to the removal of the child and was informed of the intent to apply for an order to remove the child; OR
  - There is reasonable cause to believe that a request for consent would further endanger the child; OR
  - There is reasonable cause to believe that a request for consent will cause the parent, guardian, or legal custodian to take flight with the child.
  
- 2. Unless the juvenile court has designated this responsibility to another:
  - ◆ Make every reasonable effort to inform the parent or other person legally responsible for the child's care.
  - ◆ Follow up with any inquiries that may aid the court in disposing of the application.
  
- 3. Within five working days of the removal order, the person designated by the court shall prepare and file a written report with the court that includes documentation of:
  - ◆ Conferences held.
  - ◆ Efforts to inform the parents or other person legally responsible for the child's care of the application.
  - ◆ Any inquiries made to aid the court in disposing of the application.
  - ◆ All information communicated to the court.

### **Court-Ordered Supervision**

**Legal reference:** 42 U.S.C. 672(a)(2)

#### **Policy:**

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has ordered the Department to provide supervision of the child and the child's placement.

#### **Procedure:**

The Department's supervision responsibilities include:

- ◆ Engaging the child and family in case planning, including conducting periodic reviews of the case. (For more detailed information, see 17-C, [CASE PLANNING POLICY](#), and 17-C(1), [CASE PLANNING PROCEDURES](#).)
- ◆ Engaging the child and family in creating timely and appropriate permanency goals for the child;
- ◆ Arranging and monitoring services to support achievement of the child's permanency goals;
- ◆ Making placement recommendations; and
- ◆ Monitoring the child's placement.

### **Transfer of Legal Custody to Department**

**Legal reference:** [Iowa Code sections 232.21\(2\), 232.44\(6\), 232.62, 232.95, 232.102](#) and [234.35; 441 IAC 202.4\(3\)](#)

#### **Policy:**

The Department has responsibility for the placement and care of a child under the age of 18 when a juvenile court has transferred legal custody to the Department.

The juvenile court may transfer legal custody to the Department through a temporary removal hearing in the CINA process or a shelter care hearing under the delinquency procedures.

The juvenile court may transfer legal custody to the Department after disposition is authorized for children adjudicated delinquent and for children adjudicated child in need of assistance.

**Procedure:**

The Department's responsibilities as custodian are defined as follows:

- ◆ To maintain or transfer to another the physical possession of the child.
- ◆ To protect, train and discipline the child.
- ◆ To provide food, clothing, housing, and medical care.
- ◆ To consent to emergency medical care, including surgery.
- ◆ To sign a release of medical information to a health professional.

The social work case manager normally exercises the rights and responsibilities of the custodian.

The residual parental rights retained by the child's parents make it imperative that they be involved in all major planning and medical decisions affecting the child. See [Child and Parent Rights and Responsibilities](#).

**Transfer of Guardianship to Department**

**Legal reference:** [Iowa Code sections 232.2\(2\), 232.102\(2\), 232.117\(3\), 600A.2, 600A.2B](#)

**Policy:**

The court may assign guardianship to the Department after the child is adjudicated to be a child in need of assistance, when the child's parents:

- ◆ Are uninvolved,
- ◆ Are not available or are available, and
- ◆ There is no termination of parental rights, and
- ◆ After termination of parental rights.

The guardian is to:

- ◆ Have a permanent self-sustaining relationship with the child,
- ◆ Make important decisions that have a permanent effect on the life and development of that child, and
- ◆ Promote the general welfare of that child.

**Procedure:**

The Department's responsibilities as guardian are defined as follows:

- ◆ To consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment.
- ◆ To serve as guardian ad litem, unless the interests of the guardian conflict with the interests of the child or another person has been appointed guardian ad litem.

- ◆ To serve as custodian, unless another person has been appointed custodian.
- ◆ To make periodic visitations if the guardian does not have physical possession or custody of the child.
- ◆ To consent to adoption and to make any other decision that the parents could have made when the parent-child relationship existed.
- ◆ To make other decisions involving protection, education, and care and control of the child.

The service area manager, or a designee, exercises the rights and responsibilities of the guardian. The service area manager, social work administrator and social work supervisor are designated by the director to sign consents and releases.

Social workers are **not** designated to sign consents or releases. See 13-D, [\*GUARDIANSHIP\*](#), for more information regarding consents and releases.

**Release of a Foster Child's Social Security Number When the Department is the Guardian**

The Department may release the social security number to the foster parents when DHS is the guardian. However, the foster parent will need to get a signed release of information from the Department to allow them to give that social security number to their tax preparer for income tax purposes only.

**Release of a Foster Child's Social Security Number When the Department is Not the Guardian**

The foster child's parents retain their right to authorize or not authorize the release of their child's social security number to foster parents. Some of the foster child's parents may be claiming their child on their income taxes.

If asked by a foster parent, the worker should facilitate a conversation between the foster parent and the parent to obtain the appropriate release of information. If the foster parent is comfortable pursuing the discussion directly, the worker should ensure the foster parent is aware the parent has the right not to sign the requested release.

### **Placement of an Indian Child**

**Legal reference:** 125 U.S.C. section 191[a] and [Iowa Code Chapter 232B](#)

**Policy:**

Placements of Native American children in foster care settings shall be conducted in accordance with the statutory provisions and requirements of the federal and Iowa Indian Child Welfare Acts. See [17-C, Case Planning for Native American Children](#), for requirements.

An Indian tribe has jurisdiction over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of that tribe. If an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction regardless of the residence or domicile of the child.

**Procedure:**

See [17-C\(1\), Case Planning for Native American Children](#), for instructions on identifying Native American ancestry, involving tribal representatives, and making placements. See [17-C\(3\), Topic 9](#), for information on placement hierarchy, protocols, and additional information on the laws and tribal court proceedings.

### **Placement of a Child with Mexican Citizenship**

**Legal reference:** Vienna Convention on Consular Relations; Consular Convention Agreement between the United States and Mexico

**Policy:**

When a child taken into state custody is a Mexican national or a multiple-nationality minor, the Department shall involve the Mexican Consulate in case planning for the child.

**Procedures:**

See [17-C\(1\), Case Planning for Children With Mexican Citizenship](#), for procedures and [17-C\(3\), Topic 12](#), for the content of the Memorandum of Understanding Between the State of Iowa and the United States of Mexico Concerning Child Welfare Cases Involving Mexican National and Multiple Nationality Minors.

### **Voluntary Placement for Children Aged 18 or Older**

**Legal reference:** [Iowa Code sections 234.1, 234.35\(1\) and 234.35\(3\); 441 IAC 156.20\(1\)"b," 202.1\(234\), and 202.3\(3\)](#)

#### **Policy:**

The Department has responsibility for the placement and care of a child 18 years of age or older when it has agreed to provide foster care services for the child on the basis of a signed voluntary placement agreement between the Department and the child or the child's court-appointed guardian.

Voluntary placements of a child aged 18 or older may be granted for six months at a time when the child meets all of the following:

- ◆ Is 18 or 19 years old and has **not** received a high school diploma or a high school equivalency;
- ◆ Was in foster care or a state institution immediately before reaching age 18;
- ◆ Has continued in foster care or a state institution since reaching age 18 **or** left foster care at age 18 and voluntarily returned to foster care in order to complete a high school diploma or a high school equivalency;
- ◆ Has demonstrated a willingness to participate in case planning and to fulfill responsibilities as defined in the case plan; and
- ◆ Will be placed in foster family care or supervised apartment living in Iowa

#### **Procedure:**

1. Complete form 470-0715, *Voluntary Foster Care Placement Agreement*, directly with the child unless the child has a guardian. The service area manager or designee shall approve the agreement before the agreement takes effect.
2. Use form 470-3186, *Request for Approval of Supervised Apartment Living Foster Care Placement*, to request that the service area manager or designee waive the requirement for continuous placement for a child who:
  - ◆ Leaves foster care on or after the child's 18th birthday and
  - ◆ Voluntarily returns before the child's 20th birthday in order to complete high school or obtain a high school equivalency.

3. Terminate the voluntary placement agreement if the child moves outside Iowa after the placement. When a voluntary placement agreement is terminated, send a copy of the Notice of Decision to the foster care provider.

### **Additional Assessments Required**

More in-depth assessments are required when a child goes into out-of-home placement.

#### **Social History**

**Legal reference:** [Iowa Code sections 232.97](#) and [232.181](#); [441 IAC 202.2\(3\)](#)

#### **Policy:**

With the exception of emergency care, a social history shall be completed on each child before a Department recommendation for out-of-home placement.

- ◆ For voluntary emergency placements, complete a social history before a decision is made to extend the placement beyond 30 days.
- ◆ For court-ordered emergency placements, complete a social history before the disposition hearing.

#### **Procedure:**

Before the dispositional hearing on a CINA case, the juvenile court will order the completion of a social history report that:

- ◆ Explores the family's background and the strengths and needs and
- ◆ Contains the Department's formal recommendations for the child's level of care, permanency goal, and services to the family.

Use form 470-3615, *Social History*, to gather information for the court-ordered social history report.

### **Health Assessment**

**Legal reference:** P. L. 110-351; 42 U.S.C. 622(b)(15)(a); [Iowa Code sections 232.2\(4\)](#), [232.98](#), and [237.3](#); [441 IAC 105.8\(6\)](#), [114.10\(6\)](#), [202.2\(2\)](#), [202.5\(3\)](#), and [202.6\(1\)](#)

#### **Policy:**

The child's medical, psychiatric, and psychological needs shall be assessed before placement is recommended.

A child shall have a physical examination by a physician before entering foster care or within 14 days of placement into foster care.

The child's case permanency plan must contain the most recent information available about the child's health records.

#### **Procedure:**

1. Secure health information from the appropriate medical professional. Form [470-0580](#), *Physical Record*, may be used in addition to other sources of medical or health information. If possible, submit the form to the child's primary care provider for completion.
2. A physician, an advanced registered nurse practitioner, or a physician assistance working under a physician's supervision shall:
  - ◆ Complete a preliminary screening for dental and mental health needs.
  - ◆ Refer the child to a dentist or mental health professional as needed.
  - ◆ See [8-M](#), [Care for Kids \(EPSDT\)](#), for Medicaid procedures for screening and follow-up treatment.
3. If the physical record does not have immunization information attached:
  - ◆ Get this information from the child's family or from the school where the child is enrolled in at the time of placement; or
  - ◆ Access the Iowa Department of Public Health's Immunization registry to obtain the child's immunization information; or
  - ◆ If no other source is available and the child was a Medicaid member before placement, ask your supervisor to check Iowa Medicaid Electronic Record System (IMERS) for information.

Access to IMERS for purposes of meeting the Department's responsibilities for the health of children in foster care is restricted to social work case managers and supervisors who have an approved *Iowa Medicaid Electronic Record System Security Request*. Supervisors may obtain this form from the Service Help Desk.

Do not print IMERS information to put in the case file. This increases the risk of inadvertent disclosure and violation of state law and the federal Health Insurance Portability and Accountability Act (HIPAA).

4. Assess a child's strengths and needs relating to mental health as part of your assessment of child well-being. You may use the *Pediatric Symptom Checklist* to determine whether a child needs a behavioral health evaluation. Access the checklist on the DHS Intranet in the Results-Based Practice folder on the Field Service Staff page.
5. When indicated, use appropriate psychological testing administered by qualified psychologists to help determine the child's level of intellectual functioning and to assess the nature and severity of personality disorders and learning difficulties.
6. When religious or personal beliefs of the parents prohibit the completion of a physical or necessary medical care, either:
  - ◆ Find assistance for the family to care for the child at home, or
  - ◆ Request a court order to obtain necessary medical care for the child.
7. When a child is medically diagnosed as being HIV-positive, having AIDS, or is identified as being at high risk of HIV infection, place the child after the parents have signed form 470-3225 or 470-3225(S), *Authorization to Release HIV-Related Information*. It may be necessary to seek court action if the parent or guardian does not sign the forms.

Inform the foster care provider of the diagnosis and have the provider signs form 470-3227, *Receipt of HIV-Related Information*.

The need for HIV testing is predominately a medical decision. Therefore, when a child is at high risk of being HIV-positive such as one or both parents being HIV-positive or having AIDS, seek guidance from the child's physician as well as from your supervisor, social work administrator and service area manager.

### **Life Skills Assessment**

**Legal reference:** [441 IAC 202.11\(7\)"b"](#)

#### **Policy:**

A life skills assessment shall be administered to all children in foster care who are aged 14 or older. The assessment is designed to evaluate the child's strengths and needs in areas including, but not limited to:

- ◆ Education;
- ◆ Physical and mental health;
- ◆ Employment;
- ◆ Housing and money management; and
- ◆ Supportive relationships.

#### **Procedure:**

1. Ensure that a life skills assessment is completed for all children in foster care who are aged 14 or older.

The recommended assessment instrument is the Ansell Casey Life Skills Assessment, which is available at: <http://lifskills.casey.org/>. The assessment is set up for the child to complete, along with an assessment for the child's care provider to complete.

2. Use the results of the assessment to assist you in completing an overall assessment of the child and the transition plan section of the case plan.

### **Selecting Placement Type Needed**

**Legal reference:** [Iowa Code section 232.2\(4\), 232.2; 441 IAC 202.4\(234\)](#)

#### **Policy:**

Placement shall be made in the least restrictive, most family-like setting available consistent with the best interests and special needs of the child. See also [17-C, Planning for Permanency](#).

#### **Procedure:**

When the decision is made that the child needs to be removed from the current living situation to be safe, take the following steps.

1. Involve the child's parents in selection of the child's placement. Consider the child living with the noncustodial parent before considering out-of-home placement. For direction on family engagement and working with the family to develop the family case plan, see [17-C\(1\), Engaging the Family](#).
2. Determine whether there is a need for [shelter care](#). Law enforcement officers may already have taken the child to shelter or emergency care.
3. Determine the child's needs based on your assessment of the child. See [Additional Assessments Required](#). Consider the child's need for:
  - ◆ **Structure, supervision, or external controls:** Does the child's emotional problems, behavioral disorders, or acting-out behaviors indicate a need for structure, supervision, or external controls beyond what is expected or appropriate in a family setting?
  - ◆ **Special training, care, or services:** Regardless of where the child is placed, could the child's needs be met through in-home child welfare services, services provided through the school district or area education agency, or programs such as the Medicaid children's mental health waiver, intellectual disability waiver, or ill and handicapped waiver?
4. If the child's service needs can be met through services provided in the community, a family placement is preferable. In that case:
  - ◆ First, determine whether a [relative or kinship placement](#) is available.
  - ◆ If relative or kinship placement is not available, pursue placement in [foster family care](#).
  - ◆ [Supervised apartment living](#) is appropriate only for children who have achieved a certain age and maturity.
5. If the child is considered unable to live in a family setting because of social, emotional or physical difficulties that cannot be addressed through home-based or community-based services, consider a group setting for placement.
  - ◆ Children who have emotional problems, behavioral disorders, or acting-out behaviors may be served in a [foster group care](#) setting.
  - ◆ Children who need mental health or substance abuse services may best be served in a [psychiatric medical institution for children](#) (PMIC). These facilities are funded and governed by the Medicaid program.

- ◆ Children who have an intellectual or developmental disability may best be served in an intermediate care facility for persons with intellectual disability (ICF/ID, formerly called ICF/MR). These facilities are funded and governed by the Medicaid program.

A group setting is considered a more restrictive type of placement than a family setting. Be prepared to document why a group setting best meets the child's needs.

6. Be sure that the child meets the eligibility factors for the type of out-of-home placement selected (see [Eligibility Criteria](#)). Requirements specific for each type of care are described in the following sections.

### **Relative or Kinship Care**

**Legal reference:** [441 IAC 202.4\(3\)](#)

#### **Policy:**

The Department shall first consider placing the child in a relative's home unless:

- ◆ No relatives are available or willing to accept placement; or
- ◆ Such placement would be detrimental to the child's physical, emotional or mental well-being.

#### **Procedure:**

1. See [Diligent Search for Parents and Relatives](#) for procedures on locating potential relative placements. Even if you do not find a relative placement immediately, you must continue the search throughout the life of the case.
2. See [Selecting a Relative or Kinship Placement](#) for procedures on evaluating potential relative placements. The relative must pass criminal background checks to be selected for placement.
3. Document in the child's case permanency plan your efforts to place a child in a relative's home and (if applicable) reason for using a nonrelative placement.

### **Shelter Care**

**Legal reference:** [Iowa Code sections 232.2, 232.21](#) and [234.35](#); [441 IAC 105.1\(232\), 150.3\(234\), 156.11\(3\)](#)

#### **Policy:**

Shelter care is the temporary care of a child in a physically unrestricting facility at any time between the child's initial contact with the juvenile authorities and the disposition of the case.

The Department is responsible for paying for shelter care for a child under the age of 18 when:

- ◆ The child is lawfully placed in shelter care, or
- ◆ The child is placed in emergency care for a period of not more than 30 days upon approval of the Department director or the director's designee.

The shelter care facility shall have a contract with the Department in order to receive payment for shelter services.

#### **Procedure:**

1. Seek a shelter care placement only if:
  - ◆ Alternative interventions to out-of-home placement such as child welfare emergency services or safety plan services are not available or are not sufficient to ensure the child's safety, and
  - ◆ All other reasonable placement options have been exhausted, and shelter placement is appropriate and the only viable option. Do not consider shelter care for children under age 12 unless alternatives are first sought and determined to be unavailable.
2. The Department should be notified by law enforcement and the shelter provider when a child is placed in shelter care by law enforcement personnel. Follow the directions of the court order and the procedures in your service area shelter placement protocol. See [Shelter Care Placement Protocol](#).

3. Determine the circumstances of the placement and refer to the matrix below for information on payment status.

Iowa Code Citation and Description	What Occurs or What Worker Should Do	Payment Status
<p><b>232.19</b>                      A child can be taken into custody:</p> <ul style="list-style-type: none"> <li>• By court order;</li> <li>• By a peace officer for a delinquent act;</li> <li>• By a peace officer, juvenile court officer, or juvenile parole officer when it's believed the child has violated a dispositional order.</li> </ul>	<p><b>If</b> the child is not released to the parents, guardians, or custodians, <b>then</b> the child must immediately be taken to a shelter care or detention facility. (Detention is not foster care and is not paid by the Department.)</p> <p>A child may not remain in shelter care beyond <b>48</b> hours without a court order.</p> <p>Law enforcement and juvenile court officers usually place a child in shelter when taking custody. DHS is responsible for placing a child in shelter when doing so though a court order.</p>	<p>Without a court order, state payment will be made for up to <b>48</b> hours.</p> <p>If a court orders placement beyond that, payment may continue.</p>
<p><b>232.19(1)“c”</b>                      A child can be taken into custody by a peace officer when believed to be a runaway.</p>	<p>If the runaway is not released to the parent, guardian, or custodian, and is placed in shelter care, then the child may remain in shelter care up to 72 hours while officials are attempting to reunite the child and family.</p> <p>The DHS role varies depending on the nature of these situations. Work with local law enforcement and the county attorney's office when there is DHS involvement.</p>	<p>Without a court order, state payment will be made for up to 72 hours.</p> <p>If a court orders placement beyond that, payment may continue.</p>

Iowa Code Citation and Description	What Occurs or What Worker Should Do	Payment Status
<p><b>232.21</b></p> <p>For a child to be placed in shelter care, one of these circumstances must apply:</p> <ul style="list-style-type: none"> <li>• No one is available to care for the child;</li> <li>• The child desires shelter placement;</li> <li>• The child must be held until a parent or other adult has taken custody;</li> <li>• The child must be held for transfer to another jurisdiction; or,</li> <li>• The child is placed pursuant to a court order.</li> </ul>	<p>A child may be placed in shelter care under this section only in one of the following:</p> <ul style="list-style-type: none"> <li>• A juvenile shelter care home;</li> <li>• A licensed foster family home;</li> <li>• A facility operated by the Department or authorized by law to receive and provide care for a child; or</li> <li>• Another suitable place designated by the court, except for places used for the detention of a child.</li> </ul> <p>Placement shall be in the least restrictive setting available consistent with the best interests and special needs of the child.</p> <p>Foster family care shall be used for a child unless the child requires specialized service or supervision that cannot be provided in a family living arrangement.</p>	<p>The policies related to the <b>48-hour</b> and <b>72-hour</b> time frames apply.</p> <p>If a court orders placement beyond that, payment may continue.</p>
<p><b>232.78</b></p> <p>Temporary custody of a child due to ex parte court order</p>	<p>Determine that:</p> <ul style="list-style-type: none"> <li>• The child is at imminent risk of harm and cannot be kept safe through any other means but removal from the home.</li> <li>• The situation would meet requirements for an ex parte order if one were to be pursued.</li> </ul> <p>If the parents or guardians agree to voluntary placement as an alternative to an ex parte order, then the placement agreement can be used for shelter care placement if authorized as the appropriate level of care for a child.</p>	<p>State payment will be made for the time of the authorized shelter placement.</p> <p>Under Iowa Code 234.35, a voluntary placement agreement can be in effect for up to 90 days.</p>

Iowa Code Citation and Description	What Occurs or What Worker Should Do	Payment Status
232.78 (Cont.)	Relative placements should be the first option if appropriate and available. Also consider placements with foster families when appropriate.	

### **Family Foster Care**

**Legal reference:** [441 IAC 202.2\(4\)](#)

#### **Policy:**

If the child cannot be placed with a relative or a suitable person who has a kinship bond with the child, foster family care shall be used for a child unless the child has needs which require specialized services that cannot be provided in a family setting.

#### **Procedure:**

Determine eligibility for family foster care as follows:

1. Determine if the child meets the requirements for age. (See [Age Limits](#).)
2. Contact your service area manager or designee to request approval for payment of foster family care for a child aged 18 or 19. Explain in writing how the child meets all of the following criteria:
  - ◆ The child does not have an intellectual disability.
  - ◆ The child is at imminent risk of:
    - Becoming homeless (meaning a less restrictive placement is not available), or of
    - Failing to graduate from high school or obtain a general equivalency diploma.
  - ◆ The placement is in the child's best interest.
  - ◆ Funds are available in the service area's allocation.

When the service area manager has approved payment for foster care, funds that may be necessary to provide payment for the time period of the exception, not to exceed the current fiscal year, are considered encumbered and no longer available.

Document the child's eligibility for approval in the case record along with the written approval. Obtain the signed voluntary placement agreement for a child aged 18 or older.

3. Determine if the child meets the requirements for residence. (See [Residence](#).)
4. Determine if the child meets needs able to be met in a family setting.
5. See [Selecting a Foster Family Placement](#) for procedures on locating a foster home.

### **Foster Group Care**

**Legal reference:** [Iowa Code sections 232.143, 234.1, and 234.35; 441 IAC Chapters 114, 115, 116; 441 IAC 156.20\(1\), 202.4\(4\), and 202.17\(234\)](#)

### **Policy:**

Foster group care services are provided for children who are not able to live in a less restrictive environment due to the intensity or severity of their current emotional problems, behavioral disorders or acting-out behaviors.

Iowa issues licenses for three levels of group foster care:

- ◆ Community residential facility
- ◆ Comprehensive residential facility
- ◆ Residential facility for children with an intellectual disability

These levels are differentiated by requirements for the staff-to-children ratio. Increased intensity of supervision and structure are required by a child who presents increased levels of emotional or behavioral problems.

**Procedure:**

Determine eligibility for group care as follows:

1. Determine if the child meets the requirements for age. (See [Age Limits](#).)
2. Contact your service area manager or designee to request approval for payment of group for a child aged 18 or 19. Explain in writing how the child meets all of the following criteria:
  - ◆ The child does not have an intellectual disability.
  - ◆ The child is at imminent risk of:
    - Becoming homeless (meaning a less restrictive placement is not available), or of
    - Failing to graduate from high school or obtain a general equivalency diploma.
  - ◆ The placement is in the child's best interest.
  - ◆ Funds are available in the service area's allocation.

When the service area manager has approved payment for foster group care, funds that may be necessary to provide payment for the time period of the exception, not to exceed the current fiscal year, are considered encumbered and no longer available.

Document the child's eligibility for the exception in the case record along with the written approval for the exception. Obtain the voluntary placement agreement for children aged 18 or older.

3. Determine if the child has:
  - ◆ Been adjudicated as having committed a delinquent act or as a child in need of assistance (CINA);
  - ◆ Been placed under a voluntary placement agreement with the child's parents for a maximum of 90 days;
  - ◆ Obtained a court ordered placement for children with disabilities; or
  - ◆ Signed a voluntary placement agreement, if over age 18.

The child could be placed under the guardianship or custody of juvenile court services ("payment only").

4. Determine if the child meets the requirements for placement into a foster group care setting.
  - ◆ Conduct an initial assessment covering intake and other relevant information on the child and family (see [17-C\(1\), Assessing the Need for Placement](#)).
  - ◆ Follow the service area foster group care admission approval process and coordinate with the local foster care review system in developing a specific recommendation.
  - ◆ Placement of Indian children is governed by the federal and state Indian Child Welfare Acts. (See [Placement of an Indian Child](#).)
5. Determine if the placement falls within your service area's foster group care budget target. The limits of the foster group care appropriation may result in a waiting list for foster group care in service areas. Become familiar with the waiting list protocol and how it is implemented in your service area.

Children are eligible to be placed on a foster group care waiting list based on the date of their court order into foster group care and children are removed from the list when their name reaches the top.

6. See [Foster Group Care Placement](#) for directions on finding a suitable facility.

### **Psychiatric Medical Institutions for Children**

**Legal reference:** [441 IAC 85.22\(249A\)](#)

#### **Policy:**

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 (PMICs). An independent team shall certify the child's need for care before admission.

Policies and procedures in this chapter apply to court-ordered foster care placements only.

#### **Procedure:**

Because a PMIC placement is paid through Medicaid, both the social work case manager and the income maintenance worker (IM worker) must be involved when a foster child enters a PMIC.

1. See [8-K](#), Children in Foster Care or Subsidized Adoption in PMICs, for a summary of service and IM responsibilities.
2. See [8-K](#), Certification of the Need for Care and Medical Necessity, for Medicaid eligibility requirements. The preadmission evaluation may be performed by a community mental health center. A specific form is not required for the certification. However, form [470-2780](#), *Certification of Need for Inpatient Psychiatric Services*, may be used.
3. Consult with the PMIC facility for a list of the required documents for admission. In addition to psychiatric or substance abuse treatment, services provided by PMICs may include other components, such as family counseling, depending on the child's needs.

### **Supervised Apartment Living**

**Legal reference:** [Iowa Code section 234.6\(6\)"b"](#), [441 IAC 108.10\(238\)](#), [156.20\(234\)](#), and [202.9\(234\)](#)

#### **Policy:**

A supervised apartment living arrangement provides an environment in which a child can experience living in the community with supervision and prepare for self-sufficiency.

To be eligible for supervised apartment living placement, a child must be at least 16½ years of age to be placed in a cluster setting and at least 17 years of age to be placed in a scattered site setting.

A child must meet the additional requirements under [Age Limits](#) to remain in supervised apartment living after reaching the age of 18.

A child participating in the program must be either:

- ◆ Attending school leading to a high school diploma or high school equivalency;
- ◆ Attending post-secondary education on a full-time basis (if under the age of 18);
- ◆ Attending post-secondary education on a part-time basis and working part-time or participating in a work training program leading to employment (if under the age of 18); or
- ◆ If no longer attending school, must be employed an average of 80 hours per month or be participating in a work training program leading to employment (if under the age of 18).

The child must:

- ◆ Have the capacity to live in the community with less supervision than that provided by a foster family or group care setting, as determined by pre-placement screening.
- ◆ Be able to follow the provisions of the case plan and participate in activities and services to achieve self-sufficiency.

The placement must be approved by:

- ◆ The service area manager or designee, and
- ◆ By the juvenile court if the child is under court jurisdiction.

**Procedure:**

1. Be sure that the child meets the general eligibility requirements for out-of-home placement. See [Eligibility Criteria](#).
2. Obtain life skills assessment if one has not been completed previously. See [Life Skills Assessment](#).
3. Complete form 470-4063, *Preplacement Screening for Supervised Apartment Living Foster Care*, to evaluate whether the child meets the placement-specific eligibility requirements.
4. Use form 470-3186, *Request for Approval of Supervised Apartment Living Foster Care Placement*, to request that the service area manager or designee:
  - ◆ Approve the placement.
  - ◆ Waive the requirement for continuous placement for a child who leaves foster care on or after the child's 18th birthday and voluntarily returns before the child's 20th birthday in order to complete high school or obtain a high school equivalency.
5. See [Supervised Apartment Living Placement](#) for procedures on locating a suitable placement.

## **Making the Placement**

**Legal reference:** [441 IAC 202.4\(1\)](#)

### **Policy:**

Placement consistent with the best interests and special needs of the child shall be made in the least restrictive, most family-like setting available in close proximity to the child's home.

### **Procedure:**

Consider the following factors when choosing the placement that best meets the needs of the child:

- ◆ The engagement of the child's family
- ◆ The child's need to be placed with siblings (see [Siblings](#))
- ◆ The child's need for an appropriate and stable educational setting
- ◆ The child's need for continuity with previous placements
- ◆ The ability of the placement resource to sustain the placement
- ◆ The success of the placement resource in serving children with similar needs
- ◆ The expected length of placement
- ◆ The cost of the placement and the availability of funding for the placement

Do not delay or deny the placement of a child into foster care due to race, color, or national origin of the foster parent or the child. See [17-F\(2\)](#), [MEPA-IEP](#), for information regarding the Multi-Ethnic Placement Act, Inter-Ethnic Placement.

### **Maintaining Continuity and Placement Stability**

**Legal reference:** [Iowa Code sections 232.2\(4\), 232.21, 232.52, 232.102, 234.35,](#)  
and [237.22; 441 IAC 202.4\(234\), 202.12\(2\)](#)

#### **Policy:**

Throughout the provision of care, the Department and the foster care provider shall actively ensure that the child stays connected to the child's kin, culture, and community as stated in the child's case permanency plan.

#### **Procedure:**

1. If possible, choose a placement within the child's own neighborhood or community to promote:
  - ◆ Parental contact with the child and participation in reunification efforts
  - ◆ Sibling contact
  - ◆ Support from the child's community
  - ◆ Stability of the child's education (see [Educational Stability](#))

If the child was previously in placement and a relative or kin placement is not an option, consider placing the child back into the same placement setting.

2. Promote placement stability and minimize the potential for placement breakdown by:
  - ◆ 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 children 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.
  - ◆ Collaborating with parents and local education agencies to ensure that the child's need for an appropriate and stable education setting is met.

### **Breast-Fed Infant**

**Legal reference:** [441 IAC 202.11\(3\)](#)

#### **Policy:**

When continued breastfeeding of the child is determined to be in the best interest of the child, the service worker and the care provider shall make reasonable efforts to support the continued breastfeeding of the child by the mother.

#### **Procedure:**

When placement of a breastfeeding child is being made:

1. Assess, in consultation with your supervisor, whether continued breastfeeding by the mother is in the best interest of the child.
2. Make every reasonable effort to support the mother's continued breastfeeding for the child if determined appropriate by choosing a placement resource that is accessible to the mother and is amenable to this degree of family involvement.
3. Document the assessment and efforts in the child's case plan and case notes.

### **Educational Stability**

**Legal reference:** P. L. 110-351; [Iowa Code sections 232.2\(4\)](#) and [280.29](#); [441 IAC 202.2\(2\)](#)

#### **Policy:**

The Department shall assure the educational stability of children who enter out-of-home placement. The child shall remain in the educational setting the child attended before placement unless it is not in the child's best interest to do so.

#### **Procedure:**

When the child is school-age, including children under age five who have been identified for special education or Early ACCESS, take the following steps:

1. Obtain a release of information from the child's parents or guardian to facilitate flow of information between the Department and the local school district, the area education agency (AEA), or the Early ACCESS program, as applicable.

Children under three years of age are automatically referred to Early ACCESS when abuse is confirmed or founded. Ask the parents if they have received Early Access information. If a developmental screening has been completed, it will be valuable to the foster care provider.

2. If possible, participate in staffings with the local school to discuss needs of the child, including both educational and foster care arrangements.
3. Evaluate potential placements for the appropriateness of the educational setting available to the child there, through:
  - ◆ Consultation with parents and guardian ad litem, and
  - ◆ Collaboration with school professionals and the placement provider.
4. Evaluate potential placements for the proximity of the placement to the child's home school. Coordinate with the local education agencies to identify how the child could remain in the educational setting in which the child is enrolled at time of placement. The appropriateness of the school setting should be re-evaluated at each potential placement change. Arrange transportation if necessary.
5. A child in foster care should not change schools unless remaining in the current school is not in the child's best interest. If it is not in the child's best interest to attend the same school after placement, arrange appropriate enrollment in another educational setting.
6. Use form 470-4894, *Notice to Schools for Child in Foster Care*, to notify the attending local school of the foster care placement and trigger a five day requirement for the school district to transfer records to the new school.
7. Ensure immediate enrollment of the child in the new educational setting. Make sure that the local education agencies have transferred the child's educational records to the new educational setting within five days of notice that the child is changing schools.

8. Document in the case permanency plan:
  - ◆ Evaluation of the placement's proximity to the child's home school and the appropriateness of the child's educational setting while in placement.
  - ◆ An assurance that you:
    - Coordinated with the child's school to identify how the child could remain there during placement; or
    - If remaining in the home school is not possible document the reasons why and that the child's educational records were transferred to the new school.

### **Out-of-Area Placement**

**Legal reference:** [441 IAC 202.7\(234\)](#)

#### **Policy:**

Placements outside the service area shall be made only when:

- ◆ There is no appropriate placement within the service area;
- ◆ The placement is necessary to facilitate reunification of the child and parents; or
- ◆ An out-of-area placement is closer to where the child lives than an in-area placement offering the same services.

#### **Procedure:**

If placement outside the service area is necessary or is in the best interest of the child:

1. Seek the approval of the placing and receiving service area managers according to your service area protocol.
2. If appropriate, seek court approval of transfer of the responsibility for supervision, planning, and visitation.

### **Siblings**

**Legal reference:** [Iowa Code section 232.108](#); [441 IAC 202.4\(2\)](#)

#### **Policy:**

The Department shall make a reasonable effort to:

- ◆ Place siblings together in the same placement, and
- ◆ Provide frequent visitation or ongoing interaction between the child in placement and the child's siblings.

#### **Procedure:**

1. Make reasonable efforts to place siblings together unless to do so would be detrimental to any of the children's physical, emotional or mental well-being.
2. If siblings cannot be placed together in the same placement:
  - ◆ Explain to the siblings the reasons why they are not placed together and what efforts you made to keep them together or why making efforts to keep them together was not appropriate.
  - ◆ Arrange to maintain frequent visitation or other ongoing interaction between the siblings unless visitation or ongoing interaction between siblings is suspended or terminated by the court.
3. Document in the child's case permanency plan:
  - ◆ Your efforts to prevent separating the siblings;
  - ◆ Your reasons for separating siblings; and
  - ◆ Your plans to maintain sibling contact.

Persons indicating that they are siblings of a child in out-of-home placement may petition the juvenile court to request frequent visits or other ongoing interaction with that child. Arrange for visits and contact with the child in placement if the court finding:

- ◆ Affirms that the person is a sibling, and
- ◆ Does not indicate that visits would not be in the child's best interests.

### **Worker Responsibilities for All Placements**

**Legal reference:** [441 IAC Chapters 130](#) and [131](#)

#### **Policy:**

When the Department has placement and care responsibility for a child, the social work case manager is responsible for the following activities:

- ◆ Taking applications (see [17-D\(1\)](#), [Taking Applications](#))
- ◆ Determining eligibility (see [Eligibility Criteria](#), [Authority for Placement](#), and [17-D\(1\)](#), [Determining Eligibility](#))
- ◆ Referring children and families to a provider (see [Referral to Provider](#) and [17-D\(1\)](#), [Referring Children and Families to a Provider](#))

#### **Procedure:**

When you are satisfied that placement with a particular care provider is in the child's best interest:

1. Prepare the child for the placement.
2. Prepare the parents for placement and set up a family team decision-making meeting.
3. Complete Part C of the *Family Case Plan* to record the team decisions. In the plan, document the reasons why:
  - ◆ You chose the particular placement.
  - ◆ A relative or kin placement was not selected (if applicable) and your efforts to place the child with a relative or kin.
  - ◆ Siblings were not placed together (if applicable).
  - ◆ You chose a more restrictive placement than foster family care (if applicable).
  - ◆ Remaining in the educational setting in which the child was enrolled at time of placement was not in the child's interest (if applicable) and your efforts to collaborate with the local education agency to avoid a school change.
  - ◆ You chose out-of-state placement (if applicable).

4. Prepare the provider by furnishing information about the child and the case permanency plan.
5. Set up a preplacement visit.
6. Enter the placement in FACS and authorize services.
7. Complete a placement agreement with the provider:
  - ◆ For a foster family care placement, complete form [470-0716](#), *Foster Family Placement Contract*.
  - ◆ Complete form 470-0719, *Placement Agreement: Child-Placing or Child-Caring Agency (Provider)*, for:
    - Shelter care placement, or
    - Foster group care placement.
  - ◆ For supervised apartment living placement, complete form 470-0662, *Placement Agreement and Service Authorization for Supervised Apartment Living (SAL)*.
  - ◆ For placement in a psychiatric medical institution care, complete form 470-2490, *Placement Agreement: Specialized Psychiatric Institution*.

### **Referral to Provider**

**Legal reference:** [441 IAC 202.5\(2\)](#)

### **Policy:**

Before placement, the worker shall provide the prospective placement resource with general information regarding the child, including:

- ◆ A description of the child's medical needs;
- ◆ Behavioral patterns including safety-related information;
- ◆ Educational plans; and
- ◆ Permanency goals.

"Safety-related information" means information that the child has:

- ◆ Behaved in a manner that threatened the safety of another person;
- ◆ Committed a violent act causing bodily injury to another person; or
- ◆ Been a victim or perpetrator of sexual abuse.

Safety-related information shall be withheld only if:

- ◆ Withholding the information was ordered by the court, or
- ◆ The agency developing the service plan determines that providing the information would be detrimental to the child or to the family with whom the child is living, considering any history of abuse within the child's family or toward the child.

**Procedure:**

1. When searching for a provider, furnish relevant information about the child being considered for placement.

For a foster family placement, provide this information to the recruitment and retention contractor staff responsible for matching the child to a foster family placement.

In an emergency removal, it may not be possible to provide needed information on the child to the care provider before the placement. If not, gather and provide safety-related information as soon as possible.

2. When the child's medical needs include HIV infection or risk of infection, provide sufficient de-identified information to allow the placement resource to make an informed decision regarding ability to care for the child. Include:

- ◆ The care needs of the child,
- ◆ The possible impact on the placement resource, and
- ◆ The special confidentiality constraints of HIV/AIDS information.

Obtain form [470-3225](#), *Authorization to Release HIV-Related Information*, signed by the parent or guardian before placement. You may need to seek court action if the parent or guardian will not sign.

3. Place the child only after the placement resource has had the opportunity to give informed consent.
4. Include safety information in the child's case permanency plan, social history report to the court, and any dispositional court report. (Do not include HIV test results and related medical information in the child's case permanency plan. See [1-C](#), HIV-Related Information.)

### **Preplacement Visits**

**Legal reference:** [441 IAC 202.5\(1\)](#)

#### **Policy:**

Except for placements made in less than 24 hours, a child shall have a preplacement visit involving the child, the placement resource, the service worker, and the child's parents.

The child's parents may be excluded at the preplacement visit only if their presence would be disruptive to the child's placement.

#### **Procedure:**

1. Coordinate a preplacement visit involving the child, the foster parent or agency staff, the service worker, and the child's parents. (See [Placement Notification](#).)

If presence of the child's parents would be disruptive to the child or to the prospective placement (such as a threat of harm to foster parents) document the reason why the parents are excluded from the visit:

- ◆ In the case record narrative, and
  - ◆ In the *Family Case Plan* under Part B, "Other Comments."
2. Use the preplacement visit to support the child and help with the child's adjustment to new people and a new environment.
  3. During the preplacement visit, review:
    - ◆ The estimated length of time the child is expected to be in care;
    - ◆ The long term plan for the child;
    - ◆ Expectations for the provider's involvement in family visitation and direct contact with the child's extended family;
    - ◆ The child's typical daily schedule, habits, likes, dislikes, food preferences;
    - ◆ The child's expected emotional and behavioral responses to both routine and atypical situations;
    - ◆ Expected behavior problems, fears and emotional problems;

- ◆ Other information to help the placement resource plan and provide consistency in daily care;
- ◆ The general role of the placement resource in:
  - The expectations of the Department, the placement resource, and the parents for the child being considered for placement, and
  - Any special treatment or confidentiality requirements.

When a child is medically diagnosed as being HIV-positive, having AIDS, or is identified as at high risk of HIV infection, be sure that you have:

- ◆ Form [470-3225](#), *Authorization to Release HIV-Related Information*, signed by the parent or guardian (or court permission) and
- ◆ Form [470-3227](#), *Receipt of HIV-Related Information*, signed by the placement resource.

### **Opening the FACS Case**

Enter data to open a case on the Family and Children's Services (FACS) system in the name of each child. Assign a FACS ID in the name of the child.

Enter on the FACS VARP screen each service authorized or ordered by the court (not just the out-of-home care service). See the FACS Desk Aid for valid service codes and instructions for setting up a case.

### **Authorization for Services**

**Legal reference:** [441 IAC 7.7\(1\)](#), [152.2\(6\)a\(2\)](#), and [202.9\(234\)](#)

#### **Policy:**

Providers will not receive reimbursement from the Department for services provided before the referral worker and supervisor authorize services. This includes services that have been ordered by juvenile court. (See [17-D\(1\)](#), *Referring Children and Families to a Provider.*)

#### **Procedure:**

For group care, authorize services by using form [470-3055](#), *Referral and Authorization for Child Welfare Services*. This form can be printed from the variable payment screen (VARP) in FACS or accessed on Outlook.

For supervised apartment living, authorize services by using form 470-5081, *Placement Agreement and Service Authorization for Supervised Apartment Living (SAL)*. See [Supervised Apartment Living Placement](#).

### **Issuing Notification**

**Legal reference:** [441 IAC 7.7\(1\)](#) and [130.2\(4\)](#)

#### **Policy:**

The Department shall give adequate notice of the approval or denial of services and shall give timely and adequate notice of cancellation or reduction of services.

#### **Procedure:**

Follow the procedures in [17-D\(1\)](#), [Issuing Notification](#). Give notice to the child and to the child's parents or guardian (if at a different address) using form [470-0602](#), *Notice of Decision: Services*. Include reasons and manual references in the notice.

Your eligibility for foster care services ends: _____ (date) Because: _____ (reason and manual reference).
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### **Providing Placement Information**

**Legal reference:** [Iowa Code section 232.2\(4\)](#); [441 IAC 202.6\(234\)](#)

#### **Policy:**

At the time of placement, the Department worker shall furnish to the foster care provider any available information regarding the child. The information provided shall include:

- ◆ The child's full name and date of birth;
- ◆ The names, work addresses, and telephone numbers of the placement worker and the worker's supervisor, including a home telephone, cell phone, or on-call number;
- ◆ Educational arrangements including, but not limited to, the school the child attends, special education needs, and school contacts;
- ◆ The child's case permanency plan;

- ◆ The placement contract or agreement with the date of acceptance for care;
- ◆ The names, addresses, and telephone numbers of the child's parents, including adoptive parents, if applicable;
- ◆ The names, addresses, and telephone numbers of significant relatives of the child, including grandparents, brothers and sisters, aunts and uncles, and any other significant persons;
- ◆ The names, addresses, and telephone numbers of the child's physician and dentist;
- ◆ The child's behavioral patterns, including safety-related information;
- ◆ The results of a physical examination, including immunization history;
- ◆ The child's medical needs including allergies, physical limitations, dental and medical recommendations, and special needs of HIV;
- ◆ Medical authorizations, service authorizations, and other releases as needed; and
- ◆ If the child is an Indian, the identification of the child's tribe and tribal social service agency including telephone number and contact person.

**Procedure:**

1. Follow service area protocol on how to meet the requirement for Department staff to be available to care providers on a 24-hour basis in case of emergency.
2. Provide the *Social History*, form [470-3615](#), to the care provider within 60 days of placement. If there is an existing social history, provide that on or before the date of placement.
3. Provide form 470-3435, *Family Case Plan*, to the care provider as soon as it is available. (See [Worker Responsibilities for All Placements](#). See [17-C\(1\), Completing the Case Plan](#), for timeliness requirements.) The plan for a child in placement shall include:
  - ◆ The type and appropriateness of the placement and services to be provided to the child, including your reasons for choosing this particular placement.

- ◆ The actions expected of the parents, guardians or custodians in order for the Department to recommend that the court and the Department end involvement with the family.
  - ◆ The care and services that will be provided to the child, the child's parents, and the care provider and how those services will:
    - Meet the needs of the child while in care and
    - Facilitate the child's return home or other permanent placement
  - ◆ Safety information. (See [Referral to Provider](#). Do not include HIV test results and related medical information in the child's case permanency plan. See [1-C, HIV-Related Information](#).)
  - ◆ The most recent information available on the child's health and education records, including the date that the records were supplied to the care provider.
  - ◆ Documentation of actions taken to assure educational stability of the child. (See [Educational Stability](#).)
  - ◆ Concurrent case permanency goals other than reunification, if identified. See [17-C\(1\), Concurrent Planning for Children in Placement](#).)
  - ◆ Provisions for sibling visits and interaction. (See [Siblings](#).)
  - ◆ A transition plan if the child is aged 14 or older. (See [17-C\(1\), Transition Planning for Youth in Placement](#).)
4. Give the care provider the name and address of the school the child will attend and the teacher's name and contact information.
5. Give the care provider information about the plan for the child's physical or medical care, including:
- ◆ The results of medical examinations including HIV test results. (See [Health Assessment](#).)
  - ◆ Infant care and feeding. (See [Breast-Fed Infant](#), if applicable.)
  - ◆ Special advice regarding children with physical or developmental disabilities, including any special equipment necessary for the child's care because of a handicapping condition.
  - ◆ Names and addresses of all doctors, mental health professionals, and dentists who have treated the child, if available at placement.

- ◆ Directions in carrying out specific medical recommendations, including:
    - Current prescriptions (if child is on medication) and what the medication is prescribed for.
    - Time, date, and location of any appointments already scheduled.
    - Appointments that need to be scheduled soon, such as a physical examination if one was not completed before placement.
  - ◆ The arrangements the Department has for the child's medical care, including:
    - An explanation of the Medicaid program.
    - Form 470-2747 or 470-2747(S), *Foster Care Provider Medical Letter*, for use until the child's *Medical Assistance Eligibility Card* is issued.
    - The procedures to be used to obtain medical care and transportation.
    - The requirements for preventive care, such as regular checkups, eye and ear exams, immunizations, etc.
    - The procedures to follow if emergency medical treatment is necessary, both in the local area and if the family plans to travel with the child.
6. Meet with the care provider to:
- ◆ Review the supports and services that are available;
  - ◆ Make plans for visits with the child's parents, relatives, siblings, or other significant people; and
  - ◆ Develop in-depth plans regarding expectations of the Department, future objectives and timeframes, use of resources, and termination of placement.
  - ◆ Have the care provider sign form 470-3227, *Receipt of HIV-Related Information*, if applicable, to document understanding of the confidentiality requirements. Give a copy of the signed form to the care provider.

### **Selecting a Relative or Kinship Placement**

**Legal reference:** Adoption and Safe Families Act of 1997; [441 IAC 202.4\(3\)"a"](#)

**Policy:**

If a relative or a suitable person who has a kinship bond with the child will accept placement of the child, the Department shall complete record checks on the household before approving the placement.

**Procedure:**

When the child must be placed away from both parents, evaluate potential kinship placements as follows:

1. Contact the persons identified as potential kinship placements, considering the parents' wishes and the previous responses received. (See [Diligent Search for Parents and Relatives](#).)
2. Determine if the person will consider caring for the child on a temporary basis. If so, continue as follows.
3. Have the potential caregiver and all persons living in the caregiver's home who are aged 14 and older complete and sign form 595-1396, *DHS Criminal History Record Check, Form B*.
4. Complete form 470-0643, *Request for Child Abuse Information*, on the potential caregiver and all persons living in the caregiver's home who are aged 14 and older.
5. Using the birth dates and social security numbers of the potential caregiver and all persons living in the caregiver's home who are aged 14 and older, initiate a record check using the SING system. If the record is clean, print off the SING results screen.
6. If the SING system is not being used:
  - ◆ Complete a STAR search for child abuse history;
  - ◆ Check the child abuse registry of any other state where the person lived during the last five years, if applicable; and

- ◆ Complete a criminal history check by:
  - Sending form 595-1396 to the Division of Criminal Investigations;
  - Contacting the local police or sheriff's office;
  - Completing a search on the Sex Offender Registry; and
  - Completing a search on the Iowa Courts Online website.
  
- 7. If there are criminal convictions or child abuse or sex offender registry findings, have the person involved complete form 470-2310, *Record Check Evaluation*. Submit the completed form to the evaluation committee for your service area.
  
- 8. The evaluation committee will document the evaluation results on form 470-2386, *Record Check Decision*.
  - ◆ If the *Record Check Decision* indicates that the abuse or crime would not prevent the home from being approved for relative placement, proceed with the home visit and initial evaluation.
  - ◆ If anyone in the home cannot pass the record check, seek other placement options.
  
- 9. Complete a home visit to determine the physical safety of the home and of the child, if placed there.
  
- 10. Complete an initial evaluation of the home. The initial evaluation shall:
  - ◆ Assess child safety in the placement, caregiver protective capacity, and any threat to the stability of the placement.
  - ◆ Evaluate the prospective caregiver's ability to meet the needs of the child, specifically the caregiver's:
    - Relationship with the child;
    - Ability to protect, nurture, and care for the child for an extended period of time;
    - Ability to meet the developmental needs of the child, considering the health, age, and special needs of the child;
    - History of substance abuse, domestic violence, or mental illness; and
    - Ability to work cooperatively with the parents, DHS, and the court.

- ◆ Evaluate the continuity of the placement:
  - Existing support to maintain the child in the usual school, activities, and structure. (See [Educational Stability](#).)
  - Potential to maintain the child's present routine, such as connection to family and friends and participation in community activities.
- ◆ Identify needed services and supports for inclusion in case planning activities.

For an emergency placement, the placing social work case manager or a provider of safety services shall complete the initial evaluation within 24 hours. Otherwise, complete these steps within 20 working days of placement.

11. If there are any legal, health or safety issues with the potential caregiver, (such as confirmed child abuse or criminal convictions), ask for details to confirm and seek other placement options.
12. Document in the child's case narrative and individualized case permanency plan all efforts to place with a relative.

The time limit for a nonrelative placement is only 20 days unless the home becomes licensed as a foster home or the caregiver is given custody of the child by the juvenile court.

See also [In-State Relative Home Study](#) if a complete home study is needed.

### **In-State Relative Home Study**

#### **Policy:**

In-state relative home studies may be purchased through the recruitment and retention contract. Payment for the study is part of the contract and is not made through FACS.

#### **Procedure:**

1. Determine whether a complete study is needed. A home study is not required for an emergency placement or for temporary placement until a permanent placement can be obtained.

2. Before making the home study referral, complete criminal and child abuse record checks on the SING system.
3. Complete a home study referral packet that contains the following:
  - ◆ Form 470-3055, *Referral and Authorization for Child Welfare Services*. Complete the form using the template in Outlook under State-Approved Forms. You do not need to include a service code, effective date or final eligibility date.
  - ◆ A brief written summary that includes:
    - The referring worker's name, office phone number, office address and business email;
    - The child or children's names, dates of birth, and relationship to the proposed placement;
    - Pertinent background information to relay to the assigned recruitment and retention contractor home study worker;
    - Address and working phone number for the proposed placement, including alternative numbers when available (cell, work, etc.); and
    - Results of record checks or the *Record Check Decision*.
4. FAX (preferred) the complete referral packet to:  
Iowa KidsNet Relative Home Study Referral  
1-866-947-2300 (customer service FAX number).  
  
Or mail the complete referral packet to:  
Iowa KidsNet, Relative Study Referral,  
5400 Kirkwood Blvd.,  
Cedar Rapids, IA 52404
5. The recruitment and retention contractor has 20 working days from the time the contractor receives a complete referral packet to complete the home study. The contractor will complete the study using the *Relative Home Study Outline*, RC-0078.

## **Shelter Care Placement Protocol**

**Legal reference:** Child Welfare Emergency Services Contract

### **Policy:**

Select a shelter care placement according to the terms of the Department's contract for child welfare emergency services.

### **Procedure:**

Consider shelter care placement only when all other service or placement options are exhausted and shelter placement is the only appropriate and viable option. Placement into a shelter bed is the most restrictive component of a contracted child welfare emergency services array.

Work collaboratively with the child welfare emergency services (CWES) contractor serving the county where the child lives to consider alternatives to shelter placement whenever possible.

The CWES contractor will screen referrals to determine whether or not CWES alternatives to out-of-home care can appropriately meet a child's needs. Consider the appropriateness of diversion from shelter placement and the ability of the local CWES contractor to accomplish this successfully.

The court may order placement in shelter without considering child welfare emergency services as an alternative and diversion from shelter placement. These orders must be followed. However, this situation may provide the opportunity for the CWES contractor to identify and implement CWES options to appropriately shorten a shelter stay out-of-home.

Use every opportunity to inform the court about available child welfare emergency service alternatives to placement when it is appropriate and feasible.

When a shelter bed is required, seek a placement as follows:

1. If the child is age 12 or younger, try to place the child in a foster family home that is able to meet the needs of the child instead of in a shelter care facility. If you have made reasonable but unsuccessful efforts to place the child in a foster family home, document these efforts for the shelter care hearing.

2. Identify the shelter closest to where the child lives and determine if a guaranteed shelter bed is available for placement.
3. If the local shelter is at its guaranteed contracted capacity, you may seek approval from your service area manager or designee to exceed the guaranteed contracted capacity by using an unallocated bed in lieu of locating a vacant guaranteed contracted bed in another shelter.

Unallocated beds are those that are licensed at one of the shelters with which the department contracts but are not within a contractor's guaranteed contracted capacity.

4. The service area manager or designee must approve all placements into unallocated beds before the placement of a child. Decisions will be made on individual cases after considering:
  - ◆ The best interests of the child;
  - ◆ The distance from home the child may have to be placed otherwise;
  - ◆ The ability of the local shelter to best meet the needs of the child; and
  - ◆ The shelter's licensed capacity.
5. Upon a child protective assessment worker's request and need for a bed, approval for an unallocated bed may be made by a child protection worker's supervisor in lieu of the service area manager or designee.
6. In the case of an after-hours law enforcement placement, all local guaranteed shelter bed options will be exhausted before an unallocated bed is accessed. When an unallocated bed is needed, approval must be sought from the service area manager or designee before placement of the child.

In these cases, the service area manager or designee may be contacted by the shelter or by Department staff or juvenile court staff depending on local practice, but approval must occur before placement in an unallocated bed.

7. Within one business day of approval for an unallocated bed, be sure the service area forwards an email to the shelter where the child is placed, the referral worker, other identified persons in the service area, and the foster group care program manager in the Division of Adult, Children and Family Services. The email shall confirm the approval and includes the names of:

- ◆ The child;
  - ◆ The facility of placement;
  - ◆ The referring worker; and
  - ◆ The county where the child resides.
8. Based on child and family needs and subject to approval by the Department worker, a child and family receiving safety plan services or family safety, risk, and permanency services may also be approved for a shelter care payment which shall be purchased and funded separately.
  9. Complete form 470-0719, *Placement Agreement: Child Placing or Child Caring Agency (Provider)*, and secure necessary signatures when a child is placed in shelter.
  10. Once a child is placed in shelter, immediately begin work with your supervisor on discharge planning. Plans should focus on limiting stays to no more than 30 days. The direct worker and supervisor are both responsible for meeting the 30-day discharge expectation.
  11. Prepare for a shelter care hearing within 48 hours (or 72 hours for runaways) to obtain an order to keep the child in shelter care or transfer the child's custody. This may involve seeking relative placements, at least for the short term.
  12. Work to have children in shelter care discharged to a permanent placement at the earliest possible time; time in shelter care should not exceed 30 days.  
  
If needed, request a care extension by the 25th day of care. These shall be made, substantiated, and approved by both the referral agency and the shelter care agency. The maximum length of stay shall not exceed 45 days.
  13. For placements that exceed 45 days, arrange for a formalized review to ensure the family team has been properly engaged to focus on next steps for the child and family.

See also [Shelter Care Payment](#).

## **Selecting a Foster Family Placement**

**Legal reference:** [441 IAC 202.4\(5\)](#)

### **Policy:**

A foster family shall be selected on the basis of compatibility with the child, taking into consideration:

- ◆ The extent to which interests, strengths, abilities and needs of the foster family enable the family members to understand, accept and provide for the individual needs of the child;
- ◆ The child's individual problems, medical needs, and plans for future care. The Department shall not place a child with asthma or other respiratory health issues in a foster home where any member of the household smokes;
- ◆ The capacity of the foster family to understand and accept the child's case permanency plan, the needs and attitudes of the child's parents, and the relationship of the child to the parents;
- ◆ The characteristics of the foster family that offer a positive experience for the child who has specific problems as a consequence of past relationships; and
- ◆ An environment that will cause minimum disruption of the child, including few changes in placement for the child.

### **Procedure:**

1. Contact the recruitment and retention contractor to identify potential foster home placements.
2. The contractor will consider the following factors in selecting potential placements:
  - ◆ The child's individual needs and plans for the child's future care;
  - ◆ The child's cultural and ethnic background;
  - ◆ The child's need for consistency, including:
    - The proximity of the foster family's home to the child's home and home school, and
    - An environment that will cause minimum disruption of the child, including a minimum number of changes in the placement;

- ◆ A foster home environment that will, if the child has siblings, permit the child and siblings to be placed together or to maintain connections and contact with each other if they cannot be placed in the same home;
  - ◆ The foster family's ability to:
    - Understand, accept, and provide for the individual needs of the child;
    - Understand the child's need for a permanent home consistent with the permanency plan, the attitudes of the child's parents and the relationship of the child to the child's parents;
    - Form a relationship with the child's birth family to facilitate the return of the child to the birth family when that is the permanency goal; and
    - Offer a positive experience for the child who has specific problems as a result of past relationships; and
  - ◆ The compatibility of the birth family with the potential foster family, taking into consideration potential barriers such as:
    - Home schooling
    - Religion
    - Use of alcohol
    - Unmarried couple
    - Sexual orientation
3. Choose from the suggested foster families based on the best interests and special needs of the child, in close proximity to the child's home, and on the foster family's ability to meet the needs of the child. Race, color, and national origin may not routinely be considered in placement selections.

Place a child at risk for infection or with HIV with a foster family only if the family has indicated at the time of licensing or re-licensing that they would accept such a child.

4. When you have selected the family, immediately notify the recruitment and retention contractor of the foster family chosen for placement of the child.
5. The contractor will notify the other foster families contacted to inform them that another placement was chosen.

### **Foster Group Care Placement**

**Legal reference:** [Iowa Code sections 232.2\(4\)](#); [441 IAC Chapters 114, 115, 116](#); [441 IAC 152.6\(234\)](#), [156.20\(234\)](#), and [202.4\(6\)](#)

#### **Policy:**

A foster group care facility shall be selected based on its ability to:

- ◆ Meet the needs of the child;
- ◆ Promote the child's growth and development; and
- ◆ Ensure physical, intellectual, and emotional progress during the stay in the facility.

Children shall be placed in the least restrictive level of foster group care in which their needs can be met. The Department shall place a child only in a licensed or approved facility that has a current foster group care contract with the Department.

#### **Procedure:**

1. Make the placement consistent with the best interests of the child, in the least restrictive and most appropriate facility located closest to the child's home and school.

See [Maintaining Continuity and Placement Stability](#), [Out-of-Area Placement](#), and [Educational Stability](#). The facility must have a rate established for the authorized placement.

2. Complete form 470-0719, *Placement Agreement: Child Placing or Child Caring Agency (Provider)*, and secure necessary signatures.

### **PMIC Placement**

**Legal reference:** [441 IAC 75.1\(10\)](#), [85.22\(249A\)](#)

#### **Policy:**

Children in foster care placement are eligible for care in facilities licensed as psychiatric medical institutions for children (PMICs) if they meet the certification of need requirements.

**Procedure:**

See [8-K, Facility Participation in Medicaid](#), for a list of these facilities. Before placement:

1. Contact the facility to make a placement referral. The referral shall include available medical records.
2. The facility contacts the IME Medical Services Unit, which determines whether the child needs PMIC care and communicates this to the facility.
3. The facility reports the result to the service worker. If the IME determines that the child needs PMIC level of care, the service worker can place the child in the facility.
4. Complete form 470-2490, *Placement Agreement: Specialized Psychiatric Institution*, and secure necessary signatures. Send a copy of form 470-2490 to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll with a copy of the court order.
5. The IV-E IM worker will send the PMIC IM worker a copy of the most recent Medicaid application or review form.
6. Revise the child's case plan to reflect changes in placement and responsibilities and provide the facility with a copy of the case plan.
7. Change the service code on FACS and terminate any foster care payment.

Continue to follow foster care policies for foster care placements in PMICs, including those regarding foster care visits, *Family Case Plan* (case permanency plan), and six-month foster care administrative reviews.

## **Supervised Apartment Living Placement**

**Legal reference:** [441 IAC 202.9\(3\)](#)

### **Policy:**

The child must have an approved living situation that:

- ◆ Provides reasonably convenient access to schools, places of employment, and services and supports required by the child;
- ◆ Complies with applicable state and local zoning, fire, sanitary, and safety regulations; and
- ◆ Is reasonably priced to fit within the child's budget.

There are two types of supervised apartment living (SAL) arrangements:

- ◆ The **cluster** setting provides support in a structured setting. Four to six children reside in apartments or bedrooms in one building (such as an apartment building or residential housing), supervised by one agency. The supervising agency must have an adult staff member present and available on-site in the living arrangement at any time when more than one child is present.
- ◆ The **scattered-site** setting is the least restrictive. Up to three children supervised by one agency may reside in individual housing arrangements, such as apartments or residential housing, located in one building. The child must be able to contact supervising agency staff 24 hours a day, seven days a week.

### **Procedure:**

1. Participate with the child and the child's team (including service providers, family members, and positive support system) in making a decision when it is appropriate or necessary based on the child's needs and behaviors to choose cluster setting or a scattered site setting.
  - ◆ Review results of the life skills assessment completed by the child.
  - ◆ Review the child's capacity to function in a supervised apartment living placement by completing form [470-4063](#), *Preplacement Screening for Supervised Apartment Living Foster Care*.

Most children benefit from being in a cluster setting before a scattered-site setting.

A scattered-site setting is suited for children who have shown the ability to be responsible in previous placements, in school, and (if applicable) in a work situation. Whenever possible, select a scattered site setting that provides the child the option of staying in that apartment after leaving foster care.

2. Consider the proximity of the SAL placement to the child's home and home school. See [Educational Stability](#). Document your actions in the case record.
3. Prepare form [470-3186](#), *Request for Approval of Supervised Apartment Living Foster Care Placement*, to get approval from the service area manager or designee for the county where the child is from.
  - ◆ If child is under the age of 18, obtain the approval of the juvenile court.
  - ◆ If child is 18 years or older, have the child sign form [470-0715](#), *Voluntary Foster Care Placement Agreement*.
  - ◆ Request waiver approval from service area manager or designee for a child who left a paid foster care placement on or after the child's 18th birthday to enter supervised apartment living.
4. Determine that the living arrangement meets the minimum standards for approval before a lease is signed or a commitment is made to use the living arrangement. Document this in the case record.

It is up to the landlord whether or not to enter into a rental agreement. However, make sure the landlord is aware of the prospective tenant's age. If an agency rents an apartment to the child, there must be a signed lease between both parties that includes, but is not limited to:

- ◆ The amount to be paid for rental unit;
  - ◆ The term of the lease, with both a beginning and an ending date;
  - ◆ The rights and responsibilities of the tenant;
  - ◆ The rights and responsibilities of the landlord; and
  - ◆ The conditions under which the lease can be terminated.
5. Determine if you will provide services directly or will purchase services from a provider with a supervised apartment living contract with the Department.

If services are purchased, complete form [470-5081](#), *Placement Agreement and Service Authorization for Supervised Apartment Living (SAL)*. Indicate the number of units of service approved on the form per form directions.

## **Out-of-State Placement**

**Legal reference:** [Iowa Code Chapter 232, Division IX](#) and [441 IAC 202.8\(234\)](#)

### **Policy:**

All out-of-state placements shall be made pursuant to procedures of the Interstate Compact for Placement of Children (ICPC) and in compliance with the rules for the type of placement. Reasons for selecting an out-of-state placement shall be documented in the child's case permanency plan.

### **Procedure:**

1. Assure that the service area manager or designee or the chief juvenile court officer has approved the placement. Approval is made only when the placement is consistent with the goals of the "Child Placement Plan" section of the *Family Case Plan*.
2. Follow interstate compact procedures when making an out-of-state placement. Provide all information required in the ICPC packet, which includes the following:
  - ◆ Form 470-0781, *100A Interstate Compact on the Placement of Children Request*;
  - ◆ Copy of the current court order that gives DHS custody or protective supervision;
  - ◆ Financial/medical plan form 470-3827, *Interstate Compact on the Placement of Children Financial and Medical Plan*;
  - ◆ IV-E eligibility verification;
  - ◆ Social history of the child;
  - ◆ Current case plan;
  - ◆ Copy of the child's social security card or official document verifying the correct number;
  - ◆ Copy of the child's birth certificate, if available;
  - ◆ Form 470-0788, *100B Interstate Compact on the Placement of Children Report on Child's Placement Status*, if the child was placed before approval; and

- ◆ A signed statement from the case manager that includes:
  - Confirmation that the **placement resource is interested** in caring for the child and is willing to cooperate with the ICPC process;
  - The name and **correct physical and mailing addresses** of the placement resource and all available phone numbers and contact data;
  - A description of **the number and types of bedrooms** in the home and the **number of people** in the home, including children;
  - A confirmation that the placement resource acknowledges having sufficient financial resources or being able to access resources to feed, clothe and care for the child, including child care, if needed; and
  - A confirmation that the placement resource acknowledges that a **criminal and child abuse history check** will be completed on any person in the home that is required by the law of the receiving state.

See [17-C\(3\), Topic 5, Interstate Compact on the Placement of Children](#), for more information.

3. Document the reasons for selecting an out-of-state placement and the efforts made to avoid an out-of-state placement in the "Child Placement Plan" section of the *Family Case Plan*.

### **Approval of Out-of-State Foster Family Care Placement**

**Legal reference:** [Iowa Code section 232.158](#); [441 IAC 202.8\(1\)](#)

#### **Policy:**

The service area manager may approve an out-of-state foster family care placement only when the placement will not interfere with the goals of the child's case plan and one of the following conditions exists:

- ◆ The foster family with whom the child is placed is moving out of state.
- ◆ An out-of-state family having previous knowledge of the child desires to provide foster care to the child.
- ◆ An out-of-state family is approved to adopt the child under subsidy and is eligible to receive maintenance payments until the adoption is final.
- ◆ An out-of-state placement is necessary to facilitate reunification of the child with the parents.

All out-of-state placements must be made pursuant to interstate compact procedures.

**Procedure:**

Follow local procedures to obtain and document the service area manager approval for the out-of-state placement. Document the approval in the child's case record.

**Approval of Out-of-State Foster Group Care Placement**

**Legal reference:** [Iowa Code section 232.158](#); [441 IAC 156.9\(2\)](#), [202.8\(234\)](#)

**Policy:**

Approval from the service area manager or designee is needed to make a placement in an out-of-state foster group care facility.

**Procedure:**

Obtain verification that the out-of-state group home facility:

- ◆ Is licensed to provide foster group care by the state in which it is located;
- ◆ Has a contract with the Department using the rate setting methodology in 441 IAC 156.9(1), unless the director determines that appropriate care is not available within the state.

When an out-of-state provider does not meet these criteria or other aspects of the placement vary from policy, the service area manager or chief juvenile court officer shall submit a request for the director's exception to policy.

This request shall be made before the child is placed and should allow a minimum of two weeks for a response. The request shall contain documentation addressing the following criteria.

- ◆ The child's treatment needs are exceptional;
- ◆ Appropriate in-state alternatives are not available;
- ◆ An appropriate in-state alternative cannot be developed by using juvenile court-ordered service funds;
- ◆ The placement and additional payment are expected to be time limited with anticipated outcomes identified; and
- ◆ The authority making the request has approved the placement.

The Division of Adult, Children and Family Services maintains a list of facilities used by the Department where exceptions to policy are required. Always check into the need to get a director's exception to policy to place in another state. The following general guidelines apply:

- ◆ Placements to the Father Flanagan's Boys Town foster group care program in **Nebraska** do **not** require the exception to policy.
- ◆ Placements to a foster care facility in other states will generally require an exception to policy.

Submit requests for an exception to policy to the DHS Appeals Section, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114. The director's decision on approval of an exception is not appealable.

### **Postplacement Services**

**Legal reference:** P. L. 113-183; [441 IAC 202.11\(234\)](#), [112.11\(237\)](#), [113.8\(237\)](#); [117.8\(6\)](#)

#### **Policy:**

The Department service worker shall maintain a continuous relationship with the child. The service worker's role is to:

- ◆ 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; and
- ◆ Identify and support access to age-appropriate activities and the development of skills for the child while in licensed out-of-home care.

Counsel caretakers to make reasonable and prudent decisions to create opportunities for participation of the child in age or developmentally-appropriate activities.

#### **Procedure:**

Make regular visits to the child. See [Visits to the Child](#). Also:

- ◆ Collaborate with local education agencies to ensure educational stability and the appropriateness of the educational setting. See [Education](#);
- ◆ Arrange for social and other related services including, but not limited to, medical, psychiatric, psychological, and educational services from other resources as needed. See [Arranging for Additional Services](#);

- ◆ Manage service delivery (see [17-D\(1\), Managing Service Delivery](#)); and
- ◆ Monitor and modify services (see [Periodic Reviews](#), [Ending Out-of-Home Placement](#), and [17-D\(1\), Monitoring and Modifying Services](#)).

### **Visits to the Child**

**Legal reference:** [441 IAC 202.6\(3\), 202.7\(3\), 202.9\(2\), 202.11\(2\)](#)

#### **Policy:**

The assigned Department service worker shall personally visit each child in out-of-home care at least once every calendar month, with the frequency of the visits based upon the needs of the child.

The visit shall take place in the child's place of residence the majority of the time. The visit shall be of sufficient length to focus on issues pertinent to case planning.

During the visit, the worker shall address the safety, permanency, and well-being of the child, including the child's needs, services to the child, and achievement of the case permanency plan goals.

The first follow-up visit shall be made to the child at a foster family home within two weeks of the initial placement.

#### **Procedure:**

Visit a child in care monthly to fulfill responsibilities set forth in the "Child Placement Plan" section of the *Family Case Plan* and to review the progress of the child.

Through visits with the child and to the living situation, determine that:

- ◆ There is no reasonable cause for believing that the child's living situation presents any unacceptable risks to the child's health or safety;
- ◆ The living situation is maintained in a reasonably safe condition;
- ◆ The child is receiving any necessary medical care; and
- ◆ The current program plan provides appropriate and sufficient services and supports.

Visit with the child privately to provide an opportunity for the child to disclose any problems in the placement. Review all logs, notes, education, and medical information kept by the care provider.

Record the initial visit in FACS on the FCNL and FCND screens, which then establish the foster care visit schedule. FACS will send you an alert before the visit is due.

If the child is placed outside of the service area, responsibility for visits may be transferred to the receiving service area with the approval of the placing and receiving service area managers and, when appropriate, of the court.

If the child is placed out of state, the responsibility for visits may be negotiated through the Interstate Compact. See [17-C\(3\), Topic 5, Postplacement Activities](#).

### **Reasonable and Prudent Parenting Standard and Normalcy**

#### **Policy:**

A child in a family foster home, foster group care facility or emergency juvenile shelter, or other foster care setting is entitled to normal childhood experiences and the development of life skills. The assigned social work case manager should assure that a child in out-of-home care will have opportunities to participate in age- and developmentally-appropriate activities for normal growth and development and to develop personal responsibility and life skills. See the definition of "Age- or developmentally-appropriate" in 441 IAC 202.1(234).

The standard is applicable regardless of a child's age. However, a child's age is a typical consideration in the types or frequency of activities or services offered.

The assigned social work case manager shall advise and provide guidance for the caretaker to use the reasonable and prudent parent standard, as defined in 441 IAC 202.1(234), to create opportunities for the child to participate in extracurricular, enrichment, cultural, and social activities.

A child with a mental or physical disability is included in this policy. Collaborating with the appropriate developmental disabilities staff is important for successful outcomes.

#### **Procedure:**

When visiting a child in care, determine if the caretaker is able and willing to make decisions so the child may participate in activities.

Inform the caretaker that releases are not required for age- and developmentally-appropriate activities though they are to inform the child's parents of the activities their child is participating in.

The assigned social work case manager shall secure releases of information from the parent or DHS-authorized representative for major medical procedures as defined by the medical profession.

Promoting normalcy does not change who has authority to make medical decisions for a child. This is determined by the parents, custodian, or guardian.

Determine if the caretaker is making safe, careful, and sensible parenting decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child.

Discuss the reasonable and prudent parent standard with the child's parents and be sensitive to their desires.

Explain to the caretaker any limitations on their authority to align with court orders or safety concerns.

Use family team meetings or other opportunities to discuss parenting of the child.

The child shall be encouraged and supported to participate in age- and developmentally-appropriate activities.

Support caretakers to make the reasonable and prudent decisions, by considering such indicators as:

- ◆ Age of the child
- ◆ Behavior of the child
- ◆ Risks of the activity
- ◆ Importance of maintaining the most family-like experience
- ◆ Caretakers experience with the child
- ◆ Level of care ordered by the court
- ◆ Input from the child's parent
- ◆ Requirements of juvenile court officer, judge or other officials involved with the child

Use the following sample list of age- and developmentally-appropriate activities as a guide for what may be authorized by a caretaker applying the reasonable and prudent parent standard:

- ◆ School activities
- ◆ Field trips
- ◆ Participation in clubs or organizations

- ◆ Supervised or unsupervised activities in the community
- ◆ Dating
- ◆ Driving
- ◆ An overnight with a friend away from home

### **Education**

**Legal reference:** [Iowa Code sections 232.2\(4\)](#)

#### **Policy:**

The case permanency plan shall include the most recent information available concerning the child's educational needs, services, and other records.

#### **Procedure:**

Document completion of the following efforts to maintain educational stability:

- ◆ Early ACCESS

When special educational needs or developmental delays are identified for a child under the age of three, encourage a parent to call 1-888-IAKiDS1 (1-800-425-4371) or go to <http://www.iafamilysupportnetwork.org/early-access-iowa/what-is-ea>. The Early ACCESS Iowa Website is the single point of contact for the state.

You may also make the referral directly by calling the local area education agency or 888-425-4371 or making the referral on the website.

When DHS opens a confirmed child abuse case of a child under the age of three, the protective service worker should have given an Early ACCESS brochure to the family. CWIS also makes an electronic referral that gives the Early ACCESS program the name, address, and phone number of the parents.

Early Access will send a letter to all referred families along with an Early ACCESS brochure, a *Consent to Contact* form, and a return envelope. Families will be asked to return the *Consent to Contact* or call 1-888-IAKiDS1 (1-800-425-4371) if they are interested in learning more about Early ACCESS or if they have concerns about their child's development.

If the parent returns the *Consent to Contact* form, Early ACCESS will fax the form to the appropriate region. Early ACCESS is a voluntary service.

Ask the parents if they have received Early ACCESS information, provide the information for Early ACCESS, and encourage them to take advantage of this program. Follow up with the family to support a decision to contact Early ACCESS and ensure that contact with Early ACCESS has been made.

Ongoing communication with the Early ACCESS service coordinator is recommended. Best practices would include asking parents for consent to invite the Early ACCESS service coordinator to family team decision-making meetings whenever appropriate. If the family agrees, attend at least on Individual Family Service Plan (IFSP) meeting.

- ◆ Local education agencies

Collaborate with the child's school to ensure educational stability and the appropriateness of the educational setting.

For the child with special educational needs, ensure access to available remedial or tutoring programs.

When special educational needs are identified for a child aged five or older, contact the AEA to ascertain if the child has been identified, certified, and weighted. If these processes have not been completed, request that the local school make arrangements with the AEA for evaluation. Follow up with the local school two weeks after your initial request.

If the child has to move from the school, follow the procedures under [Educational Stability](#). Obtain written verification of educational funding from the special education director of the local area education agency (AEA).

- ◆ Postsecondary education

When the child is age 14 or older, discuss with the parent(s) and child education and vocational goals.

If interested in pursuing post-secondary education, the child should complete the Free Application for Federal Student Aid (FAFSA) in January of the senior year of high school (and every January thereafter). The FAFSA website is [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The FAFSA results are used by the college to calculate how much financial aid each student may receive.

Note that the FAFSA asks, "At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?" Students who answer 'yes' to this question should be prepared to provide documentation to the financial aid office at their college or university.

The state of Iowa offers several scholarships and grants, two of which specifically target children who age out of foster care. The state application is found at [www.ihaveaplaniowa.gov](http://www.ihaveaplaniowa.gov). Look for the blue "Apply Now – Financial Aid Application" button.

- The Education and Training Voucher (ETV) Grant and the All Iowa Opportunity Foster Care Grant serve students who age out of foster care and students who are adopted after the age of 16.
- The Foster Care Grant can also serve students who are court-ordered to the State Training School or the Iowa Juvenile Home under the care and custody of the Department.

Additional scholarship and grant opportunities may be found at the high school guidance office, the college financial aid office, the local library, or by using a scholarship search site such as [www.fastweb.com](http://www.fastweb.com) or by searching for funding from child welfare groups such as Casey Family Scholars, Foster Care to Success, and the National Foster Parent Association.

### **Waiver of School Fees**

**Legal reference:** [Iowa Code sections 256.7\(20\)](#), [285.1](#), and [321.178\(1\)\(c\)](#); [281 IAC 18.3\(256\)](#)

### **Policy:**

For a student in foster care, a school shall grant a waiver of fees for course offerings and related activities, and for transportation provided to resident students who are not entitled to transportation under Iowa Code section 285.1.

### **Procedure:**

Request a waiver application form provided by the school. An application can be received at any time but shall be renewed at the beginning of the school year.

Course offerings include, and are not limited to, driver's education.

You will be notified in writing if a student in foster care qualifies for free school lunch but is not receiving it. This will require you to contact the school to assure the child receives access to free lunch.

**Arranging for Additional Services**

**Legal reference:** [441 IAC Chapter 172, 202.11\(1\)"d"](#)

**Policy:**

The Department service worker shall arrange for social and other related services. Services that may be available to children in out-of-home placement include:

Service	Kinship	Shelter	Family	Group	SAL	PMIC
Child welfare emergency services	Yes	Shelter is a part of the CWES array	Yes	No	Yes	No
Safety plan services	Yes	No	No	No	No	No
Family safety, risk, and permanency services	Yes	Yes	Yes	Yes	Yes	Yes
Facilitation of family team decision-making meeting	Yes	Yes	Yes	Yes	Yes	Yes
Drug testing	Yes	Yes	Yes	Yes	Yes	Yes
Legal services for permanency	Yes	Yes	Yes	Yes	Yes	Yes
Medicaid behavioral health intervention services	Yes, if Medicaid-eligible	Yes	Yes	Yes	Yes	No
Medicaid behavioral health services	Yes, if Medicaid-eligible	Yes	Yes	Yes	Yes	No
Medicaid home- and community-based services (HCBS) waivers	Yes, if Medicaid-eligible	No	Yes	No*	Yes	No
Family Investment Program	Yes, if specified relative	No	No	No	No	No
Food Assistance	Yes	No	No	No	Yes	No

- \* The Medicaid intellectual disability waiver has a special program called “residential based supported community living” (RBSCL) for children with an intellectual or developmental disabilities who live in small living units licensed as group care facilities. However, these children are not considered to be in foster care placement. Further, Children’s Mental Health HCBS waiver services are not available to children in group care.

**Procedure:**

Determine the child’s ongoing service needs. If possible, involve the child, if age appropriate, and the child’s legal family in this process.

- ◆ **Family-centered** services may be provided based on child and family needs and subject to approval by the Department worker. These interventions must be purchased separately. (See [Family-Centered Services](#).)
- ◆ Children who have a specific mental health condition, risk factor, symptom, or complaint may qualify for services under the Iowa **Medicaid** program, including:
  - **Behavioral health** services (therapy) provided by a marital and family therapist, social worker, mental health counselor, or certified alcohol and drug counselor.
  - **Behavioral health intervention** for children with a daily impairment caused by an Axis I mental health disorder. Services available to children in foster group care include behavior intervention, crisis intervention, and family training.

These services must be determined “medically necessary.” See [Mental Health and Substance Abuse Services](#) for more information on accessing these services.

- ◆ Children with specific handicapping conditions of a severity to qualify for care in a medical institution (an intermediate care facility for persons with intellectual disability or a nursing facility) may qualify for additional home- and community-based services (**HCBS**) designed to enable them to keep on living in the community.
  - Children under the age of 18 may qualify under the brain injury waiver, the children’s mental health waiver, the ill and handicapped waiver, the intellectual disability waiver, or the AIDS/HIV waiver.

- Children aged 18 or over may qualify under the brain injury waiver, the physical disability waiver, the ill and handicapped waiver, the intellectual disability waiver, or the AIDS/HIV waiver.

See 16-K, [MEDICAID WAIVER SERVICES](#), for a description of eligibility and service requirements and procedures.

- ◆ Relatives may be eligible for **Family Investment Program** benefits for the basic needs of a child in out-of-home placement. Refer the family to the income maintenance unit for eligibility determination.
- ◆ Children in supervised apartment living may be eligible for **Food Assistance** to help buy food. Refer the child to the income maintenance unit for eligibility determination. A Food Assistance case must be set up separately in the eligibility system.

### **Family-Centered Services**

**Legal reference:** [441 IAC 202.12\(1\)\(234\)](#), [172.22\(234\)](#)

#### **Policy:**

Child welfare services shall be made available to the parents throughout the period of placement for the purpose of reuniting the family in an agreed-upon timeframe. Family safety, risk, and permanency (FSRP) services are provided for the purposes of:

- ◆ Promoting identification and enhancement of family strengths and protective capacities;
- ◆ Addressing the factors that resulted in the child's being removed from the family home; and
- ◆ Strengthening the family connections to community resources and informal supports.
- ◆ Identifying age-appropriate activities and skills, so that the child can have the opportunity to learn and participate.

Services are available regardless of the setting a child is placed. Parents of children in foster care placement have the right to apply for family-centered services and the right to appeal if services are denied.

**Procedure:**

For family-centered services:

- ◆ See [17-D\(3\), Topic 1](#), for eligibility factors for family-centered services including FSRP services, drug testing, and facilitation of family team decision-making meetings.
- ◆ See [17-D\(1\), Referral for Family Safety, Risk, and Permanency Services](#), for FSRP referral procedures.
- ◆ See [17-D\(3\), Topic 6](#), for a description of the services and the expectations of the FSRP service contractor.
- ◆ See [17-D\(2\), Managing Family-Centered Services](#), for guidance on overseeing the services.

If family-centered supportive services such as family team decision-making meeting facilitation and drug testing are authorized by the service area manager or designee, identify and contact a provider for services.

**Health Care**

**Legal reference:** Public Law 96-272; [Iowa Code section 237.3](#); [441 IAC 75.1\(10\)](#), [78.18\(3\)](#), [105.8\(7\)](#), [113.17\(237\)](#), [114.10\(10\)](#), [115.5\(2\)](#), [156.8\(3\)](#), [202.5\(3\)](#)

**Policy:**

The Department is responsible for the cost of medical care for children in paid foster care placement for whom the Department has financial responsibility. When the cost is not covered by the state Medicaid program, the cost may be paid through foster care funds.

Each child shall be under regular medical and dental supervision. Medications of the child shall be monitored. In case of sickness or accident, immediate medical care shall be secured for the child in accordance with the Department worker's directions given at the time of placement.

The child's latest health records shall be part of the child's case permanency plan.

**Procedure:**

1. Ensure that the foster care provider knows how to obtain medical care for the child, including:
  - ◆ How to find a provider that accepts Medicaid;
  - ◆ How to demonstrate Medicaid eligibility;
  - ◆ What the Medicaid program covers;
  - ◆ How to access transportation reimbursement for medical care;
  - ◆ What periodic screening is required for children on Medicaid.
2. Before a *Medical Assistance Eligibility Card* is issued, provide the foster care provider with form [470-2747](#), *Foster Care Provider Medical Letter* (found in Outlook). This form explains that the Department is responsible for providing medical care for the foster child and provides information needed before medical service can be obtained.
3. Cooperate with the IV-E IM worker to ensure that the child's eligibility for Medicaid coverage is determined promptly. See [Medicaid Eligibility](#), [Medicaid Services](#), and [Services Not Covered by Medicaid](#).
4. Ensure that a child in foster care receives proper medical care, including:
  - ◆ A physical before the time of placement or scheduled within 14 days of placement (see [Health Assessment](#)).
  - When a child is in continuous care, a new physical examination is not required when the child transfers from one placement to another unless there is some indication that an examination is necessary.
  - ◆ Routine treatment of illnesses.
  - ◆ Immunization against common contagious diseases.
  - ◆ Periodic medical examinations by a physician, a nurse practitioner, or a physician assistant working under the supervision of a physician. Annual medical and eye exams and six-month dental and ear exams are required.
  - ◆ Administration of routine diagnosis laboratory procedures such as blood and urine examinations, test for venereal infection or tuberculosis in accordance with state or local health standards.

5. Ensure that the child receives emergency medical care in cases of sudden illness or accident.
  - ◆ Emergency care shall be provided with approval of the parent or guardian.
  - ◆ Should an emergency arise where the child is in need of immediate medical attention and the parents or guardian cannot be reached, the Department has authority to call a physician and to authorize emergency medical and surgical care.
  - ◆ Caretakers should have a readily accessible means of obtaining approval for emergency services for a child on a 24-hour basis.
6. Recommend testing for the HIV virus only if symptoms or high risk factors exist. If there is a high risk factor:
  - ◆ Make sure the child's parents sign a *Release of Confidential HIV Information*, form 470-3234. It may be necessary to seek court action if the parent or guardian does not sign the forms.
  - ◆ Inform the possible foster care provider at the time of contact or at pre-placement that the child is at high risk of HIV infection.
7. Ensure that all health and medical records are in the child's case file.

### **Medicaid Eligibility**

**Legal reference:** [441 IAC 75.1\(10\)](#)

#### **Policy:**

Medicaid coverage shall be available to persons under age 21 living in a licensed foster care facility for whom the Department has financial responsibility in whole or in part.

#### **Procedure:**

Determining Medicaid eligibility for children in foster care placements is a cooperative effort between the service worker and the income maintenance (IM) worker. The IM worker is responsible for determining the proper coverage group and funding source.

The service worker is responsible for ensuring that the information necessary to make the determination is provided to the IM worker.

1. Send form 470-2927 or 470-2927(S), *Health Services Application*, to the parents of the child or to the person responsible for the child with a request to return it within ten calendar days. (A new application is not required when the child is already receiving Medicaid or is IV-E-eligible.)
2. Complete the Medicaid application if the parents fail to cooperate and there is no other person representing the child.
3. Forward the completed application to the IV-E IM worker within two working days of receipt with the following attached:
  - ◆ Form 470-3839, *IV-E Initial Placement Information*, and
  - ◆ A copy of the court order or voluntary placement agreement.
4. Issue form [470-2747](#), *Foster Care Provider Medical Letter*, as described above.

*A Medical Assistance Eligibility Card* will be issued to the foster care provider address when the foster care Medicaid eligibility case is approved.

5. Report to the IV-E IM worker using form 470-3918, *IV-E Changes*, changes in placement, maintenance payment, income, pregnancy, siblings placed together, etc.
6. Assist the IV-E IM worker with reviews of eligibility when necessary. This includes completing required review forms.
7. Handle payments for court-ordered care and treatment and for services received that are not Medicaid-covered services or that were delivered when the child was not Medicaid-eligible.
8. Notify the IV-E IM worker of a child leaving a foster care placement no later than ten calendar days after the exit.

See [17-D\(1\)](#), *Medicaid Application*, and [8-H](#), *Foster Care and Presubsidy Placements*, for more information on eligibility determination.

### **Child in Managed Care at Placement**

**Legal reference:** [441 IAC 88.2\(4\)"f," 88.4\(4\)"d," 88.22\(4\)"d," 88.22\(4\)"f," 88.42\(2\)"f," 88.47\(1\)"b," 88.63\(2\)](#)

#### **Policy:**

Children in foster care are not enrolled in a health maintenance organization (HMO) or patient management (MediPASS). A child who is currently enrolled in an HMO or MediPASS will be disenrolled in the month after the month when the foster care Medicaid case is opened.

#### **Procedure:**

Each month at cutoff, the eligibility system checks all foster care Medicaid cases opened since the previous cutoff. This means that a child always remains in managed care for the first partial month of placement. If the foster care Medicaid case is entered after cutoff, the child will remain in the managed health care option for another month.

Mike enters foster care on March 2. He is already a Medicaid member and is enrolled in MediPASS. The foster care Medicaid case is not opened until April 26. Mike continues to be enrolled in MediPASS through May 31.

During this time, in order for any other Medicaid provider to receive payment for services, the **managed health care provider must be contacted** for a referral and billing number. Failure to follow this procedure will result in nonpayment of the medical bills.

Contact the IM worker to determine if the child is enrolled in MediPASS or HMO. If so, give the name and phone number of the managed health care provider to the foster care provider. Use form [470-2747](#), *Foster Care Provider Medical Letter*.

### **Child Hospitalized Before Placement**

**Legal reference:** [441 IAC 76.6\(249A\)](#)

**Policy:**

Until a child enters a licensed foster care facility, the child is not considered to be a “foster child” as the basis for determining Medicaid eligibility.

If a child removed from the home pursuant to a court order requires hospitalization before entering foster care, the child must establish eligibility under a non-foster care Medicaid coverage group.

**Procedure:**

1. Unless the child removed from the home is already a Medicaid member, obtain a Medicaid application for the child.
2. Date-stamp the application with the date it is received by the local office or completed by the social worker.
3. Send the completed Medicaid application to the **local** IM worker to make an eligibility determination.

The IM worker will notify you of the Medicaid coverage group via email. The IM worker will deny application if the child is not eligible for a federally funded Medicaid coverage group. A case providing state-only Medicaid will not be established.

1. Kelly, age 13, is removed from her home by court order due to reported child abuse. Medical care is court-ordered. Since she requires hospitalization for treatment of her injuries, Kelly does not immediately enter a foster care placement.

Since Kelly is not actually in foster care, she does not meet the requirements of foster care Medicaid eligibility. The local IM worker establishes that she meets the requirements of FMAP. When Kelly actually enters foster care, her eligibility is examined again by the IV-E IM worker.

2. Same as example 1, except Kelly is not eligible under a federally funded Medicaid coverage group. State-only medical coverage is not provided, since Kelly is not in a foster care placement. Again, Kelly's Medicaid eligibility shall be redetermined when she enters foster care.

4. When the child enters a foster care placement, ensure that a new Medicaid application is completed and Medicaid eligibility is re-examined.

If there has been no change in the child's circumstances and the child is still ineligible under a coverage group for which federal financial participation is available, Medicaid with state-only funding shall be provided.

### **Interstate Placements**

**Legal reference:** Section 473(b)(3) of the Social Security Act;  
42 CFR 435.909(a); [441 IAC 75.1\(10\)](#)

**Policy:**

A IV-E-eligible child placed out of state in a licensed foster care placement shall be eligible for Medicaid from the state in which the child's placement is located. A child placed out of state who is not IV-E-eligible shall continue to be eligible for Iowa Medicaid.

**Procedure:**

If an Iowa child is placed out of state:

1. Provide the IV-E IM worker with any information given to or received from the Interstate Compact administrator.
2. Confirm the child's IV-E status with the IV-E IM worker and indicate whether the child is IV-E-eligible in the upper right corner of form 470-0781, *100A Interstate Compact on the Placement of Children Request*.

While IV-E eligibility is documented on form 100A, no other correspondence goes through the Interstate Compact on the Placement of Children (ICPC) because Medicaid is not under ICPC jurisdiction.

3. Discuss with the foster care provider the fact that Medicaid coverage will be provided by the state of residence rather than Iowa because of the child's IV-E eligibility.
4. Notify the IM worker as soon as possible, so that the IM worker can complete and mail a timely Notice of Decision to the child canceling Iowa Medicaid.
5. Write a letter to the provider indicating that Iowa will continue to make the foster care payment, but will no longer provide Medicaid coverage because the child receives IV-E foster care assistance and is now eligible for Medicaid from the state where the child lives.

Direct the foster care provider to apply for Medicaid from the appropriate local agency and indicate that the provider should contact you if there are any problems.

6. If the other state sends the Medicaid eligibility card to the Department rather than to the care provider, forward it to the care provider. Advise the care provider to ask the other state to send the card directly to the foster care provider.
7. Continue to review IV-E eligibility as required. If the child's IV-E eligibility ends, notify the foster care provider.

A child receiving SSI who is placed in another state may also be eligible under that state's Medicaid program. If so, Iowa closes its Medicaid case.

Iowa provides Medicaid to non-IV-E eligible foster children placed in another state.

- ◆ Inform the foster care provider of the need to locate providers who are (or are willing to become) Iowa Medicaid providers.
- ◆ If the foster care provider is unable to locate such providers, contact the Iowa Medicaid Enterprise, Provider Services for assistance in locating Iowa Medicaid providers in the community in which the child lives.
- ◆ If there are no Iowa Medicaid providers in the community, contact the child's medical providers and encourage them to enroll in Iowa's Medicaid program by contacting the Iowa Medicaid Enterprise, Provider Services.
- ◆ If services must be obtained from providers that are not Iowa Medicaid providers, see [Services Not Covered by Medicaid](#).

Medicaid shall be provided to IV-E eligible children who are placed in Iowa by another state for whom the placing state is making a IV-E maintenance payment.

### **Medicaid Services**

**Legal reference:** [441 IAC 75.1\(10\)](#), [Chapters 78, 84](#), and [202.11\(4\)](#)

#### **Policy:**

A child for whom Iowa is responsible for foster care payment may be eligible for any medically necessary services offered under the Iowa Medicaid program.

#### **Procedure:**

Follow Iowa Medicaid requirements to obtain needed services for the child. Obtain from the health care practitioners an annual medical review of treatment the child has received.

### **Care for Kids**

**Legal reference:** [441 IAC Chapter 84](#)

**Policy:**

All persons under age 21 who are eligible for Medicaid are eligible for early and periodic screening, diagnoses, and treatment (EPSDT, otherwise known as Care for Kids).

**Procedure:**

Screening will automatically be offered to each Medicaid-eligible child according to the periodicity schedule established by the Medicaid program. When conditions needing treatment are identified, services may be covered under this program, which are not ordinarily covered by Medicaid.

See [8-M, Care for Kids \(EPSDT\)](#), for the recommended ages for screening and procedures of notification and tracking of services.

The IV-E IM worker will receive follow-up forms *Medicaid EPSDT Enrollees Due Screening by Periodicity*, report number X1612C34, and *Screening Related Services Rendered to Medicaid EPSDT Enrollees*, report X1612X5, to track whether children are receiving appropriate screening and recommended follow-up care. See [6-Appendix](#) for samples of these forms.

### **Mental Health and Substance Abuse Services**

**Legal reference:** [441 IAC Chapter 88, Division IV](#)

**Policy:**

Under the Iowa Medicaid program, mental health and substance abuse treatment are provided through a managed care plan called the Iowa Plan for Behavioral Health (or Iowa Plan). The Iowa Medicaid Enterprise has entered into a contract with Magellan Behavioral Health Care to administer this plan.

All Medicaid members, including children in out-of-home care, are automatically enrolled in the Iowa Plan and must receive mental health and substance abuse services only through providers that participate in the Iowa Plan. (An exception is made for emergency services.)

**Procedure:**

In most cases, prior authorization from the Iowa Plan contractor will be required before services begin.

1. Make arrangements for services through the service provider, who will know what procedures are required;
2. Provide all pertinent information about the child requested by the service provider after you obtain a release of information from the parent or legal guardian;
3. Serve as a resource to the mental health facility in working with the child's family; and
4. Maintain contact with the Iowa Plan care manager.

**Behavioral Health Intervention**

**Legal reference:** [441 IAC 78.29\(249A\)](#) and [Chapter 88, Division IV](#)

**Policy:**

Payment will be made for behavioral health intervention services designed to minimize or, if possible, eliminate the symptoms or cause of an Axis I psychological disorder.

"Behavioral health intervention" means skill-building services that focus on:

- ◆ Addressing the mental and functional disabilities that negatively affect a member's integration and stability in the community and quality of life;
- ◆ Improving a member's health and well-being related to the member's Axis I disorder by reducing or managing the symptoms or behaviors that prevent the member from functioning at the member's best possible functional level; and
- ◆ Promoting a member's mental health recovery and resilience through increasing the member's ability to manage symptoms.

A licensed practitioner of the healing arts (LPHA) must approve services based on a behavioral health intervention services implementation plan.

**Procedure:**

LPHAs includes physicians, advanced registered nurse practitioners, psychologists, independent social workers, marital and family therapists, and mental health counselors who are approved to provide clinical assessments under the Iowa Plan.

Request input from the child's parents, who have the right to choose which practitioner will determine eligibility for the services.

In order to ensure Medicaid payment, the LPHA shall:

- ◆ Assess the child's needs;
- ◆ Prescribe behavioral health intervention services;
- ◆ Develop a behavioral health intervention services treatment plan; and
- ◆ Obtain Iowa Plan approval for the service.

If behavioral health intervention services are provided in addition to other services, ensure that all services to the child are coordinated.

**Transportation to Receive Medical Care**

**Legal reference:** [441 IAC 78.13\(249A\)](#)

**Policy:**

For all Medicaid-eligible children, nonemergency transportation to receive medical care shall be coordinated through the Medicaid broker designated by the Department.

**Procedure:**

To obtain Medicaid payment for transportation of a child to receive medical care, the worker or foster care provider must call the transportation broker, TMS Management Group, at least 72 hours before an appointment (three days in advance). For urgent care, call as soon as possible.

Call 1-866-572-7662 from 8 a.m. to 5 p.m. Monday through Friday to request and schedule transportation and get a trip confirmation number for reimbursement. Be prepared to provide:

- ◆ The child's full name, home address, telephone, and Medicaid identification number;
- ◆ The name of the driver and the driver's relationship to the child;
- ◆ The driver's mailing address and telephone number;
- ◆ The trip dates; and
- ◆ The medical provider's name, address, telephone number, and fax number.

The contractor will mail the form to the foster care provider before the appointment. The provider may make copies as needed. One form must be prepared for each person being transported. Trips to up to four medical practitioners may be claimed on one form.

The foster care provider completes all items except the signature of the medical practitioner. In all cases, the names of the member and the driver must be printed and the driver must sign the form. The provider may sign the form on behalf of the member (the child).

If the foster care provider wants to complete the claim manually, the provider must take the form to the medical appointment.

A member of the medical staff (physician, clinician, counselor, etc.) must sign the form and also enter the name in legible printing. This signature verifies that the medical appointment occurred. (For an electronic submission, the transportation contractor obtains verification directly from the medical provider through a secure website.)

At least once a year, the driver must submit proof of driver's license and insurance. This can be photocopies of the driver's license and of the automobile liability insurance card or the actual policy. The license and insurance must be in effect for the date of the trip.

The foster care provider may fax the completed form and the proof of license and insurance (if needed) to the contractor at 1-866-584-7601. The driver must check the statement making the choice of electronic filing and accepting the mileage reimbursement policy.

A foster care provider who doesn't want to use fax must mail the completed form and the proof of license and insurance (if needed) to the contractor at:

TMS Management Group, Inc.  
5800 Fleur Drive, Room 231  
Des Moines, IA 50321-2854

The contractor must receive the claim within 30 days of the date the transportation was provided. For additional information, access the TMS website <http://www.tmsmanagementgroup.com/index.php/iowa-medicaid-net-program>.

### **Services Not Covered by Medicaid**

**Legal reference:** [441 IAC 156.8\(3\)](#)

#### **Policy:**

When a child in foster care needs medical care or examinations that are not covered by the Medicaid program and no other source of payment is available, the cost may be paid from foster care funds with the approval of the service area manager or designee. Eligible costs include:

- ◆ Emergency room care.
- ◆ Medical treatment by out-of-state providers who refuse to participate in the Iowa Medicaid program.
- ◆ Excessive expenses for nonprescription drugs or supplies.

#### **Procedure:**

First investigate other sources of payment, including the child's parents and the child's escrow account.

If necessary, prepare a GAX form and submit the claim to the Division of Adult, Children and Family Services with a cover memo explaining the expense and the other payment sources investigated.

In the case of noncovered hospital costs, the hospital is required to receive Department approval before providing a noncovered service. Obtain the service area manager's authorization before approving a noncovered service. Do not use this method of payment for hospital bedroom slippers or other amenities or for educational programs provided by hospitals.

### **Managing the Placement Service**

See also [17-D, Managing Service Delivery](#), and [17-D\(1\), Managing Service Delivery](#).

#### **Kinship Placement**

**Legal reference:** [Iowa Code sections 237.1](#) and [237.4](#), [441 IAC 202.6\(234\)](#)

#### **Policy:**

The time limit for a nonrelative placement is only 20 days, unless:

- ◆ The placement becomes licensed as a foster family home, or
- ◆ The court gives custody to the nonrelative placement as a suitable person.

Since kinship care is considered an episode of foster care, the same reviews and hearings are required for a kinship placement as for a paid placement. See [Periodic Reviews](#).

Kinship care contributes to the months a child has been in an episode of foster care when determining if the child has been in foster care 15 of the most recent 22 months. (See [17-C\(3\), Topic 6](#).) If so, the Department must request a petition to terminate parental rights unless:

- ◆ The child is placed with a relative; or
- ◆ There is documentation in the case plan that a compelling reason exist for determining that a termination would not be in the best interest of the child.

**Procedure:**

When a child is placed with a relative or suitable nonrelated person (kinship care):

1. Adequately assess and identify the major needs of the child, the parents, and the caregivers related to safety, permanency, and well-being.
2. Include the caregivers in the family team to develop the family case plan to:
  - ◆ Identify who will protect, care for, support, provide medical care for, and house the child.
  - ◆ Provide for safety, communication, and visit plan.
  - ◆ Provide needed safety and permanency services in the relative or kin caregiver home.
3. Communicate to the caregivers any potential safety concerns (e.g., no contact orders) and the clear expectation of immediate reporting of safety concerns to you.
4. Complete the "Family Case Plan" (Part B) and the "Child Placement Plan" (Part C) sections of the *Family Case Plan*. Direct the plan toward strengthening the capacity and skills of the parents and meeting the needs of the caregivers.
  - ◆ Plan and provide supports consistent with the needs of the child and family to achieve the permanency goal.
  - ◆ Address the child's educational, health, and mental health issues.
  - ◆ Match the child's permanency goal with the child's individual need for permanency and stability. Services provided to the child must be consistent with and promote the stated permanency goal.
  - ◆ When the child is 14 or older, address the child's needs to transition to adulthood and complete the transition planning section of the case plan.

5. Talk with the caregivers regarding legal and funding options, including the child's eligibility for Medicaid. Relatives who are caring for a child may be eligible to receive financial assistance through foster care or the Family Investment Program (FIP).
6. Ask the caregivers about their intent to be licensed as foster parents and refer them for licensure if they are interested in being licensed. A caregiver must be licensed as a foster parent to receive a family foster care maintenance payment. Inform the caregiver about the licensure process.
7. Visit the child at least monthly or more often if the child's needs dictate more frequent contact. Visits should occur in the child's residence the majority of the time. Face-to-face visits with the child must occur frequently enough to:
  - ◆ Be consistent with the needs of the child,
  - ◆ Ensure the safety of the child, and
  - ◆ Achieve the case plan goals.
8. Make efforts to preserve a child's primary connections to neighborhood, community, family, and friends by:
  - ◆ Promoting or maintaining a strong emotionally supportive relationship between the child and the child's parents, unless it is not appropriate to do so based on the child's safety or permanency goal.
  - ◆ Promoting and supporting visits between children in foster care, their siblings, and their parents unless visits are contrary to the child's best interest.
9. Visit the child's parents at least monthly. Focus on issues pertinent to child safety, case planning, service delivery, and goal attainment.
10. Notify parents when a child is moved or when there are changes made in visiting plans or case plans, unless parental notice is contrary to the child's safety or permanency goal.

### **Foster Family Placement**

**Legal reference:** [441 IAC 202.6\(234\), 202.11\(234\)](#)

#### **Policy:**

The Department social work case manager's responsibilities for a foster family care placement are to:

- ◆ Make visits to the foster family at least monthly or more according to the needs of the child, to fulfill responsibilities set forth in the *Family Case Plan* and to evaluate and review the child's needs and progress, medications, health, health care services, and school records.
- ◆ Monitor the child's medications, especially psychotropic medications prescribed and know why they were prescribed and if they address the child's needs. Inquire of the foster family the effectiveness of the medications.
- ◆ Arrange for services such as medical, psychiatric, psychological, educational, leisure, legal, and religious.
- ◆ Review provider reports and maintain frequent email and phone communication contact with the provider and the family safety, risk, and permanency services contractor to review the child's progress.
- ◆ Coordinate face-to-face visits with the family safety, risk, and permanency services contractor to maintain service continuity and reinforce expectations for the child and family.
- ◆ Initiate family team decision-making meetings and revise the *Family Case Plan* as needed based on these meetings and case review and inform the contractor of changes in service expectations.
- ◆ Coordinate other services such as behavioral health intervention services, and services provided by the recruitment and retention contractor.

The family safety, risk and permanency services contractor will provide:

- Ongoing family functional assessment through which services and supports will be planned and implemented to improve the functioning of the child and family;
- Planning and supervision of visits between parents, children and siblings and with prospective adoptive parents or prospective guardians, if applicable;

- Family reunification services; and
- Permanency planning activities.
- ◆ Follow Interstate Compact procedures when a child is placed out of state. See [Out-of-State Placement](#).

### **Support of Foster Families**

**Legal reference:** [441 IAC 202.10\(234\)](#)

#### **Policy:**

Foster parents shall be provided necessary supportive services to aid them in the care and supervision of the child. Services shall include:

- ◆ Making available all known pertinent information needed for the care of the child.
- ◆ At least monthly Department worker visits in the foster home for the duration of placement.
- ◆ Conferences to develop in-depth planning regarding family visits, expectations of the Department, future objectives and time frames, use of resources, and termination of placements.
- ◆ Department staff availability on a 24-hour basis. Provide the foster parents the worker and supervisor telephone numbers.

#### **Procedure:**

1. Provide the foster parents the *Family Case Plan*, form [470-3453](#), as well as any information and services necessary to aid them in the care, supervision, and health care needs of the child.
2. Follow service area protocol on how to meet the requirement for Department staff to be available to foster parents on a 24-hour basis in case of emergency, and provide their telephone numbers.
3. Encourage the foster parent to engage the child's legal parents and extended family in a supportive and modeling relationship.
4. Inform foster parent of the availability of specialized training, based on the specific needs of the child (e.g., conduct disorders, MR, HIV, substance abuse) and help the foster parent prepare to participate.

5. Jointly develop plans regarding family and sibling visits with the child, foster family and legal family. When developing the plan, include the child as appropriate. Visit plans will include:
  - ◆ Expectations of the Department
  - ◆ Frequency of visits
  - ◆ Participants in the visit
  - ◆ Length, date, time, and location of the visit
  - ◆ Supervision requirements, if needed
6. Explain the function of the foster care review committee. Inform foster parents of their right to timely notice of and the opportunity to be heard in any review or hearing to be held in regards to the child placed in their home.
7. Inform foster parents of their opportunity to participate in Family team decision-making meetings.
8. Discuss with foster parents the reasons a placement may be terminated. (See [Ending Out-of-Home Placement](#) for more information.)
9. Visit monthly with the foster parents. This visit should occur in their home the majority of the time and shall include discussion regarding the care, supervision, and needs of the child including, but not limited to:
  - ◆ Visits and communications with the child's parents, siblings, and other significant individuals;
  - ◆ Expectations of the Department;
  - ◆ Future objectives and time frames;
  - ◆ Use of other resources;
  - ◆ The goals and progress of the goals of the foster care placement;
  - ◆ Information on the child's medical health care, medications, dental and mental health care and education.

### **Group Care Placement**

**Legal reference:** [441 IAC 202.6\(234\), 202.11\(234\)](#)

#### **Policy:**

Provide the following services after the child has been placed in a group facility:

- ◆ Supervise the living arrangement.
- ◆ Counsel the child in adjusting to the placement.
- ◆ Evaluate the child's needs and progress.
- ◆ Arrange for social and other related services from other resources as needed. This includes, but is not limited to medical, psychiatric, psychological, and educational services.
- ◆ Maintain a continuous relationship with the child.
- ◆ Help the child plan for the future.

#### **Procedure:**

1. Provide the agency with your phone number for use in emergency situations.
2. Adhere to the responsibilities specified in the "Child Placement Plan" section of the *Family Case Plan*.
3. Review all information, such as treatment plans and progress reports, to ensure that the treatment plan and process are congruent with the "Child Placement Plan" section of the *Family Case Plan*, the service authorization, and the court order.
4. Maintain contacts with the child's family.
5. As needed, obtain appropriate authorizations from parents or guardian.
6. Provide written summaries to the group care provider regarding any changes in the family situation. Cooperate with the provider to engage the child's family in the services stated in the *Family Case Plan*.

7. Approve group care payments through the FACS system, and verify that maintenance and group care child welfare services were provided.
8. Monitor the child's performance in school and ensure that the child receives medical care as needed.
9. Exercise care in transporting a child.
10. Follow all required steps for unauthorized absence of child from placement.
11. Participate in all:
  - ◆ Progress staffings.
  - ◆ Six-month foster care reviews.
  - ◆ Court hearings.
12. Be familiar with the group care provider's required policies as they relate to children's rights. These written policies must be provided to the child and parents or guardian upon the child's admission to the facility.

### **Supervised Apartment Living Services**

**Legal reference:** [441 IAC 156.12\(2\)](#), [202.9\(2\)"b,"](#) [202.9\(4\)](#)

#### **Policy:**

To ensure that the supervised apartment living arrangement is meeting the child's needs, required services and any optional service needed shall be provided directly by the Department or purchased from a supervised apartment living contractor with the Department.

The unit of service for group services is based on one hour, or any quarter thereof, of direct face-to-face contact between the service provider and each group member. Monthly cumulative units are rounded up or down to the nearest whole unit.

Billable services include:

- ◆ Direct face-to-face contact between the service provider and the child;
- ◆ Activities undertaken to assist the child in developing the needed structure and supports to live in this setting;
- ◆ Activities undertaken to assist the child in locating and using other needed services, supports, and community resources; and
- ◆ Consulting and collaborating on service directions on behalf of the child with schools, employers, landlords, volunteers, extended family members, peer support groups, training resources, or other community resources.

If services are purchased, expenses of transporting youth, service management activities, and other administrative functions are indirect costs and are not billable units of service.

Contractors providing a cluster setting shall be paid \$525 per month per child in the setting for agency staffing costs, in addition to monthly billable units of services provided to the child. The contractor shall bill up to \$525 per month per child only when two or more children are in the setting during the month.

- ◆ If a second child enters the cluster setting during the month, the contractor shall bill on a prorated basis for both children beginning with the date when the second child enters the setting.
- ◆ If another child enters the cluster setting during the month the \$525 shall be prorated. The prorated amount per day is \$17.26.
- ◆ If a child exits the setting on or before the last day of the month the \$525 shall be prorated up to the date before the date of exit.
- ◆ If a cluster setting goes down to one child during the month, the contractor shall bill for that one child on a prorated basis based upon the number of days of the month that the two or more children were in the setting.

**Procedure:**

1. Involve the child in service planning in order to develop the child's ownership. Involve the child's family and significant others whenever appropriate.

2. Assist the child to assess the child's current relationship with family, peers, and significant others in the plan for developing self-sufficiency. Children may need support learning to have realistic expectations for their family members and how to cope with these relationships.
3. Develop the service plan to:
  - ◆ Serve as a contract between the child and the agency;
  - ◆ Provide measurable outcomes;
  - ◆ Identify how the child will acquire life skills not possessed at time of entry into the program; and
  - ◆ Reinforce the continued development of skills mastered before placement and any other goals and objectives specific to the child.
4. Determine the specific service components and the number of hours to be provided when services are purchased.
  - ◆ Indicate within the case plan the units of required services being purchased, according to units of service approved. See [Required SAL Services](#).
  - ◆ If purchasing optional services, also specify what, if any, optional services you are purchasing and the number of units associated with each optional service purchased. See [Optional SAL Services](#).
5. Visit the child at least every 30 days in order to monitor services set forth in the case plan, review progress of the child, and see that the child's needs are being met.
6. Review the case and case plan every six months.

### **Required SAL Services**

**Legal reference:** [441 IAC 202.9\(2\)](#)

#### **Policy:**

The following service activities are required for each child in a supervised apartment living placement:

- ◆ **Visits to the living situation** to ensure that there is no reasonable cause to believe that the child's mode of living or living situation presents unacceptable risks to the child's health or safety and that the living arrangement meets the following minimum standards:
  - Complies with applicable state and local zoning, fire, sanitary, and safety regulations;
  - Provides reasonably convenient access to schools, places of employment, community resources, and services and supports required by the child and;
  - Is reasonably priced to fit within the child's budget.
- ◆ Ongoing **supervision of the child** (including but not limited to guidance, oversight, and behavior monitoring) to ensure that:
  - The child's living arrangement is maintained in a reasonably safe condition,
  - The child has access to a telephone,
  - There is an operating smoke alarm on each level of occupancy,
  - The child is receiving necessary health care,
  - The child is receiving appropriate and sufficient services and supports,
  - The child is complying with case plan and service plan requirements.
- ◆ A minimum of weekly **face-to-face contacts** with child under age 18 and biweekly (once every two weeks) with child aged 18 or older.

- ◆ **Life skills training.** Provide ongoing assessment activities, including coordination and evaluation at least every 90 days to monitor:
  - The progress the child is making in the ability to achieve self-sufficiency; and
  - The services and supports being provided to reach this goal.

**Procedure:**

Provide required services directly or monitor compliance by the contractor if services are purchased.

**Optional SAL Services**

**Legal reference:** [441 IAC 202.9\(2\)](#)

**Policy:**

Depending on the needs, objectives, and services described in the child's case permanency plan, the following optional services may be provided.

- ◆ Community involvement services
- ◆ Counseling services
- ◆ Leisure time and recreational services
- ◆ Parent skill development services
- ◆ Other, specific to the child's needs and case plan

**Procedure:**

Provide any optional services directly or monitor compliance by the contractor if services are purchased.

### **Provider Responsibilities**

**Legal reference:** [Iowa Code section 237](#), [441 IAC 105.8\(232\)](#), [105.15\(232\)](#), [113.16\(237\)](#), [114.10\(237\)](#), [114.13\(237\)](#)

### **Clothing**

**Legal reference:** [Iowa Code section 237.3](#); [441 IAC 105.11\(232\)](#), [113.16\(2\)](#), [114.15\(1\)](#)

### **Policy:**

All children in care shall have clothing that is suited to existing climate and seasonal conditions.

- ◆ A shelter care facility shall ensure that a child has clothing that is clean, dry and in good repair.
- ◆ A group care facility shall ensure that each child has adequate, clean, well-fitting, and attractive clothing as required for health, comfort, and physical well-being. The clothes should be appropriate to age, sex, and individual needs.
- ◆ A foster family shall ensure that all children shall have their own clothing that is becoming, of proper size, and of the character usually worn by children in the community. Clothing purchased with the clothing allowance goes with the child when their placement changes.
- ◆ There shall be an adequate supply of clothing to permit laundering, cleaning, and repair.
- ◆ Children shall have training and help in selection and proper care of clothing.
- ◆ There shall be adequate closet and drawer space that children have access to their clothing.

### **Procedure:**

See [Clothing Allowances](#) for payment resources for foster care providers.

### **Daily Routine**

**Legal reference:** [Iowa Code section 237.3](#); [441 IAC 105.8\(3\)](#),  
[113.16\(1\)](#), [114.10\(3\)](#)

#### **Policy:**

The foster child's daily routine shall promote good health and provide an opportunity for suitable activity that allows for rest and play.

- ◆ A shelter facility shall plan a daily program to provide a consistent, well-structured, yet flexible framework for daily living, given the rapid turnover and minimal screening of the population.
- ◆ A group care facility shall provide a daily routine that is directed toward developing healthful habits in eating, sleeping, exercising, personal care, hygiene, and grooming according to the needs of the individual child and the living group.
- ◆ Each child shall have opportunities for leisure time activities and for the development of special interests such as hobbies, sports, music, art, and crafts.

### **Discipline**

**Legal reference:** [Iowa Code section 232.69](#); [441 IAC 105.16\(232\)](#),  
[113.18\(237\)](#), [114.20\(237\)](#)

#### **Policy:**

Discipline shall be handled with kindness and understanding and shall not include withholding of basic necessities such as food, clothing, or sleep.

A child shall not be locked in a room, closet, box, or other device, nor be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. Corporal punishment is prohibited.

Restraints shall not be used as a form of discipline.

Reports of maltreatment coming to the attention of the Department worker shall be investigated promptly and referred to the proper authorities when necessary.

### **Family and Culture**

**Legal reference:** [441 IAC 108.7\(17\)](#), [113.16\(2\)](#), [114.15\(237\)](#),  
[202.11\(5\)](#)

#### **Policy:**

Throughout the provision of care, the foster care provider shall actively ensure that the child stays connected to the child's kin, culture, and community as documented in the case permanency plan. In group care and shelter care, the child shall be allowed visits with family and other significant persons as approved by the social work case manager.

The child shall have opportunities for religious and spiritual development that do not conflict with religious preference of the child's parents or the child's own religious faith. The parents' preference regarding the extent of participation of the child in religious activities shall be considered.

#### **Procedure:**

Care providers should review the case permanency plan for information regarding the child's kin, culture, and community, including religious and spiritual preferences. The care provider may discuss with the child:

- ◆ Those kin important to the child and how the foster care provider can facilitate continued connections with the kin,
- ◆ Cultural activities that the child enjoys or would like to begin participating,
- ◆ Religious preferences, including church attendance and religious or spiritual activities, and
- ◆ Community activities that the child participated in before placement or activities the child is interested in participating.

### **Personal Funds**

**Legal reference:** [441 IAC 108.7\(17\)](#), [113.6\(6\)](#), [114.18\(237\)](#)

#### **Policy:**

If a child earns money or gets an allowance, the funds shall be considered as the child's personal property. The child's personal property goes with the child when the child's placement changes.

Exploitation of the child is prohibited. No child shall be permitted to do any hazardous tasks or to engage in any work which is in violation of the child labor laws.

**Procedure:**

Discuss any personal allowance a child may receive and a method which will be used to distribute the monthly amount of the personal allowance.

**Leisure-Time Activities**

**Policy:**

The care provider shall ensure that each child has opportunities for leisure time activities and for the development of special interests such as hobbies, sports, music, art and crafts. Included in leisure time activities should be provisions for vacations of a child, especially in foster family home placement.

**Procedure:**

When foster parents want a foster child to travel out-of-state with them, at least one of the child's parents must sign form 470-5079, *Out-of-State Travel Permit and Agreement to Return*. The form provides consent for emergency medical treatment if attempts to secure permission of the parent, guardian, or Department are unsuccessful.

The form is signed by the child, as appropriate, the child's parents or guardian, the resource parents, the case manager or supervisor, and the service area administrator or designee. If one of the child's parents is not available or cannot be located, document the attempt to locate the parent in the case narrative and have the other parent sign the form.

**Transporting Children**

**Procedure:**

Exercise care in transporting any child. Observe the following guidelines when transporting children.

- ◆ While en route, do not permit the child to make telephone calls or stop for visits with family or relatives.
- ◆ When making a rest or meal stop, give the child close supervision.
- ◆ Do not allow children to place themselves in a position that could permit them to commandeer a vehicle or place you in jeopardy.
- ◆ Do not transport any child of the opposite sex who is over 12 years of age when the you are alone.
- ◆ If the child runs away, do not attempt to stop the child by physical force. Notify the nearest local law enforcement authority of the runaway.

## **Transition Planning**

**Legal reference:** [Iowa Code section 232.2\(f\)](#); [441 IAC 202.18\(2\)](#), P. L. 110-351; P. L. 111-148; P. L. 113-183; 42 USC 675(5)(I)

### **Policy:**

For a child in foster care who is 14 years of age or older, the case plan must include a written plan of services, supports, activities, and referrals to programs which will assist the child in preparing for the transition from foster care to adulthood, based upon an assessment of the child's needs. The transition plan and needs assessment must:

- ◆ Be developed with a focus on the services, other support, and actions necessary to facilitate the child's successful entry into adulthood.
- ◆ Include:
  - Appropriate referrals to programs and services for the child in care, and
  - Referrals to ensure that supports are in place upon the child's discharge.
- ◆ Be personalized and developed with the child present, honoring the goals and concerns of the child.
- ◆ Address the following areas of need for the child's transition from foster care into adulthood, including but not limited to, all of the following:
  - Education
  - Employment services and other workforce support
  - Health and health care coverage
  - Housing and money management
  - Supportive relationships
- ◆ Provide for the child's application for adult services if the needs assessment indicates the child is reasonably likely to need or be eligible for adult services or other support from the adult services system.
- ◆ Provide for the child's participation in the Iowa College Student Aid Commission's program of assistance in applying for federal and state financial aid if the child is interested in pursuing higher education.
- ◆ Be developed and reviewed by the Department in collaboration with a child-centered transition team.

The membership of the team and the meeting dates for the team must be documented in the transition plan. The transition team must be comprised of:

- ◆ The child,
- ◆ The child's social work case manager,
- ◆ Persons selected by the child,
- ◆ Persons who have knowledge of services available to the child, and
- ◆ Any person who may reasonably be expected to be a service provider for the child when the child becomes an adult or to become responsible for the costs of services at that time (e.g., a provider for aftercare services).

The child's social work case manager must review form 470-5337, *Rights of Youth in Out-of-Home Placement*, with all youth in foster care who are 14 years of age and older on their caseload and as often as needed. The form describes the rights of the child with respect to:

- ◆ Education;
- ◆ Health;
- ◆ Visitation;
- ◆ Court participation;
- ◆ Receiving any consumer credit report that exists for the child every year while they are in foster care and assistance in understanding the credit report and resolving any inaccuracies;
- ◆ Receiving the child's certified birth certificate, social security card, and driver's license or state identification card if they leave foster care at age 18 or older; and
- ◆ Staying safe and free from abuse or exploitation.

You must explain the form to the child in an age-appropriate manner. Have the child sign and date the form, indicating that you reviewed the rights with the child in a way the child understood and answered any questions the child had. Give the child the original of the carbonized set and place the copy in the case file. If you printed the form from Employees' Manual, Title 17-Appendix, make two copies. Have the child sign and date both copies. Give the child a copy and file the other copy in the case file.

The signed and dated form is a part of the case plan and must be provided to all legal parties of the case. Indicate the most recent date the child received and signed the form as indicated in Part C, "Transition Plan," of the *Family Case Plan*.

A child in foster care, age 14 and older, shall receive a copy of any consumer credit report annually until discharged from foster care. Assist the child in interpreting the credit report and resolving any inaccuracies.

A child reaching the age of majority (18 or older) who remains in foster care may request their own free credit report. At the child's request, the social work case manager shall assist in obtaining, interpreting, or resolving any inaccuracies in the free credit report. Document if a child age 18 or older objects to having the Department request a credit report.

Before the child reaches age 17½, a transition committee for the service area in which the child is from must review and approve the transition plan. When a child enters foster care at age 17½ or older, the committee shall be involved in reviewing and approving the child's transition plan within 30 days of completion.

**Procedure:**

1. Consider the transition plan as a working document. Review the plan:
  - ◆ At a minimum of every six months (during permanency hearing by the court or other formal case permanency plan review);
  - ◆ Within the 90 days before the child reaches age 18; and
  - ◆ During the 90 days immediately before the date the child is expected to leave foster care if the child remains in foster care after reaching age 18.
2. During the plan review conducted within the 90 days before the child reaches age 18, include information and education about the importance of having a durable power of attorney for health care. Explain to the child that if the child is ever unable to make health care decisions as an adult (at age 18 and older), a relative or spouse authorized under state law would make such decisions unless the child, once the child is 18 years of age or older, completes the Durable Power of Attorney for Health Care Decisions document for Iowa. Provide the child with the option to execute such a document by giving them a copy of the document and document instructions.

3. When the child leaves out-of-home placement at 18 years of age or older, provide to the child:
  - ◆ A free copy of the child's health and education record.
  - ◆ An official or certified copy of the child's birth certificate. The state or county registrar shall waive the fee for the certified copy that is otherwise chargeable under Iowa law.
  - ◆ The child's social security card.
  - ◆ A driver's license or identification card issued by the state to the child.
  - ◆ Health insurance information.
4. In the final transition plan, specifically identify how the child's need for housing will be met.

See [17-C\(1\)](#), [Transition Planning for Youth in Placement](#), for more information.

Assessment of needs and transition plan development are also available upon request to children who have exited foster care at age 16 and older in order to be adopted or to enter a subsidized guardianship arrangement. The aftercare program administrator is responsible for meeting the transition needs of this population.

### **Response to Unauthorized Absence From Placement**

**Legal reference:** P. L. 113-183; The National Child Search Assistance Act of 1990; [Iowa Code Chapter 694](#) and sections [232.2\(11\)](#), [232.19](#), [232.158 \(Article V\)](#), [232.171 \(Article IV\)](#), [233.1](#), and [709A.1](#)

#### **Policy:**

The care provider shall notify the Department when a child under the supervision or care of the Department has an unauthorized absence from placement.

Report immediately (no later than 24 hours) any missing or abducted foster child or youth to law enforcement for entry into the National Crime Information Center (NCIC) and also report to the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or <http://www.missingkids.org>.

**Procedure:**

Take immediate action to locate a child under the Department's care or supervision when there is an unauthorized absence from placement. For the purpose of these procedures, "unauthorized absence" means any unplanned absence due to:

- ◆ Actions taken by the child (e.g., running away),
- ◆ Actions of others (e.g., abduction), or
- ◆ The lack of attention or supervision by the caretaker.

1. Instruct foster care homes, group homes, residential treatment centers, shelters, and other such placements to immediately inform the Department regarding any child or youth that is absent from care.
2. Obtain as much information as possible about the circumstances surrounding a child's absence.
3. Make an immediate and reasonable initial effort to locate the child. At a minimum, contact the school, parents, relatives, friends, and other contacts or locations identified as likely places the child may be.
4. Identify and contact any other individuals who the child may have contacted for assistance while on the run. Encourage them to help locate the child or return the child to foster care.
5. Immediately contact law enforcement and provide the child's name, date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces. Inform law enforcement when the child went missing and what clothing the child had on.
6. Contact the child's parents and inform them the child is missing or abducted. Gather any information from the parents that may be helpful in the search for the child.
7. Search diligently and regularly for the child at places the child has frequently known to go to.
8. Notify the juvenile court.
9. Report immediately, and in no case later than 24 hours, after receiving information regarding missing or abducted children or youth to law enforcement for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation and also report to the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or <http://www.missingkids.org>.

10. If the child is located, make arrangements for the child's return to the placement.

You may negotiate with a runaway child as to when the child is willing to return. The safety and well-being of the child should be the first consideration in the negotiation. The agreed-upon return time should always be within 48 hours of the contact.

If a parent sabotages attempts to pick up a runaway child, notify law enforcement.

Notify the parent or caretaker as soon as possible when the child is found unless there a reason to believe this may further endanger the child.

11. Identify the factors that contributed to the child or youth being absent from foster care and determine what the child's or youth's experiences were while absent, including screening the child to determine if the child is a possible victim of sex trafficking. To the extent possible respond to those factors in the current and subsequent placements.
12. Screen all located youth for possible sex trafficking as follows. Ask the child or youth:
  - ◆ How long were you on the run? (The longer a child or youth is exposed to the streets the more likely the child or youth is to fall victim to commercial sexual exploitation and human trafficking.)
  - ◆ Where have you been staying? (The more places the child or youth have been and the distance the child or youth has traveled may be an indicator that the child or youth is a potential victim.)
  - ◆ Who has helped you and provided for you during your absence? (A reluctance or fear to identify who the child or youth were with may be an indicator that the child or youth is a potential victim of sex trafficking.)
  - ◆ Were you threatened, abused or assaulted during your absence? (Look for physical and emotional signs.)
13. Assess a victim of trafficking for trauma exposure:
  - ◆ Determine if the exploiter has access to the child.
  - ◆ Determine if the child needs to be placed in a secure facility or shelter for the child's safety.
  - ◆ Notify the juvenile court when appropriate.

- ◆ Determine if the location of the child can be shared.
  - ◆ Immediately address any medical needs of the child.
  - ◆ Develop and implement a safety plan with the child. The plan should include the child identifying who the child can contact if the child is feeling unsafe or wants to run and safe places or locations the child can go temporarily as an alternative to running. Also, engage the child in selection of a foster care placement, if applicable.
  - ◆ Offer additional services to the child, parent or caretaker.
  - ◆ Develop the permanency plan in consultation with the child when appropriate.
  - ◆ Reassess the educational needs of the child or youth if the child or youth has missed a significant amount of school.
14. Identify, and to the extent possible, respond to the primary factors that contributed to the child or youth being absent from foster care. Document the responses to these factors in case notes. Provide a description of how these responses will be incorporated and integrated into the current placement and how it is believed that they will positively affect the current and any subsequent placement.
15. When immediate attempts to locate the child are unsuccessful, report the child to law enforcement as a missing person. The facility may make the report on behalf of a child placed in group care or shelter care.
- ◆ Begin with local police and report to the sheriff or state police as needed.
  - ◆ Give to the law enforcement agencies and State Patrol Communications:
    - All pertinent identifying information about the child, and
    - The worker's name and home and work telephone numbers or the caregiver's phone number.
  - ◆ Identify whether the child has been adjudicated as a child who committed a delinquent act or a child in need of assistance.
  - ◆ Place a law enforcement agency pick-up request for the child. Request that the child be held for the Department of Human Services, if located. This may include pick up orders that are issued by the court.
    - Confirm with the local law enforcement agency whether use of the form 470-0732, *Police Pick-up*, is acceptable.
    - The Department of Public Safety prefers the use of its Form No. 1-694, *Missing Person Report for NCIC Record Entry*.

- The local law enforcement agency may prefer its own form.
  - When you believe that the child is in another state, request that local law enforcement contact law enforcement in the other state about searching for the child. If needed, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 for assistance.
  - Always coordinate information with the caregiver so that all involved entities are aware of what is being done regarding the suspected absence.
- | 16. If there is reason to suspect that the life or well-being of the child may be in jeopardy:
- ◆ Immediately request the local law enforcement agency to enlist the aid of the Iowa Division of Criminal Investigation or direct the guardian to do so.
  - ◆ If you determine that a protective service alert should be issued, follow procedures described in [17-B\(1\)](#), [Protective Service Alert](#).
  - ◆ Be aware of what information is needed to issue an AMBER alert, in the event that local law enforcement determines that an AMBER alert should be issued.
    - An AMBER alert is used only when there is an abduction and the child is in danger.
    - An AMBER alert is not used for a runaway unless the child is known to have been abducted and the child's life is in danger.
- | 17. Notify the court and the guardian ad litem, as needed, in writing within two working days (or within the court's preferred time limit if one has been established) when you have reason to believe that parents or others have:
- ◆ Failed to divulge or concealed facts known to them about the whereabouts of the child,
  - ◆ Aided and abetted the unauthorized absence of the child, or
  - ◆ Contributed to the delinquency of the child.
- | 18. When the child is found in Iowa:
- ◆ Follow orders described in a court issued pick-up.
  - ◆ Notify the court and make plans for the child to be returned to placement.

- ◆ Notify the law enforcement agency where the initial report was made that the child was found and returned and,
  - ◆ Notify parents and the service area office and caregiver (as applicable).
19. When the child is found in another state:
- ◆ Contact the DHS Interstate Compact Unit immediately for assistance. The Interstate Compact Unit will assume responsibility for the necessary communication to affect the return of the child.
  - ◆ Request the use of the Iowa System Terminal to transmit a “hold” request for the return of the child to the Iowa Department of Human Services.
  - ◆ If the other state has any questions about releasing the child, contact the appropriate Iowa law enforcement agency. Begin with local police and report to the sheriff or state police as needed.
  - ◆ If DHS staff travel out of state is required, follow Department procedures in [17-C\(3\), Topic 5, Runaways](#), with the assistance of and coordination with the Interstate Compact Unit.
20. When a child remains on the run for a long period of time:
- ◆ Contact law enforcement on an ongoing basis about what is being done to locate the missing juvenile.
  - ◆ Contact parents and others involved regularly to see if they have more information about the child’s whereabouts or activities.
  - ◆ Discuss with the Iowa Department of Public Safety the need for posting photographs of missing persons to state and national Internet sites.  
If posting is determined necessary or beneficial and a picture of the missing child is available, contact the Iowa Missing Person Information Clearinghouse at 1-800-346-5507 to get it published on:
    - The Iowa Department of Public Safety website at;  
<http://www.dps.state.ia.us/DCI/fieldoperations/mpic.shtml> and
    - The National Center for Missing and Exploited Children website at  
<http://www.missingkids.org>

- ◆ Consider other resources that may be helpful in locating and returning children:
  - **Home Free** is a program in which Greyhound Bus Lines provides free one-way transportation between any two points in the continental United States (excluding Alaska) for runaway children returning home. This is done in conjunction with the National Runaway Switchboard (NRS).

To receive a free ride home, children between the ages of 12 and 18 may call the NRS at 1/800/RUNAWAY or call a local social service agency, shelter, or law enforcement. All of these services can make necessary travel arrangements with Greyhound.

- **Let's Find Them** is a program in which Greyhound Bus Lines offers free transportation for missing and exploited children being reunited with their families. Transportation is limited to the continental United States (excluding Alaska) and to the routes of Greyhound Lines only.

Free transportation to bring abducted children back home on Greyhound is available under this program. Contact the National Center for Missing and Exploited Children at 1-800-THE-LOST (1-800-843-5678) or visit

[http://www.missingkids.com/missingkids/servlet/PublicHomeServlet?LanguageCountry=en\\_US](http://www.missingkids.com/missingkids/servlet/PublicHomeServlet?LanguageCountry=en_US)

- The **National Runaway Switchboard** (NRS) provides assistance to social service agencies and law enforcement officials in determining needs and assistance with out-of-state-placement.

This is an additional resource for DHS workers but it must not be used in place of the required involvement with the Interstate Compact Unit. Contact the NRS at 1/800/RUNAWAY or at

<http://www.nrscrisisline.org/>

## **Child and Parent Rights and Responsibilities**

**Legal reference:** [441 IAC 202.12\(3\) and 202.12\(4\)](#)

### **Policy:**

The case plan and treatment plan shall specify the services to be provided and the time frame for reuniting the family. These plans shall be developed in cooperation with the parents.

The placing worker shall have face-to-face contact with the child's parents at least monthly to review issues related to case planning, service delivery, and progress towards goal attainment. The frequency of the personal contact shall be documented in the child's case plan.

### **Procedure:**

See [Family-Centered Services](#) for more information on reunification services.

## **Participation in Case Planning**

**Legal reference:** [441 IAC 202.12\(3\)](#)

### **Policy:**

The *Family Case Plan* shall be developed in cooperation with the parents.

### **Procedure:**

1. Give the parents the opportunity to participate in all administrative review committee meetings in accordance with policies and procedures described in [Periodic Reviews](#).
  - ◆ Send written notice of each review to the parents at least five working days before the date of the review.
  - ◆ Allow the parents to invite their attorney to be present at all Department review committee meetings.
2. Provide to the parents a written summary of all Department review committee recommendations.
3. Give the parents copies of all reports filed with the court.
4. Inform the parents of their rights.
5. Use [Comm. 437](#) to inform the child and the parents of the *Iowa Foster Child and Youth Bill of Rights*. Discuss at a level appropriate for the age of the child.

### **Communication With Attorney**

**Legal reference:** [Iowa Code section 237](#), [441 IAC 105.15\(232\)](#), [441 IAC 114.13\(237\)](#)

**Policy:**

A child shall be permitted to communicate privately with the child's legal counsel and referring worker.

### **Right to Attend Court Hearings**

**Legal reference:** [Iowa Code sections 232.2\(6\)](#), [232.38](#), [232.91](#), and [234.35](#); [441 IAC 202.4\(3\)](#)

**Policy:**

With certain exceptions for the safety of the child, no child should be removed from a family until after a petition is filed and the court has conducted a hearing at which the parents were present and had an opportunity to be heard.

Any hearings or proceedings in juvenile court subsequent to the filing of a petition shall not take place without the presence of the child's parent, guardian, custodian, or guardian ad litem in accordance with and subject to section 232.38. A parent without custody may petition the court to be made a party to proceedings.

Children of appropriate age, presumed by the law to be age 14, shall be allowed to attend all juvenile court proceedings and family meetings involving placement options or services provided to the child.

**Procedure:**

When a child becomes involved in the court system:

1. Work with the county attorney to ensure that an attorney is appointed to represent the child.
2. If the child can understand court action:
  - ◆ Inform the child what court action is planned and
  - ◆ Help the child to understand the implications of the court proceedings.
3. Support participation of the child, the parents, and the foster parents (if any) in court proceedings. If the child's attorney determines it is not in the best interest of the child to attend, document the reason in the case record.

### **Placement Notification**

**Legal reference:** [441 IAC 202.12\(2\)](#)

#### **Policy:**

The parents shall be notified of the location and nature of the child's placement, unless the department evaluates the situation and determines that notifying the child's parents of the location of the placement would be detrimental to the child's safety, well-being and stability of the child's placement.

#### **Procedure:**

Involve parents in selecting the placement. Notify the parents of the location and nature of the child's placement unless the Department:

- ◆ Evaluates the family situation and
- ◆ Determines that notifying the child's parents of the location of the placement would be detrimental to the child's safety and well-being and the stability of the child's placement due to:
  - Evidence of a direct or indirect threat to harm the foster child or the foster family, or
  - Credible third-party information of a threat of harm to the foster child or the foster family.

When the Department declines to disclose the child's location to the parents:

1. Document and explain this decision in Part B, "Other Comments" in the *Family Case Plan*.
2. Review this decision at least every six months when the child's case permanency plan is revised. Document the review in Part B of the *Family Case Plan*.

### **Parental Visits and Communication**

**Legal reference:** [441 IAC 202.12\(234\)](#)

**Policy:**

Specify the planned frequency of visits between parent and child in the *Family Case Plan*. Include the parents and care provider in planning for visits.

**Procedure:**

Ensure that parents have meaningful contact with their child. Arrange visits and communication to support the parent-child relationship.

1. Develop the schedule for visits in consultation with the care provider and parents. Unless parental rights are terminated or limited by court order, the following shall serve as guidelines:
  - ◆ At least one visit between parents and child should occur within the first week of placement.
  - ◆ Visits should occur at least every two weeks or more frequently in cases in which the goal is to enhance the parent-child relationship.
  - ◆ Frequency of visits should take into account the child's age and attitudes regarding contact.
  - ◆ Frequency of visits shall not depend on the worker's schedule or convenience.
  - ◆ When plans allow less frequent visits than desired by the parents, document the reason in the *Family Case Plan* and obtain the approval of your supervisor or the Department Foster Care Review Committee.
  - ◆ As treatment progresses and the child's return home approaches, more frequent visits should be arranged.
2. Arrange settings and supervision that support the parent-child relationship.
  - ◆ Visits shall occur in a relaxed, natural setting, such as the foster care placement, the family home, or a park.
  - ◆ Exceptions shall be made when there is concern for the child's safety or a need to control or structure the parent-child interaction during the visit.
  - ◆ Office visits are not recommended unless necessary. Document in the case record the reasons for scheduling office visits or supervised visits.

3. Encourage parents to engage in activities during visits which relate to the child's needs, based on the child's stage of development.
4. Allow the mother of an infant to continue to breastfeed the infant when such contact with the mother is in the best interest of the infant. Drug testing is advisable in making this decision. The opinion of the child's physician is critical in determining the best interest of the child.
5. Encourage other communication, such as phone calls and letters.
6. Encourage attendance at the child's medical appointments and school activities.

### **Parental Decision-Making Authority**

**Legal reference:** [Iowa Code section 232.2\(47\)](#)

#### **Policy:**

Unless parental rights are terminated or parental rights are not terminated and the Department is the guardian, parents shall be encouraged to take as much responsibility as possible for their child.

#### **Procedure:**

Whether authorization for a particular action or decision regarding a child in foster care must be obtained from the child's parent or guardian depends on the legal status of the child and the nature of the decision.

Parental responsibilities include, but are not limited to:

- ◆ Preparing the child for the foster care placement;
- ◆ Attending school conferences;
- ◆ Taking the child to the doctor and other appointments;
- ◆ Contributing to the cost of foster care;
- ◆ Keeping the Department informed of any changes in address or telephone number; and
- ◆ Participating in intervention programs geared toward returning the child home or placing the child in a more permanent setting.

### **Parent-Child Relationship Terminated**

**Legal reference:** [Iowa Code sections 232.117](#) and [600A.9](#)

**Policy:**

When a court has terminated the parent-child relationship under Iowa Code Chapter 600A or 232, the Department has both guardianship and legal custody of the child and can give any and all consents and authorizations needed, including for adoption of the child.

**Procedure:**

There is no need to obtain parental authorization because the parents have no residual rights. Therefore, they cannot give any legally binding authorization.

### **Guardianship of the Child**

**Legal reference:** [Iowa Code section 232.2\(21\)](#)

**Policy:**

Parents retain guardianship of their children when custody is removed for placement in foster care. State law gives a guardian authority to consent to marriage, enlistment in the armed forces, and medical, surgical, and psychiatric treatment.

**Procedure:**

In respect for the parents' residual rights and involvement in case planning for their child, obtain consent from the parents or guardian unless an emergency exists. Notify parents or guardians of consents issued.

### **Legal Custody of a Child**

**Legal reference:** [Iowa Code sections 232.2\(10\)](#), [232.2\(47\)](#), [321.180B](#)

**Policy:**

All rights and duties of the custodian are subject to the residual rights of the parents.

**Procedure:**

1. Unless the court has terminated parental rights, consult with the parents on decisions about the child. Refer all decisions to the parents if possible.

2. If the parents are unable or unwilling to give consent, the Department as custodian may:
  - ◆ Authorize emergency medical care.
  - ◆ Release medical information.
  - ◆ Sign consent for a child to obtain an Iowa driver's license or permit. Department of Transportation (DOT) form 430018 is used to provide permission for a child to obtain a driver license or operator instruction permit. See instructions in [17-Appendix](#).
3. Make decisions necessary to the custodian's duty to "protect, train, and discipline" the child. This includes:
  - ◆ Authorizations for educational testing and evaluation, and
  - ◆ Consents for participation in school activities.
4. Consult the court whenever there is:
  - ◆ Conflict with the parents over a particular decision for a child, or
  - ◆ Need for a decision beyond the authority of the custodian, such as
    - Consent for marriage,
    - Enlistment in the armed forces, or
    - Nonemergency medical treatment.

### **Voluntary Placement**

#### **Policy:**

When the Department has agreed to provide foster care services for the child on the basis of a signed placement agreement between the Department and the child's parents or guardian, all parental rights remain intact and the Department is granted only temporary supervisory rights.

#### **Procedure:**

Although the *Voluntary Placement Agreement* authorizes the Department to authorize emergency medical care should the need arise, it does not authorize the Department to assume the role of the parent in planning for needed medical and other care. Secure the consent and authorization of the parents in all cases.

## **Foster Care Payment**

**Legal reference:** Public Laws 104-193 and 105-89; 45 CFR 1356; [Iowa Code section 234.35](#); [441 IAC Chapters 130, 150](#), and [156](#)

### **Policy:**

The Department shall pay for foster care only as authorized by Iowa law. Payment is made through the Family and Children's Services System (FACS), which applies the proper funding source based on:

- ◆ Service worker entries into the FACS system and
- ◆ IV-E income maintenance (IV-E IM) worker entries into the Automated Benefit Calculation (ABC) system.

Decisions are based on an established hierarchy of allowable and desirable client and service funding.

### **Procedure:**

When a child becomes eligible for foster care payment, facilitate the eligibility determination for the payment sources available for the child's care (Title IV-E, Medicaid, parental liability, use of the child's unearned income).

Whenever possible, all of these determinations shall be completed **on or before** the date that the child enters foster care placement.

The social work case manager has the following responsibilities:

- ◆ Make FACS entries to authorize payment for the placement (after supervisory approval for foster homes). See [Maintenance Payment](#) for details by type of service.
- ◆ If the child is not a Medicaid member, obtain a Medicaid application from the child's parents, guardian or other responsible person (relative, guardian ad litem, attorney) using form 470-2927 or 470-2927(S), *Health Services Application*. See [Medicaid Eligibility](#).
- ◆ Facilitate a timely, accurate determination of IV-E and Medicaid eligibility by the IV-E IM worker. See [IV-E Eligibility Determination](#) and [Review of Payment Determinations](#).
- ◆ Determine whether the child is eligible for funding for services through Title IV-A or the Social Services Block Grant. See [17-D, Service Application, IV-A Application, and IV-A Eligibility Criteria](#), for service and Title IV-A eligibility.

- ◆ Apply for a social security number for the child, unless the child has a number or the parents will apply.
- ◆ Refer the child and parents to the Foster Care Recovery Unit. See [Referral to Foster Care Recovery Unit](#).
- ◆ Determine the income and resources available to the child and the contribution the child shall make toward the cost of foster care. See [Application of Unearned Income](#).
- ◆ If a child has a disability or the child's parent is deceased or disabled and is receiving benefits for the child, complete form 470-3361, *SSI Advocacy Project Referral*, to make a referral to the SSI Advocacy contractor to:
  - Determine eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (also known as Title II or SSDI) on the child's behalf; or
  - Change the payee for the child's benefits to the Department of Human Services if the child is receiving SSI or SSDI.
- ◆ If the child receiving SSI or SSDI changes placement or exits foster care, notify the SSI Advocacy Contractor using form 470-3359, *Payee/Placement Changes*.

### **Maintenance Payment**

**Legal reference:** [441 IAC 156.6\(234\)](#), [156.9\(234\)](#), [156.11\(3\)](#), [156.12\(1\)](#)

#### **Policy:**

The Department shall pay a maintenance payment for each night of care while the child is in foster care placement. Payment is based on a daily rate, regardless of the number of days in the month. Payment for a stay of less than a full month is prorated at the daily maintenance rate. Exceptions are:

- ◆ Guaranteed payments in [shelter care](#) facilities
- ◆ Days covered by reserve bed payments (see [Reserved Bed Payments](#))
- ◆ Foster family care respite days (see [Foster Family Respite Care](#))
- ◆ Partial months in supervised apartment placement

PLACEMENT TYPE	AMOUNT PAID	WHEN PAID	WHEN PRORATED
<b>Foster family</b> See <a href="#">Foster Family Maintenance Payment</a> for: <ul style="list-style-type: none"> <li>• maintenance plus,</li> <li>• siblings,</li> <li>• transportation</li> </ul>	Basic daily rates: Age 0 – 5: \$16.78 Age 6 – 11: \$17.45 Age 12 – 15: \$19.10 Age 16 – 20: \$19.35 Plus add-ons if eligible	At the end of month or when child leaves placement and basic rate paid first month of placement	When child enters after the first of the month or leaves before the end of the month
<b>Group care</b>	Rate set in contract	At the end of month when the facility bills the Department	When child enters after the first of the month or leaves before the end of the month
<b>Supervised apartment living</b>	\$26.25 per day; \$787.50 per month	Beginning of month or when child enters	When child enters after the first of the month
<b>Shelter care</b>	Actual cost of care up to \$96.98 per day combined service and maintenance	End of month or when child leaves	When child enters after the first of the month or leaves before the end of the month

**Procedure:**

Make payment for the day the child enters placement, but not the day the child leaves placement. (EXCEPTION: See [Reserved Bed Payment](#) and [Supervised Apartment Living Payment](#).) Calculate the number of days paid as follows:

- ◆ Entering care (or in care) on the first of the month and leaving during the month: Date leaving care minus one.

1. Child A is placed in foster family care February 1 and leaves May 1. Payment is made for each day in February, March, and April. No payment is made for May. (May 1 minus May 1, the date leaving care = 0 days paid for May)
2. Child B leaves group care placement on June 24. Payment is made for 23 days in June. Summary: 24 minus 1 = 23

- ◆ Entering care sometime during the month and leaving care during the month:  
Date leaving care minus the date entered care.

Child C is placed in a foster home on September 4 and leaves September 18.  
The foster home is paid for 14 days of care. Summary: 18 minus 4 = 14)

- ◆ Entering care during the month and staying into next month: Last day of the month minus the date entered care, plus one.

Child D is placed in a group care on October 26. For October, the facility is paid for 6 days. Summary: 31 minus 26 plus 1 = 6

When a child enters placement and leaves on the same day, whether due to running away or a change in placement decision, the facility has provided services and shall receive payment. For shelter care, a child is considered to have “entered placement” when an intake has been completed for that child.

### **Foster Family Maintenance Payment**

**Legal reference:** [441 IAC 156.6\(234\)](#) and [202.6\(2\)](#)

#### **Policy:**

Licensed foster families receive monthly payments for caring for children in their home. Payments for placements both inside and outside of Iowa are based on the payment schedule in effect in Iowa.

The basic maintenance payment rate schedule for foster family care is set at the United States Department of Agriculture’s estimate of 65% of the cost to raise a child in the Midwest.

The basic rate is intended to reimburse the foster family for food, clothing, shelter, school expenses, grooming, ordinary transportation, recreation, and training appropriate for the child’s age.

Add-ons to the basic maintenance payment are available for:

- ◆ [Maintenance plus](#)
- ◆ [Sibling groups](#) (\$1 per day per child)
- ◆ [Transportation for family or preplacement visits](#)

The child's assessment score on form 470-4401, *Foster Child Behavioral Assessment*, determines whether the child is eligible to receive a maintenance plus the basic rate at level 1, 2, or 3:

- ◆ Behavioral needs rated at level 1 qualify for a payment of \$4.81 per day
- ◆ Behavioral needs rated at level 2 qualify for a payment of \$9.62 per day
- ◆ Behavioral needs rated at level 3 qualify for a payment of \$14.44 per day

The following payment schedule shows possible monthly payments including basic maintenance and maintenance plus levels 1, 2, and 3:

Age of Child (years)	Basic Daily Rate	Level 1 Basic Maintenance Plus \$4.81 per Day	Level 2 Basic Maintenance Plus \$9.62 per Day	Level 3 Basic Maintenance Plus \$14.44 per Day
0 - 5	\$16.78	\$21.59	\$26.40	\$31.22
6 - 11	\$17.45	\$22.26	\$27.07	\$31.89
12 - 15	\$19.10	\$23.91	\$28.72	\$33.54
16 - 20	\$19.35	\$24.16	\$28.97	\$33.79

**Procedure:**

At the initial foster home placement, all placements receive the maintenance payment at the basic rate for at least the first month of foster home placement. The basic rate may include the \$1 sibling and transportation add-ons, which are **only** applicable for a basic rate.

The maintenance plus payments may begin on the first day of the month **after** the *Foster Child Behavioral Assessment* is completed and is approved by the supervisor. Do not enter the new maintenance rate into FACS until your supervisor has signed off and approved the assessment and the rate.

Set payments for placements outside of Iowa based on the payment schedule in effect in Iowa. The service area manager or designee may grant an exception to authorize a payment to the foster family at the rate in effect in the other state if:

- ◆ The child's family lives in that state, and
- ◆ The goal is to reunify the child with the family.

If the child qualifies for a change in maintenance rate because of changing behavioral needs, placement with siblings, or change in transportation expenses, make the change on the foster care Constant Payment screen in FACS.

FACS automatically adjusts grants on the standard payment scale when the child moves from one age group to another. Changes in payment rate because of the child's age take effect the first of the month following the child's birthday.

Complete another *Foster Family Placement Contract*, form 470-0716, with the foster parents whenever the maintenance payment changes.

### **Add-on for Sibling Groups**

**Legal reference:** [441 IAC 156.6\(4\)"b"](#)

#### **Policy:**

When a foster family provides care to a sibling group of three or more children, an additional payment of \$1 per day per child may be authorized for each non-special needs child in the sibling group.

#### **Procedure:**

When a member of a sibling group of three or more meets receives a behavioral needs payment, the \$1 per day payment does not apply. Any member of the sibling group that does not have an add-on for behavioral needs shall receive the \$1 per day payment.

Do not grant a sibling allowance when members of a sibling group are placed in separate foster homes.

### **Add-on for Transportation for Visits**

**Legal reference:** [441 IAC 156.6\(4\)"c"](#)

#### **Policy:**

When the foster family's responsibilities in the case permanency plan include providing transportation related to family or preplacement visits outside the community in which the foster family lives, the Department may authorize an additional maintenance payment of \$1 per day for expenses over the monthly maintenance payment.

Eligible expenses shall include the actual cost of the most reasonable passenger fare or gas. Expenses over the monthly amount may be reimbursed with prior approval.

**Procedure:**

When determining what is "outside of the community in which the family resides," use consistency and reasonableness when considering:

- ◆ The number of miles traveled over ten miles
- ◆ The frequency of trips required
- ◆ The expense

**Add-on for Maintenance Plus Levels**

**Legal reference:** [441 IAC 156.6\(4\), 156.1\(234\)](#)

**Policy:**

A maintenance plus payment is a daily payment made in addition to the basic maintenance payment to a foster family who is providing care to a special needs child.

The payment shall be based upon an assessment of the child's emotional, behavioral and physical care needs made using form 470-4401 or 470-4401(S), *Foster Child Behavioral Assessment*.

To authorize payment to the foster family at a higher level than the basic maintenance rate, the *Foster Child Behavioral Assessment* form shall be signed by the Department worker and the worker's supervisor.

**Procedure:**

Complete the *Foster Child Behavioral Assessment*:

- ◆ Within the first 30 days of a child's initial entry into foster family care.
- ◆ Whenever the child's behavior changes significantly.
- ◆ When the child's placement changes.
- ◆ After termination of parental rights, in preparation for negotiating an adoption subsidy or pre-subsidy.
- ◆ Before a court hearing on guardianship subsidy. (The highest guardianship subsidy is limited to Level 2, basic rate plus \$9.62.)

Use the *Foster Child Behavioral Assessment* template found in Outlook. When completing the form, use all available information about the child, including input from the child's parents, the foster parents, the child's therapist, evaluations, school reports, and other service provider reports for the child.

Check only behavior that is severe enough to be outside the norm for a child of the same age. Do not check behavior that is typical, such as a temper tantrum. Check each item that applies in every category, i.e., "minimal," "moderate," and "intensive." The template will automatically calculate the total daily rate.

NOTE: When a child was in "therapeutic" foster home placement receiving behavioral management services as of October 31, 2006, the foster family shall continue to receive the basic rate plus \$15 per day for the duration of that child's placement with the family.

Also use the *Foster Child Behavioral Assessment* in the development of the case plan. Every behavioral need of a foster child identified in this tool should be outlined when completing the case plan, along with the corresponding actions and responsibilities of the foster family.

If a child moves from one foster home to another, the new family shall receive the same maintenance rate the child received in the previous home until the *Foster Child Behavioral Assessment* is completed within the first 30 days of placement. The maintenance rate could increase or decrease based on the child's score on the *Foster Child Behavioral Assessment*.

If a child leaves foster family care, goes to shelter care, and then returns to the same foster family home, the payment rate remains the same as the rate the foster family received before the child went to shelter care. If a child is instead placed in a new foster family, another assessment using the *Foster Child Behavioral Assessment* form shall be completed within 30 days of placement.

If a child comes out of group care or PMIC, the child's initial payment in the foster family home will be the basic foster care maintenance rate. A family team meeting, with the new foster parents participating, should be part of the discharge planning. The *Foster Child Behavioral Assessment* should be completed within the first 30 days of foster family placement.

### **Shelter Care Payment**

**Legal reference:** [Iowa Code section 234.35](#); [156.11\(3\)](#)

#### **Policy:**

The state's reimbursement rate for shelter care is determined by the Iowa legislature. Individual child welfare emergency services contracts identify a certain number of shelter beds that are guaranteed for payment regardless of use.

#### **Procedure:**

Payment is made on a monthly basis for the actual use of shelter care beds. At the end of each month, the shelter completes form 470-0020, *Purchase of Services Provider Invoice*, for all beds used. The invoice is sent to each county that was the home of a child served.

At the end of each quarter, if there are guaranteed-payment beds that were not used, the shelter submits to its contract specialist a supplemental invoice on form GAX, *General Accounting Expenditure*. The invoice requests payment to make up the difference between actual usage and the guaranteed number of units for that quarter.

If approved, the GAX is sent to Bureau of Service Contract Support for final approval, reconciliation, and payment.

Payment can be made when a child is absent from the shelter for hospitalization or preplacement visit if the absence meets requirements for reserve bed payment. See [Reserved Bed Payment](#).

### **Group Care Payment**

**Legal reference:** Title 42 CFR Part 433; [441 IAC 152.3\(234\)](#), [156.9\(234\)](#), and [156.20\(2\)](#)

#### **Policy:**

Group care and child welfare service payment rates are based on the historical payment rate negotiated between the provider and the Department.

No less than annually, the Department shall redetermine the allocation for the combined child welfare service per diem rate between the maintenance and service portions based on review of verified cost reports for providers. If the new allocation differs from the current allocation, the Department shall:

- ◆ Reallocate the combined child welfare service per diem for foster group care between the maintenance and service portions of the combined rate; and
- ◆ Notify all providers of any change in the allocation between maintenance and service rates and the effective date.

#### **Procedure:**

Make payments for group care child welfare service and maintenance through FACS. Provide payment for children who are eligible as described under [Foster Group Care](#) and [Group Care Placement](#).

Make a service and maintenance payment to a group care facility when the following criteria are met:

- ◆ A child is considered present in the facility if the child is in the facility for any portion of the day, defined as the 24-hour period between midnight and midnight.
- ◆ A child is considered absent from the facility if the child is gone from the facility for the entire day.
- ◆ Payment can be made when a child is absent from the facility for family visits, hospitalization, runaway, or preplacement visit if the absence meets all other requirements for reserve bed payment. See [Reserved Bed Payment](#).

### **Supervised Apartment Living Payment**

**Legal reference:** [441 IAC 156.8\(2\), 156.12\(1\)](#)

#### **Policy:**

The monthly maintenance payment for supervised apartment living for the child's living expenses may be paid to the child or another payee (other than a Department employee). The maintenance payment is \$787.50 per month or \$26.25 per day when the child enters after the first day of the month. The maintenance payment is paid at the beginning of the month or when the child enters a supervised apartment living placement.

When a child is initially placed in supervised apartment living, the service area manager or designee may authorize an allowance not to exceed \$630 if the child does not have sufficient resources to cover initial costs.

When a child enters placement during the month, payment is made for the date of entry through the end of the month, even if the child loses eligibility during the month due to age or no further need for foster care placement.

#### **Procedure:**

Determine whether the child or the foster care provider should receive the maintenance payment.

Work with the child in setting up a budget for needed expenditures. Examples of initial costs are rental deposits, purchase of food, utensils, bedding, and cleaning supplies.

Compare the budget with the child's resources, including any funds in the child's escrow account. If the child's resources are insufficient to cover the expected expenses, request an allowance to make up the difference.

- ◆ Obtain approval for the amount to be authorized.
- ◆ Document approval in the child's case record.
- ◆ Generate payment through the FACS system Special Issuance List (SPIL) screen.

Proration examples:

1. Child E enters supervised apartment living on October 10. The October supervised apartment living maintenance payment is \$25 x 22 days = \$550 (counting the date of entry as day 1, with 21 days remaining).
2. Child F leaves supervised apartment living placement on August 5 due to reaching age 20. There is no overpayment and Child F is not expected to return unused funds.

Any supervised apartment living maintenance funds remaining for a child after all bills have been paid shall be returned to the Department's cashier's office when the child exits a supervised apartment living placement during a month due to:

- ◆ Running away, or
- ◆ Being placed in another type of foster care placement, or
- ◆ Being discharged from voluntary foster care placement when 18 years of age or older due to not following program requirements.

When the Department cashier's office receives returned funds, the funds shall be placed back into the supervised apartment living program fund.

**PMIC Payment**

**Legal reference:** [441 IAC 85.25\(1\)](#)

**Policy:**

A psychiatric medical institution for children is paid at a per diem rate based on the facility's actual and allowable cost for the service, not to exceed the Medicaid upper limit.

Medicaid members are required to participate towards the payment for psychiatric institution care. Client participation and medical payment from a third party must be paid toward to the total cost of care for the month before any Medicaid payment is made. Medicaid pays the balance of the cost of care for the month.

**Procedure:**

The PMIC IM worker enters the member's client participation in the eligibility system and ISIS.

Medicaid-eligible children in a PMIC retain \$50 of their monthly income for a personal needs allowance. If the child has earned income, an additional \$65 is added to the ongoing personal needs allowance from earned income only.

When the Department is payee for the child's unearned income, the Department:

- ◆ Forwards the child's personal allowances to the facility, and
- ◆ Recovers the remainder of the child's unearned income to offset the cost of care.

The Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll sends the personal needs allowance to the facility. The facility is responsible for maintaining the child's personal needs allowance in a separate account and for making it available to the child.

Decisions regarding plans for the use of the child's personal needs allowance shall be made by the facility, in consultation with the service worker and child when appropriate.

If the child has earned income, or if the child has unearned income and someone other than the Department is payee, the PMIC IM worker shall notify the facility that the facility is responsible for securing the client participation.

Children placed in PMICs may continue to maintain a foster care escrow account in the Foster Care Accounting Unit. Workers shall continue to follow procedures regarding use of foster care escrow accounts. (See [Escrow Account](#).)

### **Child Parent in Placement with Young Child**

**Legal reference:** [441 IAC 156.6\(3\), 156.9\(4\)](#)

#### **Policy:**

When the child in foster care is a parent whose young child lives in placement with the parent, payment arrangements shall be as follows:

<b>PLACEMENT</b>	<b>PAYMENT</b>
Foster Family	The foster family receives a daily maintenance payment for the child parent that is based upon: <ul style="list-style-type: none"><li>◆ The daily rate schedule for the child parent and</li><li>◆ The basic rate for the young child.</li></ul>
Group	The maintenance rate for the child parent shall include an amount to cover the actual and allowable maintenance needs of the young child. No additional amount shall be added for the service needs of the child.
Supervised Apartment Living	The child parent may apply for Family Investment Program (FIP) assistance for the child. The income and the resources of the child parent are exempt, including the SAL maintenance payment.
Shelter	Not applicable
PMIC	Not applicable

Unless the young child has been adjudicated a child in need of assistance and placed by the court in foster care, only the child parent is considered to be "in foster care." The young child is considered to be living with a parent.

Since the young child is **not** considered to be in foster care, the child is **not** automatically eligible for Medicaid except as a newborn child of a Medicaid-eligible mother. The parent may apply for Medicaid for a child who does not have newborn eligibility. Eligibility for the young child will be determined separately, with a household size of one.

**Procedure:**

If a child parent in foster care has a young child living in placement with the child parent, determine the maintenance payment as follows:

- ◆ For a **foster family** placement, determine eligibility for enhanced payment for the child parent by completing the *Foster Child Behavioral Assessment* within 30 days of the initial placement.

The foster family receives a daily maintenance payment for the child parent and the basic rate for the young child according to the table under Foster Care [Maintenance Payment](#).

The foster family shall provide a portion of the young child's basic rate to the child parent to meet the partial maintenance needs of the young child, as defined in the case permanency plan.

- ◆ For a **group care** placement, determine the maintenance payment for the child according to the Department's reimbursement rules.

The young child maintenance rate is limited to the costs associated with food, clothing, shelter, personal incidentals, and supervision for the young child. It cannot exceed the maintenance rate for the child parent. Costs for day care cannot be included in the rate.

The facility must designate \$35 of the young child rate as an allowance to the child parent to meet some of the maintenance needs of the child. Use of this allowance must be defined in the child parent's permanency plan.

The facility shall provide services to assist the child parent to:

- Obtain a high school diploma or high school equivalency.
- Develop pre-employment skills.
- Establish paternity for the young child whenever appropriate.
- Obtain child support for the young child whenever appropriate, including when paternity is established.

- ◆ For a **supervised apartment living** placement, refer the child to the local office income maintenance unit to apply for FIP. The child in foster care will be subject to all FIP requirements, the same as if the child was not in placement.

### **Reserved Bed Payment**

**Legal reference:** [441 IAC 85.25\(2\)](#), [156.10\(234\)](#)

#### **Policy:**

Payments for reserve bed days shall be made only when the intent of the Department and the care provider is for the child to return to the placement after the absence. Payment shall be canceled and payments returned if the provider refuses to accept the child back.

Allowable reasons for reserved bed payments are as follows:

REASON	SHELTER	FAMILY	GROUP	SAL	PMIC
Family home visit	No	Yes	Yes	NA	Yes
Hospital care	Yes	Yes	Yes	NA	Yes
Runaway	No	Yes	Yes	NA	Yes
Preplacement visit	Yes	Yes	Yes	NA	Yes

#### **Procedure:**

Cancel foster family, group care, or shelter care payment effective the day after:

- ◆ The Department and the foster care provider agree that return to the placement would not be in the child's best interest, or
- ◆ A decision is made by the court or parent in a voluntary placement not to return the child, or
- ◆ The child's absence has reached the limit, unless you have prior written approval of the service area manager, or
- ◆ The child's absence has reached the maximum allowable number of days.

If the care provider refuses to take the child back, cancel the payment and request the provider to return the payment to the Department. See [Correction of Overpayments](#).

NOTE: The PMIC IM worker determines Medicaid eligibility and client participation for reserved bed days. See [8-K, Payment for Reserving a Bed in a Psychiatric Medical Institution](#).

The following example summarizes when and how a reserve bed payment is made to a group care facility:

John is placed in group care. He has a home visit from Friday to Sunday. The facility prepares John for the home visit Thursday evening, because John's social work case manager is picking him up at 7 a.m. Friday morning. John returns to the facility Sunday afternoon.

Maintenance: John is considered absent from the facility Saturday only. The provider can bill for maintenance for Saturday as a reserve bed day, assuming all reserve bed policy requirements are met.

Child Welfare Service: John is considered absent from the facility Saturday only. The provider can bill for group care child welfare service for Saturday as a reserve bed day, assuming all reserve bed policy requirements are met.

### **Absence for Family Visit**

**Legal reference:** [441 IAC 85.25\(2\)](#), [156.10\(234\)](#)

#### **Policy:**

Payment may be made for a reserved bed while a child is on a home visit as follows:

<b>PLACEMENT</b>	<b>NORMAL LIMIT</b>	<b>MAXIMUM ALLOWABLE EXTENSION BY SERVICE AREA MANAGER</b>
Family	14 days	Up to 30 consecutive days
Group	14 days	Up to 30 consecutive days
PMIC	14 consecutive days; 30 days per year	Up to 60 days per year for <b>all</b> absences

The visit shall be consistent with the child's case permanency plan.

#### **Procedure:**

A foster group care facility or PMIC shall:

- ◆ Notify the worker of each visit and its planned length before the visit takes place.
- ◆ Have staff available to provide support to the child and family during the visit.

When reserve bed payment requires approval of the service area manager (more than 14 consecutive days), include the following in the child's case file:

- ◆ The provider's written rationale for the extended period of reserve bed days.
- ◆ The service area manager's written approval.

Also give a copy of service area manager's written approval to the care provider.

### **Absence for Hospital Care**

**Legal reference:** [441 IAC 85.25\(2\)](#), [156.10\(234\)](#)

#### **Policy:**

Payment may be made for a reserved bed while a child hospitalized as follows:

<b>FACILITY</b>	<b>NORMAL LIMIT</b>	<b>MAXIMUM ALLOWABLE EXTENSION BY SERVICE AREA MANAGER</b>
Shelter	14 days	Up to 30 consecutive days
Family	14 days	Up to 30 consecutive days
Group	14 days	Up to 30 consecutive days
PMIC	10 days per calendar month <b>and</b> 10 days in any one stay	Not applicable

The visit shall be consistent with the child's case permanency plan.

#### **Procedure:**

The care provider shall notify the worker:

- ◆ At least 48 hours before a planned hospitalization, or
- ◆ Within 24 hours of an unplanned hospitalization.

A foster group care facility, shelter, or PMIC shall have staff available to provide support to the child and family during the hospitalization.

When reserve bed payment requires approval of the service area manager (more than 14 consecutive days), include the following in the child's case file:

- ◆ The written rationale for the extended period of reserve bed days.
- ◆ The service area manager's written approval.

Also give a copy of service area manager's written approval to the care provider.

### **Absence of Runaway**

**Legal reference:** [441 IAC 85.25\(2\)](#), [156.10\(234\)](#)

#### **Policy:**

Payment may be made for a reserved bed while a child is on the run from a placement as follows:

<b>FACILITY</b>	<b>NORMAL LIMIT</b>	<b>MAXIMUM ALLOWABLE EXTENSION BY SERVICE AREA MANAGER</b>
Family	14 days	Up to 30 consecutive days
Group	14 days	Up to 30 consecutive days
PMIC	14 consecutive days; 30 days per year	Up to 60 days per year for <b>all</b> absences

The visit shall be consistent with the child's case permanency plan.

#### **Procedure:**

The provider shall notify the worker within 24 hours after the child runs away.

When reserve bed payment requires approval of the service area manager (more than 14 consecutive days), include the following in the child's case file:

- ◆ The provider's written rationale for the extended period of reserve bed days.
- ◆ The service area manager's written approval.

Also give a copy of service area manager's written approval to the care provider.

If the child's whereabouts are unknown at the end of the allowable reserve bed period, the IM worker will close the Medicaid case.

**Absence for Preplacement Visit**

**Legal reference:** [441 IAC 85.25\(2\)](#), [156.10\(234\)](#)

**Policy:**

Payment may be made for a reserved bed while a child is on a preplacement to another foster care placement or to an adoptive placement as follows:

FACILITY	NORMAL LIMIT	MAXIMUM ALLOWABLE EXTENSION BY SERVICE AREA MANAGER
Shelter	2 consecutive days	Not applicable
Family	2 consecutive days	Not applicable
Group	2 consecutive days	Not applicable
PMIC	Treat same as family visit	Not applicable

The visit shall be consistent with the child's case permanency plan.

**Procedure:**

Plan for visits jointly with the foster care provider. Do not allow payment for more than two consecutive days of absence for a preplacement visit.

## **Other Payments**

### **Clothing Allowances**

**Legal reference:** [441 IAC 156.8\(1\)](#)

#### **Policy:**

When in the judgment of the social work case manager, clothing is needed at the time the child is removed from the child's home and placed in foster care, an allowance may be authorized to purchase clothing, not to exceed \$237.50. The clothing allowance may be provided in addition to the maintenance payment.

Once during each calendar year that the child remains in foster care, the worker may authorize another clothing allowance when:

- ◆ The child needs clothing to replace lost clothing or because of growth or weight change, and
- ◆ The child does not have escrow funds to cover the cost.

These subsequent allowances shall not exceed:

- ◆ \$190 for a child in foster family care.
- ◆ \$100 for all other levels.

#### **Procedure:**

Since the child and the child's parents are primarily responsible for the cost of the child's care, first approach the parents to supply the needed clothing. If clothing is not available from the child's family, explore the child's financial resources, including the child's escrow account, if any.

If no resources exist, a clothing allowance can be authorized. Document this determination in the case record. Generate reimbursement through the FACS system Special Issuance List (SPIL) screen.

For **foster family** care placements:

1. Determine the immediate clothing needs within the first 30 days of placement. Work with the foster family to determine what clothing items are needed.

2. Give verbal approval to the foster parent to purchase clothing, not to exceed \$237.
3. When the foster family purchases clothing, the foster family shall submit receipts to the worker within 30 days of purchase for auditing purposes, using form 470-1952, *Foster Care Clothing Allowance*.
4. Document the total cost of clothing purchased in the case record, based on the clothing receipts submitted. If the entire allowance has not been spent, the remaining amount may be used as needed to purchase clothing during the year.

For **group** care placements:

1. When a child is placed directly from the child's home and you determine as outlined above that the child needs clothing, you may authorize an initial allowance to purchase clothing.
2. You may authorize subsequent clothing allowances once each calendar year. Keep in mind also that the daily maintenance rate paid to a group care facility also includes funds for clothing for the child.

For **supervised apartment living** placements:

1. Agree on the clothing items needed. Give verbal approval to the child to purchase clothing.
2. The child purchases the clothing and reports the cost of the clothing. Request receipts if there are questions about the use of the clothing allowance.
3. Document the total cost of clothing purchased in the case record, based on the child's statement.
4. If the entire allowance has not been spent during the month the purchases were approved, the remaining amount may be used as needed to purchase clothing during the year.

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### **Foster Family Tangible Goods, Ancillary Services, and Child Care**

**Legal reference:** [441 IAC 156.8\(8\)](#)

#### **Policy:**

To the extent that a foster child's escrow funds are insufficient or not available, the service area manager or designee may authorize reimbursement to foster parents for the following:

- ◆ Ancillary services needed by the foster parent to meet the needs of a special needs child when directed by the *Family Case Plan* (case permanency plan). This includes, but is not limited to, specialized classes for the foster parents.
- ◆ Ancillary services needed by a special needs child including, but not limited to:
  - Recreation fees
  - In-home tutoring
  - Specialized classes not covered by educational funds
- ◆ Tangible goods for a special needs child, including but not limited to:
  - Building modifications (such as a wheelchair ramp)
  - Medical equipment not covered by Medicaid
  - Specialized educational materials not covered by educational funds
  - Communication devices not covered by Medicaid
- ◆ Child care services by a licensed or registered provider when:
  - The foster parents are working and the child is not in school, and
  - The provision of child care is identified in the *Family Case Plan*.

#### **Procedure:**

Document the needs for any of these goods or services in the *Family Case Plan*.

Do not purchase nor allow the foster family to purchase tangible goods, child care, and ancillary services until the service area manager or designee has authorized the purchase. Unauthorized purchases will not be reimbursed.

Submit the request for goods or services to the service area manager for approval on form [470-3056](#), *Request for Tangible Goods, Child Care, and Ancillary Services*. Indicate in the request:

- ◆ Total costs for the items requested.
- ◆ Whether the expenditure is a one-time payment or will occur over a period of time.
- ◆ For child care, the need for child care must be clearly identified and document in the *Family Case Plan* as to why the foster parents cannot care for the child. Child care cannot be provided as a convenience for foster parents.

Ensure that the payment rates for tangible goods and ancillary services are comparable to prevailing community standards.

Reimbursement to foster parents for child care expenses is limited to the rates allowed in Child Care Assistance policy. Follow procedures in [13-G, Establishing Payment Rate](#), to determine the payment rate for child care.

A foster child does not have to be a special needs child to qualify for child-care services. Child-care services must be provided by a licensed foster parent or a licensed child-care provider, when available.

When a foster parent is an in-home child-care provider, sending the foster child to another in-home child-care provider would not be an appropriate use of funding and may traumatize the child.

You must have a bill or invoice, with receipts attached, from the foster parent for expenses incurred before issuing a payment. To process payments, access SPIL and SPIR screens.

### **Foster Family Respite Care**

**Legal reference:** [441 IAC 156.8\(7\)](#)

#### **Policy:**

The service area manager or designee may authorize respite for a child in family foster care for up to 24 days per calendar year per placement. Foster parents may also use respite care for planned vacation as long as the total number of respite days in the calendar year does not exceed 24.

A licensed foster family shall provide the respite care. The family identified as a respite provider must not be above license capacity as the children in placed with the family for respite counts in the family's license capacity.

#### **Procedure:**

1. Use respite care as needed to provide foster parents with a break from the constant demands of caring for a foster child.

The foster family should plan ahead for respite if possible. No exceptions to policy will be granted to extend respite for vacation if the foster parents have used other respite days before vacation.

The family seeking respite care is responsible to make arrangements for respite care with the identified respite provider and then seek approval for the respite placement from DHS. The family may contact another foster family directly to make respite care arrangements.

The DHS licensing worker can assist a foster family in arranging respite care. A family that needs assistance should contact the recruitment and retention contractor at 1-800-243-0756. The contractor will contact the family the next business day and provide respite options.

2. When a foster family requests respite, obtain approval of respite care, by submitting a memo to the service area manager summarizing the reasons for the request. The service area manager's approval of the respite care must be documented in the case record.

3. Inform the recruitment and retention contractor when a respite placement is approved. Send the name of the respite provider and the dates of approval to Iowa Kids Net via e-mail at: [customerservice@iowakidsnet.com](mailto:customerservice@iowakidsnet.com).
4. Maintain documentation of the foster parent's use of respite care in the case plan. Include in the documentation that the child meets the definition of special needs when behavioral needs payments apply.
5. Reimburse a respite care provider at the same daily rate that the child is eligible to receive in the resident foster family home. If an overnight stay is involved, pay the respite family for the day in and successive days but not for the day out. (A respite day does not necessitate an overnight stay of the foster child in the respite family foster home.)

To process payments for respite, access the SERL screen in FACS. Payment for respite care must be made within 12 months of the care. For any payment over 12 months old, the provider must submit a claim to the State Appeals Board.

### **School Fees**

**Legal reference:** [441 IAC 156.8\(6\)](#)

#### **Policy:**

Payment for school fees that are not waived for a child in foster family care or supervised apartment living that exceed \$5 may be authorized in an amount not to exceed \$50 per year. "Required school fees," shall include:

- ◆ Fees required for the participation in school or extracurricular activities, and
- ◆ Fees related to enrolling a child in preschool when a mental health or intellectual disability professional has recommended school attendance.

#### **Procedure:**

1. Make sure that the foster child has applied for a waiver of school fees. See [Education](#) for procedures.

2. If any school fees cannot be waived, approach the parents to pay the child's school fees, since the child and the child's parents are primarily responsible for them. If this is not possible, explore the child's financial resources, including the child's escrow account, if any.
3. If insufficient resources exist:
  - ◆ In the case record document the cost of required school fees in the narrative section. "Extracurricular activities" refer to activities provided by the school that require a fee for participation, such as sports, music lessons, or scouts.
  - ◆ Approve payment of required school fees up to \$50 by entering information on the SPIL and SPIR screens in FACS.

### **Funeral Expenses**

**Legal reference:** [Iowa Code section 234.35](#), [441 IAC 156.8\(5\)](#)

#### **Policy:**

When a child under the guardianship of the Department dies, the Department will pay funeral expenses not covered by the child's resources, insurance, or other death benefits, the child's legal parents, or the child's county of legal settlement, not to exceed \$650.

#### **Procedure:**

When Iowa will pay for funeral expenses, do the following:

- ◆ For a child under Department guardianship with parental rights terminated, approach the county from which the child was placed to assume responsibility for arrangements and expenses.
- ◆ For a child under the guardianship of the Department with parental rights not terminated, approach both the parents and the county from which the child was committed to assume responsibility for arrangements and expenses.

If in need, the parents or guardian may ask the county for assistance from the general relief fund.

- ◆ For costs that are not assumed by the parents or the county of settlement:
  - The funeral director shall submit a claim to the Department on form GAX, *General Accounting Expenditure*, within 90 days after the child's death. See [17-Appendix](#) for instructions on completing the GAX.
  - Forward the GAX to the service area manager with a statement explaining the outcome of contacts with the county and parents.
  - Claims shall be approved by the service area manager.

### **Payment Errors**

**Legal reference:** [Iowa Code section 234.35](#)

**Policy:**

When a foster care provider is paid more or less than the amount due, the department shall rectify the error.

**Procedure:**

Correct underpayments to a **foster family** home by issuing a supplemental warrant. Before making changes in FACS to issue a supplemental warrant, have your supervisor review and approve your calculation of underpayment to ensure that your calculation is correct.

Refer to the FACS desk aide for directions on making payment adjustments for foster group care and juvenile shelter: [\\Hoovr3s1\fac\Desk aides and Tips from the Help desk\Desk aides\FACS Deskaid.docx](#)

If the correction is made before the payment is issued, go to the PAYA screens and make an adjustment. If payment has been issued, make an adjustment on the INVD screen.

### **Correction of Overpayments**

**Legal reference:** [Iowa Code section 234.35](#)

**Policy:**

When a foster care provider is overpaid for foster care maintenance, the Department shall notify the provider in writing to collect the refund.

**Procedure:**

When a foster care provider is overpaid for foster care maintenance:

- ◆ Notify the provider in writing of the overpayment and request a refund,
- ◆ Correct the payment history,
- ◆ Document the notification in the child's case record, and
- ◆ If necessary, request assistance to collect the refund.

An overpayment can be corrected either by return of the warrant or by reimbursement from the foster care provider. When a refund is received:

- ◆ Issue the provider form [470-0009](#), *Official Receipt*.
- ◆ Send the refund and form 470-0025, *Correction of Payment History*, to the DHS Cashier, Hoover State Office Building, Des Moines, Iowa 50319-0114.
- ◆ Send in a screen print of the adjustment in FACS.

If the Department does not receive the refund or a plan for making the refund, do the following:

- ◆ Within ten days of notification by the Department, send a written request to the provider by certified mail.
- ◆ Within 30 days of initial notification by the Department, request the assistance of the service contract specialist or the social work supervisor in direct foster family care services.

A **foster family** that does not return all of the overpayment shall pay at least \$50 per month. Document the monthly amount in the foster family agrees to pay in the family's case file.

An overpayment may exist when the supervised apartment living service end date is in a month before the last month the maintenance payment was made to the child. A payment adjustment entry should be created. FACS will not allow the entry of a service end date until the overpayment adjustment has been created. See [Supervised Apartment Living Payment](#).

**IV-E Eligibility Determination**

**Legal reference:** Title IV-E of the Social Security Act (42 USC 671(a)(15), 672(a)(1), 672(a)(2), 672(a)(4), 672(b), 672(c), and 673)

**Policy:**

The state must document a child’s eligibility for the Title IV-E Foster Care Assistance Program to receive federal reimbursement for state expenditures. The following chart provides an overview of IV-E requirements.

<b>REQUIREMENT:</b>	<b>CONSIDERED FOR:</b>	<b>EXPLANATION:</b>
Legal authority	Initial eligibility	Removal of the child from the home must result from either a court order or a voluntary placement agreement.
Judicial language criteria: Court-ordered removal	Initial eligibility	Language requirements: <ul style="list-style-type: none"> <li>◆ The first court order authorizing removal must contain “contrary to welfare/best interest” language.</li> <li>◆ A court order within 60 days of removal must contain “reasonable efforts to prevent removal” language.</li> </ul>
Meet AFDC guidelines	Initial eligibility	The child must meet AFDC requirements in the removal home at the time of removal including age, citizenship, deprivation, and financial need.
Judicial language criteria: Voluntary placement agreement	Ongoing eligibility	The child can be initially eligible without any court language but to continue eligibility beyond 180 days, there must be a court order containing “contrary to welfare/best interest language” within 180 days of voluntary placement agreement.
Responsibility for placement and care	Initial eligibility, ongoing eligibility, or claimability, depending on situation	DHS or JCS must have initial (and continuous) responsibility for placement and care of the child, via court order or voluntary placement agreement.

REQUIREMENT:	CONSIDERED FOR:	EXPLANATION:
Removal from a specified relative	Initial eligibility	The child must have lived in the "contrary to welfare"/removal home within six months of the removal month, and the removal home must be that of a specified relative.
Claimable placement	Claimability	The child must be placed in a licensed, foster-care-type placement.
Reasonable efforts towards the permanency plan	Claimability	At least every 12 months, a court order must contain a finding that the Department has made "reasonable efforts towards the permanency plan" (RE2).

See 13-B, [DETERMINING TITLE IV-E ELIGIBILITY](#), for detailed information about program requirements and benefits.

**Procedure:**

Since the program has both service and financial eligibility requirements, the eligibility determination is a joint process involving both the service unit and the IV-E unit.

When the child enters out-of-home care for the first time or after a permanent return home, the child's IV-E status must be determined based upon the circumstances of the home from which the child was removed and the authority for removal.

To make this determination, the IV-E IM worker relies upon information provided by the social work case manager or service area liaison, as follows:

STAFF RESPONSIBLE	TASKS
Social work case manager or service area liaison	<ul style="list-style-type: none"> <li>◆ Gathers household demographic and financial information at the time of removal, including citizenship information. See <a href="#">Verification of Citizenship Status</a>.</li> <li>◆ Ensures that recommendations to the court for removal are written with required language. See <a href="#">Judicial Language Criteria</a>.</li> </ul>

STAFF RESPONSIBLE	TASKS
Social work case manager or service area liaison (Cont.)	<ul style="list-style-type: none"> <li>◆ Sends the court order or voluntary placement agreement that authorized removal to the IV-E IM worker, along with the completed form <a href="#">470-3839</a>, <i>IV-E Initial Placement Information</i>, with Section One completed.</li> <li>◆ Completes all FACS system entries. (After entries to the SERL screen, the FACS system generates Report S472N111-01, <i>Foster Care/Subsidized Adoption Exchange</i>, printed on blue paper, to notify the local office that a case has been opened. This report must be forwarded to the IV-E IM worker.)</li> <li>◆ If the child is not currently receiving Medicaid, sends form 470-2927 or 470-2927(S), <i>Health Services Application</i>, to the family or completes it with the family and sends completed application to the IV-E IM worker.</li> <li>◆ Sends subsequent court orders to the IV-E IM worker.</li> </ul>
IV-E IM worker	<ul style="list-style-type: none"> <li>◆ Reviews materials received from the social work case manager or service area liaison and the family for completeness and requests any information needed to complete determinations.</li> <li>◆ Directs any additional requests are to the social work case manager or the service area liaison.</li> <li>◆ Reviews the legal documents to ensure that legal authority and judicial determination requirements are met.</li> <li>◆ Establishes AFDC relatedness for the child.</li> <li>◆ Reviews other criteria discussed in <a href="#">13-B</a>, <u>REQUIREMENTS FOR INITIAL ELIGIBILITY</u>.</li> <li>◆ Completes form 470-3839, <i>IV-E Initial Placement Information</i>, and form 470-3837, <i>IV-E Financial Worksheet</i>, documenting IV-E eligibility.</li> <li>◆ Notifies the social work case manager or service area liaison of the outcome of the IV-E eligibility determination.</li> <li>◆ Completes the IVED screen in FACS and the IV-E tracking database.</li> <li>◆ Establishes the child's Medicaid status according to procedures in Chapter <a href="#">8-H</a>.</li> </ul>

When you become aware of a change in circumstances of the child or the family that might affect the child's eligibility for federal funding for maintenance or Medicaid benefits:

- ◆ Determine the impact of the change,
- ◆ Enter updated information in the FACS system,
- ◆ Complete form 470-3918, *IV-E Changes*, and
- ◆ Provide supporting documentation to the IV-E IM worker (See 13-B, [DETERMINING TITLE IV-E ELIGIBILITY](#), for changes requiring a review of IV-E status.)

### **Judicial Language Criteria**

**Legal reference:** 45 USC 672

### **Policy:**

The service unit is responsible for ensuring that the requirements described in the following sections of Chapter [13-B](#) are met:

- ◆ Determining the correct removal document
- ◆ Removal by court order
- ◆ Removal by voluntary placement agreement
- ◆ Responsibility for placement and care
- ◆ Documentation of judicial determinations required at initial determination

### **Procedure:**

1. Document that the child's placement and care are the responsibility of the Department or of Juvenile Court Services.
2. Assure that:
  - ◆ You provide a copy of the first court order that authorized removal of the child from home; **or**
  - ◆ The voluntary placement agreement removing the child from the home. The voluntary placement agreement must be signed by both parents or guardians and DHS representative.

3. Assure that affidavits, reports, or recommendations to the court contain language indicating that:
  - ◆ Remaining in the home is “contrary to the welfare of the child” or that out of home placement is in the “best interest” of the child; and
  - ◆ “Reasonable efforts were made to prevent the removal” of the child from the home unless the court finds that “aggravated circumstances” exist.

The child is not IV-E eligible until the date of the court order containing “reasonable efforts” to prevent placement language.

4. Assure that a judicial determination is made at least once every 12 months confirming that the Department or of Juvenile Court Services has made “reasonable efforts toward a permanent plan.”

#### **Verification of Citizenship Status**

**Legal reference:** 42 U.S.C. 671(a)(27) and [441 IAC 202.2\(6\)](#)

#### **Policy:**

The citizenship or alien status of a child who is placed in out-of-home care and for whom the state has responsibility for placement and care must be verified.

#### **Procedure:**

Verify the citizenship or immigration status of a child entering out-of-home-care as follows:

1. Check on the ST01 screen whether the child has been active in Iowa for Food Assistance, the Family Investment Program, or Medicaid. If so, record the citizenship status as indicated in the eligibility system.
2. If the child’s citizenship status has not been verified through an income maintenance program, ask the child’s parent or legal guardian to complete and sign form 470–4500, *Statement of Citizenship Status: Foster Care*.

3. If the child is in out-of-home placement for 60 days or longer, request further documentation as follows:
  - ◆ If the child is declared a United States citizen or national, the primary source of documentation is the child's birth certificate. Use RC-0085, *Guide for Citizenship and Identification*, as a tool to work through the other kinds of documents that may be available. (See [6-Appendix](#).)
  - ◆ If the child is declared an alien, the most common documentation is Form I-94, *Arrival/Departure Record*. Refer to [8-L, Alien Documentation Chart](#), for more information on acceptable documentation.
4. When you receive documentation, place a copy of it in the service case file and forward a copy to the IV-E eligibility Unit.

### **Liability for Cost of Care**

**Legal reference:** [Iowa Code section 234.39](#); [441 IAC 95.2\(1\)](#) and [156.2\(234\)](#)

#### **Policy:**

The primary responsibility for paying the cost of foster care maintenance and services rests with the child and the child's parents. The custodial parent shall assign any child support for the child to the Department. The Department shall recover the cost of foster care from:

- ◆ The child's unearned income,
- ◆ Child support from a noncustodial parent, and
- ◆ Parental liability from custodial parents.

The Department shall notify the child's parents or guardians at the time of the placement of the child in foster care, of the responsibility for paying the cost of care and services.

#### **Procedure:**

As the service worker for a child in foster care, you are responsible to:

1. Before or at the time of a child's placement in foster care, notify the child's parents or guardians of their responsibility for paying the cost of care and services. Provide the brochure Comm. 136, "What You Need to Know About Paying Child Support While Your Child Is in Foster Care," to parents of all children placed in foster care.

2. Refer the parents to FCRU through the FACS system (ICAR referral) within two working days of placement. See [Referral to Foster Care Recovery Unit](#) for information on making a referral. FCRU staff is responsible for the establishment and collection of child support.
3. Report any information you have regarding the child's unearned and earned income to the Foster Care Accounting Unit. This responsibility includes:
  - ◆ Determining if the child has income or financial resources.
  - ◆ Administering excess financial resources.

### **Referral to Foster Care Recovery Unit**

**Legal reference:** [441 IAC 95.2\(1\)](#) and [441 IAC Chapter 99](#)

#### **Policy:**

The amount of parental liability shall be set by court order or by an administrative order filed by the Foster Care Recovery Unit (FCRU) in the Bureau of Child Support Recovery and paid to the Collections Services Center.

Referrals to the FCRU are required for **all** children in:

- ◆ Family foster care.
- ◆ Group care.
- ◆ Shelter care.
- ◆ Supervised apartment living.

Referrals are **not** required for children in:

- ◆ PMIC placement.
- ◆ Other Medicaid placements (i.e., Iowa Plan).
- ◆ Subsidized adoption.

The policies and procedures for FCRU determination and collection of child support are found in 10-H, [DETERMINING CHILD SUPPORT OBLIGATIONS](#), and 10-I, [ADMINISTRATIVE ESTABLISHMENT OF SUPPORT](#).

**Procedure:**

It is essential for you and the FCRU staff to work together on issues related to determining child support. Entries made on the FACS or ICAR systems are communicated to the assigned workers through the automated systems.

As soon as you enter placement information in FACS, an alert appears on the ALERT screen telling you to do an **ICAR** referral. Make a referral to the FCRU within **two working days** of placement.

Referrals are completed through the ICSC linking screen between the Family and Children's Service (FACS) system and ICAR, the child support computer system. Once you have completed the ICSC screen to create the link, updated information from FACS is automatically transferred into ICAR.

Entry instructions for accessing ICAR:

1. At **PSNM**, access the Client Detail (CLTD) screen for the foster child you need to refer.
2. At the CLTD screen, press F8 to go to ICSC, the 'link' screen between FACS and ICAR. NOTE: If the information was **not** in FACS it will **not** be in ICAR. If no parents' names are present on ICSC, go back to RELL/RELD and add them now.
3. Refer each parent by entering 'Y' by the parent's name in the "REFER" column on ICSC. Only one parent can be linked at a time.
4. Then press PF7 to call up the ICAR menu screen and select CASEMATCH. CASEMATCH displays existing ICAR cases for a family and the persons associated with each case. In each case, the payee is listed first, the payor second, and then the children.
5. The previous status of an ICAR case may present a variety of options for you to select from on CASEMATCH:
  - ◆ The CASEMATCH screen may be blank if neither parent has ever had an ICAR case before.
  - ◆ If a parent has received income maintenance aid or has had assistance collecting child support, multiple previous cases may be represented on the CASEMATCH screen.

DHS may be listed as payee if the child has been in foster care before.

If no possible match exists, a message to that effect will be displayed. Continue to the REFER2 screen (step 5) and enter all available information.

6. If a possible match exists for the child you are referring, there should be a message to that effect at the bottom of the screen. All possible matches will be highlighted in a lighter color on the screen. Select the applicable case by entering an 'X' in the 'SEL' column.

Select only a case that displays the parent you referred on ICSC **and** lists that parent as a payor with the foster child's name underneath. (When you are referring the custodial parent, do not select a case where the custodial parent was the payee receiving support from the other parent.)

In the following example, there are two previous ICAR cases involving the mother:

D479HR50	IOWA COLLECTION AND REPORTING SYSTEM			DATE	01/15/97
	IABC/FACS/ICAR CASE MATCH			TIME	16:15:10
IABC CASE NUMBER		STATE ID	000010B	Page:	0001
SEL ICAR CASE	NAME	ACCT	PER. INFO	STATE ID	ROLE
1101001	Susan Example		000000000	000010B	Payee
	Steve Example		222222222	000011C	Payor
	Jenny Example	10	333333333	000111A	Child
1202002	DHS FOSTER CARE STATE OF IOWA				Payee
	Susan Example		000000000	000010B	Payor
	Jenny Example	10	333333333	000111A	Child
PF5=INQUIRY, PF6=REFER2, PF7=PAGE BACK, PF8=PAGE FORWARD, ENTER=SELECT DETAIL					
NEXT SCREEN:       NOTES:					
ENTER STATE ID AND PRESS PF5 TO INQUIRE					

The correct case to select when referring the mother is the previous foster care case, where the mother was the payor of support to the Department.

When both parents are correctly linked in this example, the ICSC screen will appear as follows:

ICSC#	IOWA DHS SYSTEM				DATE	01/15/97	
STATE ID NAME	REFER	ROLE	A/D/R	CASE NUMBER	ICAR NUM	Payee/Child NA DATE	
FIRST LAST	TI	(Y, N)					
000111A	-----			F-1999999D-0			
Jenny Example							
000010B	105 ICAR MOTHER	Y	F	F-1999999D-0	1202002	01/15/97	
Susan Example							
000011C	106 ICAR FATHER	Y	F	F-1999999D-0	1101001	01/15/97	
Steven Example							
*1=STOP 2=FRWD 3=NEXT SCRIN 4=MORE DATA 6=UPDT 7=SRCH 8=EDIT CD/SCRN:							
SID:		IABC:		FACS:		ICAR:	

7. Call up the REFER 2 screen by pressing PF6 on the CASEMATCH screen after you have selected a case to link. The REFER 2 screen describes noncustodial parents. When a child is in foster care, both parents are considered "noncustodial" for FCRU purposes.

```
D479HR51          IOWA COLLECTION AND REPORTING SYSTEM          DATE 01/15/97
                  IABC/ICAR -REFER2- NCP DATA          TIME 16:18:44
IABC CASE NUMBER:          IABC NUMBER:
ALLEGED FATHER....:      GOOD CAUSE.:
*** ENTER NON-CUSTODIAL PARENT DATA BELOW ***
NAME (LFMS).....:          :          :          :
SEX (F/M).....:          SSN.....:          BIRTHDATE:
RACE.....: WEIGHT...: HEIGHT...: HAIR...: EYES...:
SIBLING(S) IN PLACEMENT? (FOR FC REFERRALS ONLY):
ADDRESS LINE 1...:
ADDRESS LINE 2...:
CITY/STATE/ZIP.....:          :          :          COUNTRY:
PHONE NUMBER...:          -
EMPLOYER NAME...:
ADDRESS LINE 1...:
ADDRESS LINE 2...:
CITY/STATE/ZIP.....:
COMMENTS:
PF2=ADD, PF3=MODIFY, PF5=INQUIRY, PF6=REFER3, PF7=BACK, PF8=FORWARD,
PF9=REFRESH, PF10=ICSC SCREEN
NEXT SCREEN          NOTES
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

8. If no information is present on REFER 2, you may enter only required fields. Other information will automatically be entered once the link to FACS is completed.

Close the FACS foster care case timely, as FCRU will continue to assume a liability and to charge the parents until the case is closed. Once foster care services are closed on FACS, FACS sends the exit to ICAR and the FCRU will take appropriate action.

## **Child's Income and Resources**

### **Application of Unearned Income**

**Legal reference:** [441 IAC 156.2\(234\)](#) and [156.16\(234\)](#)

#### **Policy:**

The Department shall become payee for any unearned income the child receives and use it to offset the cost of foster care.

#### **Procedure:**

When is child is placed in foster care:

1. Work with the child's parents to ascertain whether there are any benefits or financial resources potentially available for the child.
2. Encourage the child's parents to apply for benefits and cooperate in obtaining financial resources available for the child. Proceed to apply on behalf of the child if the parents fail to do so in a timely manner.

Prompt action is necessary to prevent loss of benefits for which the child may be eligible. In many cases the date of the application determines the beginning of the payment, even if the child is eligible before that time.

3. If a child has a disability or the child's parent is deceased or disabled and is receiving benefits for the child, complete form 470-3361, *SSI Advocacy Project Referral*, to make a referral to the SSI Advocacy contractor to:
  - ◆ Determine eligibility for Supplemental Security Income (SSI) or Social Security Disability Income (also known as Title II or SSDI) on the child's behalf; or
  - ◆ Change the payee for the child's benefits to the Department of Human Services if the child is already receiving SSI or SSDI.
4. For trust funds, obtain the legal document establishing the trust. Since there may be considerable variation in the terms of trusts, assistance from the service help desk or a legal resource may be necessary to understanding the terms of the document.

- ◆ When a bona fide trust exists, approach the trustee, seeking to have DHS made payee for the income of the trust.
- ◆ If sufficient funds are not available from the trust to meet the total cost of care, request the trustee to petition the district court to release funds to cover the cost of foster care maintenance (or as much of the cost of maintenance as possible).
- ◆ If the trustee is unwilling to present the petition, request that the child, the child's parent, or representative present a petition (through an attorney).
- ◆ If the child, parent or responsible person refuses to cooperate, refer the case to the Foster Care Recovery Unit for the establishment of a child support obligation.

DHS **does not** have the authority to stop foster care payment when the court has ordered that the child be placed in foster care.

### **Escrow Account**

**Legal reference:** [Iowa Code section 234.37](#); [441 IAC 156.15\(234\)](#) and [156.2\(234\)](#)

### **Policy:**

The Department shall establish an escrow account for the remainder of a child's income that is not applied to meet the cost of services.

### **Procedure:**

The amount of available escrow funds can be viewed on the FACS FINS screen and is updated quarterly. Monitor the funds in escrow as the client prepares to leave care or to check to see if funds are available, if needed.

A payee must use benefits in the best interests of the beneficiary, according to the payee's best judgment. Visit the Social Security website at <http://www.ssa.gov/payee/faqrep.htm> to determine how funds can be used. Typically, benefits should be used for current needs such as

- ◆ Food, clothing, shelter, utilities;
- ◆ Dental and medical care;
- ◆ Personal comfort items; or
- ◆ Reasonably foreseeable needs.

When you need funds **withdrawn** from an escrow account:

1. Fill out form 470-3725, *Foster Care Escrow Account Transaction*, with the name of the person who the check is to go to and the amount of the withdrawal. The signature of a service area manager is required.
2. When the form is completed, send it to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll, as indicated on the form.
  - ◆ Bureau staff fill out a withdrawal slip and forward it to the bank where the escrow account is maintained.
  - ◆ The bank sends the money back to Bureau of Purchasing, Payments, Receipts and Payroll to record the withdrawal.
  - ◆ The Bureau then sends the check the person authorized to receive the money.
3. Keep in touch with the payee to determine whether the funds have been delivered. Alternatively, you may check the FINS screen periodically to see if the funds have been dispersed.

When a child leaves care and an account needs to be **closed**:

1. Fill out form 470-3725, *Foster Care Escrow Account Transaction*, with the name of the person who the funds are to go to and the amount of the withdrawal. The signature of a service area manager is required.
2. When the form is completed, send it to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments, Receipts and Payroll, as indicated on the form.
  - ◆ Bureau staff fill out a withdrawal slip and forward it to the bank where the escrow account is maintained.
  - ◆ The bank sends the remaining funds, including interest, to the Social Security Administration.
  - ◆ The Social Security Administration will then forward the funds to the client (if the client has aged out of care) or to the new payee.

### **Child's Earned Income**

**Legal reference:** [441 IAC 156.15\(234\)](#)

#### **Policy:**

The use of earned income of a child who is a full-time student or is engaged in an educational or training program is to be part of the child's plan for service. However, none of this income is to be used towards the cost of care.

### **Health Care Resources**

#### **Policy:**

Private health insurance benefits are used for the cost of medical care for children in foster care before the use of Medicaid benefits.

#### **Procedure:**

Some private health insurance policies pay both maintenance and services costs of care in some types of group care facilities, such as substance abuse facilities. When this happens, the insurance payment is applied to the cost of foster care.

### **Liability for Negligent Supervision of a Foster Child**

**Legal reference:** [Iowa Code Chapter 669](#)

#### **Policy:**

The state of Iowa or its employees may be liable for damages caused by the acts of a child in connection with foster care, but only in cases where the state has guardianship or custody of the child and only when employees of the state are negligent in their supervision of such child.

Claims alleging negligence by state employees, officials, or Departments (tort claims) must be made through the State Appeal Board in the Department of Management.

#### **Procedure:**

Persons desiring to make claim against the state should be advised to consult the State Appeal Board website at <http://www.dom.state.ia.us/appeals/> for the proper forms and procedure to follow in making a claim. Do not make any commitment to a person making a claim that the state will or will not pay the claim.

After a claim has been filed against the state and the Appeals Board has notified the Department, the following procedure shall apply:

1. All claims coming from the State Appeal Board will be logged in and out through the Division of Fiscal Management.
2. Requests for validation statements, comments, and attachments will be forwarded to the operational unit involved.
3. That unit shall forward a response to its division administrator within 10 days. Validations for these claims should contain incident reports, investigation reports, medical reports, a copy of the laws and administrative rules in effect at the time of the accident or loss.
4. The division administrator shall determine whether further legal assistance is desirable. If not, the claim shall be returned to Division of Fiscal Management.
5. All claims should be spoken to within 14 days. Under no circumstances should any material be sent directly to the State Appeal Board without first going through this process.

The question of negligence of the state or its employees is a legal question. The State Appeal Board determines whether negligence exists through the Tort Claims Division of the Attorney General's Office. See also [23-G, Reimbursement of Other Claims](#).

## **Periodic Reviews**

**Legal reference:** Public Law 96-272; [441 IAC 130.7\(234\)](#) and [202.6\(4\) and \(5\)](#)

### **Policy:**

At least every six months, the child's case plan must be reviewed and the case presented to a review body following local protocols.

Federal law requires a review "conducted by a panel of appropriate people, at least one of whom is not responsible for the case management of or the delivery of services to either the child or the parents." At least three people should take part in the review.

Regardless of the type of review, the review shall:

- ◆ Evaluate the continuing necessity for foster care placement.
- ◆ Evaluate the continuing appropriateness of the 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.
- ◆ 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, if applicable.
- ◆ Determine whether, in accordance with [17-C\(1\), Timelines for Permanency](#), it is appropriate to initiate the termination of parental rights.

### **Procedure:**

Complete a new case permanency plan ("Child Placement Plan" section of the *Family Case Plan*) at least every six months or more often when there are significant changes or when required by the court. For more information on review requirements, see [17-C, Reviewing the Case Plan](#).

Update the "Review" section of the *Family Case Plan*:

- ◆ At least every six months, or more often,
- ◆ When there are significant changes, and
- ◆ Before any judicial or administrative review.

When a service authorization is modified, inform the provider using form [470-3055](#), *Referral and Authorization for Child Welfare Services*, or form 470-5081, *Placement Agreement and Service Authorization for Supervised Apartment Living (SAL)*.

There are three options for meeting the periodic review requirement:

- ◆ Court hearing: This is the option used by most jurisdictions in Iowa.
- ◆ Iowa Citizen Foster Care Review Board: Local foster care review boards composed of volunteers representing various disciplines conduct administrative reviews in various counties throughout the state from all judicial districts except the Fourth Judicial District.
- ◆ DHS administrative review: This option is used most often for initial placement reviews. The DHS can also be used to ensure compliance with federal law when a review conducted by the court or a Citizens Review Board:
  - Will fall outside the six month time frame, or
  - Fails to cover the required elements.

Present the case to a review committee of the Department or a local foster care review board or to a court at least every six months. A family team decision making meeting may be held in conjunction with the review committee meeting as long as the review requirements are met.

### **Court Reviews**

**Legal reference:** [Iowa Code section 232.102\(9\)](#)

#### **Policy:**

When custody of a child has been transferred pursuant to a child in need of assistance adjudication, the Department shall file a written report with the court at least every six months concerning the status and progress of the child. The court shall hold a periodic dispositional review hearing for each child in placement.

#### **Procedure:**

Follow local court protocol in completing recommendations to the court. Become familiar with the Adoption Safe Families Act (ASFA) provisions and case requirements so that recommendations to the court can include and incorporate those requirements.

- ◆ Ensure that all pertinent information is provided so that the court can make required determinations.
- ◆ Provide necessary information that supports a “contrary to the welfare” determination if a child is being removed from the home.
- ◆ Request in your recommendations that the court determine whether or not “continuation in the home is contrary to the welfare of the child.”
- ◆ Assess alternatives to foster care, including noncustodial parent and relative placement, and provide the court with specific information regarding suitability of placement (See 13-D, [GUARDIANSHIP](#)).
- ◆ Provide the court with documentation in the case plan of reasonable efforts made to prevent placement and progress made to achieve permanency.

### **Iowa Citizen’s Foster Care Review Board**

**Legal reference:** [Iowa Code sections 237.20](#) and [237.21](#)

#### **Policy:**

The Iowa Citizen’s Foster Care Review Board is authorized to conduct foster care administrative reviews in various counties throughout the state. Local foster care review boards composed of volunteers representing various disciplines conduct the reviews. Each volunteer receives training before sitting on a board.

#### **Procedure:**

A judicial district program coordinator supervises the local board programming. Each board also has a paid facilitator who is responsible for ensuring the case review process is correctly followed. The review board volunteers are bound by the same standard of confidentiality as DHS workers.

Iowa law gives local review boards access to information about children in care. Follow local protocol to send the board a copy of the *Family Case Plan*, form 470-3453, and supporting documentation, such as the *Child Abuse Assessment Summary* when the report is founded and placed on the Registry.

Where operating, the local foster care review board will:

- ◆ Schedule case reviews 180 days after placement and every six months until discharge;
- ◆ Track the timelines for reviews;
- ◆ Notify and invite participants;
- ◆ Host the meeting; and
- ◆ Provide a written report to the court, the family, and the Department.

Department workers must attend and participate in the review. If you cannot attend in person, provide a written report to the local review board according to local procedure. If the worker disagrees with the review findings or recommendations, the worker responds during the review or submits a statement to the local board and the court within ten working days of receiving the local board's report. The response explains the reasons the worker disagrees with the board's findings or does not plan to implement the board's recommendations.

These reviews meet Iowa and federal requirements for foster care case reviews. They take the place of Department administrative reviews. However, if for some reason the local foster care review board does not schedule a review within the timelines set out in state and federal regulations, the Department local office must schedule and hold a review.

### **Administrative Review**

**Legal reference:** Sections 427(a)(2)(A), 471(a)(16), and 475(5) and (6) of the Social Security Act; 45 CFR 1356; [Iowa Code section 237.19](#); [441 IAC 202.2\(5\)](#) and [202.6\(4\)](#)

### **Policy:**

A review committee shall evaluate the need for foster care and the efforts to prevent placement:

- ◆ Before placement or, for emergency placements only, within 30 days after the date of placement.
- ◆ Foster care cases under the supervision of the Department shall be presented to a review committee every six months in conjunction with the case plan review while the child is in foster care, unless a court review or review board review has been done.

Review committee recommendations shall be advisory to the Department. A written summary of the review recommendations shall be sent to the child's parents or guardian following the review.

**Procedure:**

Follow these guidelines when conducting administrative reviews.

- ◆ When a child comes into foster care through an emergency placement, present the case to the review committee within 30 days after the date of placement. The purpose of the review is to evaluate the need for foster care and the efforts to prevent placement.
- ◆ The aim of the review process is to foster a team approach to case planning and consensus among the participants. The purpose of the six month review is to review the status of the case and assess compliance with agency policies and procedures. Each service area has discretion at what point the case is presented to the review committee.

Review committee recommendations are advisory to the placing worker and supervisor, who are responsible for the development of the Department case plan and reports and recommendations to the court.

**Participation on the Review Committee**

**Legal reference:** 45 CFR 1356; [441 IAC 202.2\(5\)](#)

**Policy:**

The review shall meet the following requirements:

- ◆ Department staff on the review committee shall be:
  - The child's social work case manager,
  - A supervisor knowledgeable in child welfare, and
  - One or more other persons appointed by the service area manager.
- ◆ At least one member of the review committee shall be someone without responsibility for the case management or the delivery of services to either the child under review or the child's parents or guardian.
- ◆ Written notice of the review shall be sent to the child's parents or guardian at least five working days before the date of the review.

- ◆ The present foster care provider, if any, shall be notified of the review and have the opportunity to participate.
- ◆ Other persons may be invited to the review with the consent of the parents or guardian. The review shall be open to the participation of:
  - The parents or guardian of the child,
  - Local and area education staff,
  - Juvenile court staff,
  - The guardian ad litem,
  - Current service providers, and
  - Previous service providers who have maintained a license.

**Procedure:**

1. Ensure that:
  - ◆ Required participants are included on the review committee; and
  - ◆ The review is chaired by a staff member who is not involved in services to the family whose child's placement is under review.
2. Invite the following people to the review:
  - ◆ The custodial and noncustodial parents.
  - ◆ The child in placement if over age ten.
  - ◆ The child's guardian and guardian ad litem.
  - ◆ The present foster care provider.
  - ◆ Current service providers.
  - ◆ Local and area education staff.
  - ◆ Juvenile court staff.

Children have the option to participate in the review if they wish. Participation is strongly recommended for children aged 14 or over.

The service area may request the participation of other professionals knowledgeable in child welfare.

Other people, such as previous services providers, may be invited to the review with the consent of each parent or the guardian.

3. Use form [470-0714](#), *Foster Care Review Notice*, to notify the parents, foster parents, guardian ad litem, and all others who are not participating under the terms of an interagency agreement of the place and time of the review at least five working days before the review meeting. Provide notice to participants from other agencies in any form mutually agreeable.
4. Prepare participants for the review as follows:
  - ◆ Make information about the child's current case plan available to all participants.
  - ◆ Give participants the opportunity to submit written comments for consideration at the review.
  - ◆ Familiarize participants with the format and purpose of the meeting before they attend the review.
  - ◆ Encourage them to express opinions and observations during the review.
  - ◆ Allow them to question other participants.
  - ◆ Encourage them to provide contact information for relatives who may provide support to the parents and the child.
5. As part of the review, consider concurrent planning, which is the decision to pursue reunification simultaneously with another permanency goal. (See [17-C\(1\)](#), Concurrent Planning for Children in Placement.) Throughout the life of the case, continue to look for relatives who would support the child and may take placement of the child.
6. Every six months, consider whether there are grounds to request termination of parental rights. Document in the review summary:
  - ◆ The decision whether to request termination of parental rights or to pursue another option developed in the concurrent plan.
  - ◆ The rationale for this decision.
7. Send a written summary of the review recommendations to the child's parents or guardian following the review. Other participants may receive a copy of the summary on request.

### **Confidentiality of Review Information**

**Legal reference:** [Iowa Code sections 217.30; 441 IAC 9.3\(3\)"d"](#)

#### **Policy:**

Provide safeguards to ensure that confidential information about children and their families is not subject to unauthorized use or disclosure.

#### **Procedure:**

Resolve questions about confidentiality with the parents and the child, since the purpose of the confidentiality policy is to protect them.

- ◆ Information can be released without the client's authorization to agencies providing services under a contract or other agreement with the Department. Agencies with a child welfare service contract and licensed foster families are covered under this provision.

However, confidential information regarding HIV status cannot be released without a specific release signed by the parent or guardian, or as authorized by the juvenile court.

- ◆ When an agency that will frequently be involved in the review process does not have a service contract, such as an area education agency or probation office, draw up an agreement between the agency and the Department specifying the agency's role in the review committee process and the mutual confidentiality standards of the two agencies.
- ◆ For a person or agency whose involvement in the review process will be irregular or related to one specific case and who is not a licensed provider, obtain an authorization for release of information from the client's parent or guardian. The guardian ad litem is eligible to receive information as the client's representative.
- ◆ Remind all participants of the confidentiality restrictions at the time of the review.
- ◆ If you believe that information to be discussed in the review will be damaging to the child or to the parents, communicate these concerns to the chair of the committee in advance. If the chair finds the information essential to the review and agrees with your assessment, the chair may restrict the audience for that information.

### **Review of Payment Determinations**

**Legal reference:** Public Law 104-193, 105-89; 45 CFR 1356.21(m)

**Policy:**

Every six months, the Department shall do a complete review of the payment determinations.

**Procedure:**

If initial eligibility and changes are maintained, no action is required on the part of the case manager for periodic reviews of payment determination. The child's initial eligibility is primarily based upon the legal authority for the child's removal and the type of home from which the child was removed. These factors are considered for the time of the child's removal only.

The child's ongoing eligibility is dependent upon the child continuing to meet certain criteria, which when no longer met, terminate or suspend the child's eligibility for IV-E. These factors must be considered on an ongoing basis.

These requirements relate to the child's current situation, rather than the circumstances at the time of the child's removal from the home. See [13-B, REQUIREMENTS FOR ONGOING ELIGIBILITY](#).

Facilitate the review the child's eligibility for Medicaid and IV E as needed.

- ◆ For IV-E determinations, see [Reviews of IV-E and Medicaid Eligibility](#).
- ◆ For Medicaid, see [Medicaid Eligibility](#).
- ◆ SSI Advocacy project staff will review children's SSI eligibility as needed. See [Application of Unearned Income](#) for additional information.

Complete eligibility reviews as described below. Should questions arise, contact the IV-E unit for clarification.

### **Report of Changes**

**Legal reference:** Public Law 104-193, 105-89; 45 CFR 1356

#### **Policy:**

When a social work case manager becomes aware of a change in circumstances of the child or the family that may affect the amount of support available to a child or the child's eligibility for federal funding for maintenance or Medicaid benefits, the case manager shall provide supporting documentation to IV-E IM worker.

#### **Procedure:**

When there is a placement change, send documentation, such as a new court order, to the IV-E income maintenance worker using form 470-3918, *IV-E Changes*. The IV-E worker determines if the change affects the child's eligibility.

Eligibility for IV-E maintenance funding for group care is available only for children placed in:

- ◆ Licensed private child care facilities.
- ◆ Approved public child care facilities with a capacity of 25 beds or less.

A child placed in a locked unit of a facility is not eligible for IV-E maintenance funds, even though otherwise eligible. The following Iowa facilities operate locked units:

- ◆ The Leslie Unit for delinquent male adolescents of Family Resources, Inc. (Davenport, Iowa)
- ◆ Four Oaks STOP #2 program (Cedar Rapids, Iowa)

### **Reviews of IV-E and Medicaid Eligibility**

**Legal reference:** [441 IAC 76.7\(249A\)](#)

#### **Policy:**

Reviews of IV-E or Medicaid eligibility for children in foster care shall be conducted when there is a change in the child's circumstances that may affect IV-E or Medicaid eligibility. Additionally, annual Medicaid reviews are required if the child is not IV-E eligible.

#### **Procedure:**

Cooperate in the review of the youth's eligibility for IV-E and Medicaid as needed. See 13-B, [DETERMINING TITLE IV-E ELIGIBILITY](#), for changes requiring a review of IV-E status and [8-H, Reviews](#).

Medicaid review forms shall be completed by the parents, by the child, or by a responsible person acting on the child's behalf. If additional information is needed to complete the review, assist in obtaining the information.

When the parent or responsible person fails to complete the review form and return it by the end of the month before the review month, the IV-E IM worker will contact you. Complete and return the review form to the IV-E IM worker.

If the review is not completed by the end of the review month, the Medicaid coverage group will be changed to state-only, and your supervisor will be notified that the form was not returned and is still needed. When the review form is returned, Medicaid eligibility will be re-established under a different coverage group, if possible.

Whenever possible, the Medicaid review should coincide with the service review. However, reviews of Medicaid eligibility shall not be delayed past the regularly scheduled review in order to coincide with the service review.

In addition to the time frames specified, eligibility shall be redetermined when there are changes in the child's circumstances that may affect eligibility. Changes that may affect eligibility include, but are not limited to, changes in income, resources, living arrangement, or length of placement, and pregnancy.

### **PMIC Level of Care Reviews**

**Legal reference:** [441 IAC 76.7\(249A\)](#) and [85.24\(1\)"f"](#)

#### **Policy:**

The Iowa Medicaid Enterprise Medical Services Unit shall determine the medical necessity of a child's continued stay in a PMIC. Medicaid payment shall not be approved for stays that are not medically necessary.

#### **Procedure:**

Medicaid eligibility shall be reviewed when there is a change which could affect eligibility, or at a minimum of every six months for FIP-related cases or every 12 months for SSI-related cases.

### **Ending Out-of-Home Placement**

**Legal reference:** [441 IAC 202.13\(2\)](#)

#### **Policy:**

The Department may remove a child from a foster care placement when:

- ◆ There is evidence of abuse, neglect, or exploitation of the child;
- ◆ The child needs a specialized service that the placement does not offer;
- ◆ The child's lack of progress shows inability to benefit from the placement;
- ◆ There is evidence that the placement is unable to provide the care needed by the child and to fulfill its responsibilities under the case plan; or
- ◆ There is a lack of cooperation of the care provider with the Department.

#### **Procedure:**

When any type of child abuse is suspected in a placement:

1. Make an immediate referral to the Child Protective Services Unit as directed in [17-B\(4\), Topic 2, Procedures for Assessments in Out-of-Home Settings](#).

The assessment shall be carried out jointly by the protective service worker and the licensing worker to develop a record independent of the abuse report.

2. Also communicate the report of suspected abuse to your supervisor and the licensing specialist for the placement.
3. Inform a foster family of the support services that may be available through the Iowa Foster and Adoptive and Parent Association website, [www.ifapa.org](http://www.ifapa.org); or by phone toll-free at 800-277-8145.

Also end a placement when one of the following occurs:

- ◆ The child has left placement and the whereabouts of the child are unknown. (See [Response to Unauthorized Absence From Placement](#).)
- ◆ The care provider requests the child be moved. Although a foster family is required to provide ten days' notice, circumstances may result in shorter notice.
- ◆ The Department revokes the care provider's license.

If the removal is a result of concerns about a foster parent:

1. Document those concerns in the case record.
2. Counsel the foster family on how to alleviate the concerns, and document the family's response. Enlist the support of the recruitment and retention contractor and IFAPA.
3. Report this information to the DHS and provider's licensing worker.
4. Obtain supervisory approval to initiate action to remove the child from the placement.
5. Notify the care provider as directed under [Notice and Explanation of Removal](#). Make the necessary changes in FACS and in the child's case permanency plan.

### **Notice and Explanation of Removal**

**Legal reference:** [441 IAC 202.13\(1\)](#)

#### **Policy:**

When the Department plans to remove a child from a placement, the care provider shall be informed in writing of:

- ◆ The date of the removal,
- ◆ The reason for the removal,
- ◆ The recourse available, if any, and
- ◆ That the contested case (appeal) proceeding does not apply to the removal.

The care provider shall be informed ten days in advance of the removal, except when:

- ◆ The court orders removal of a child from placement, or
- ◆ There is evidence of neglect or physical or sexual abuse.

**Procedure:**

When termination results from a court order, parental demand for the child's return under a voluntary placement agreement, or the child's death or unauthorized absence, the requirement to inform the provider ten days in advance does not apply.

When the placement is terminated because the child has left, issue the form on the day the decision is made.

For a foster family placement, issue notice on form [470-0718](#), *Foster Family Removal Letter*, at least ten days before the termination. Clearly state the reasons for termination of the placement. In a removal resulting from abuse, you may hand-deliver the form when picking up the child. The service area manager or designee must approve all variances from this notice period.

**Foster Family Conference**

**Legal reference:** [441 IAC 202.13\(3\)](#)

**Policy:**

If a foster family objects in writing within seven days from the date that the Department furnishes notice of plans to remove the child, the service area manager shall grant a conference to the foster family to determine that the removal is in the child's best interest.

This conference shall not be construed to be a contested case under the Iowa Code Chapter 17A. The foster family does not have the right of appeal on the removal of a child.

**Procedure:**

Hold the foster family conference before the child is removed when ten-day notice of removal is required (when removal is at the Department's discretion and suspected abuse or license revocation is not involved).

If the removal is delayed to accommodate the foster family conference, it is not necessary to issue form 470-0178, *Foster Family Removal Letter*, a second time.

The service area manager shall:

- ◆ Review the propriety of the removal,
- ◆ Determine whether removal is in the child's best interest, and
- ◆ Explain the decision to the foster parents.

If the service area manager finds the removal is not in the child's best interests, the service area manager may overrule the decision to remove the child, unless:

- ◆ The removal was ordered by a court or
- ◆ The parents terminated a voluntary placement agreement.

Document the service area manager's decision in the case record.

### **Move to Another Placement**

**Legal reference:** [441 IAC 202.11\(1\)](#)

#### **Policy:**

The service worker shall counsel the child in adjusting to the placement.

#### **Procedure:**

When the child moves from one family foster home to another:

1. Complete a new *Foster Family Placement Contract*, form [470-0716](#). Contact the recruitment and retention contractor and give them the name of the foster family where the child was placed.
2. Use the same policies and procedures for initial family foster care placement.
3. Add new information on the FOSD screen.

When the child moves to a different level of care, follow the appropriate procedures for the level of care. See [Selecting Placement Type Needed](#). Use the same policies and procedures for an initial placement.

### **Closing Placement Services**

**Legal reference:** [Iowa Code sections 234.1](#) and [234.35](#); [441 IAC 202.1\(234\)](#) and [202.14\(234\)](#)

#### **Policy:**

Foster care services shall be terminated when:

- ◆ The permanency goal in the case permanency plan has been achieved, or
- ◆ The juvenile court has terminated services,
- ◆ The child is no longer an eligible child (e.g., due to age),
- ◆ The family or youth in a voluntary placement is unwilling to accept further services.

See also [17-D](#), [Closing a Case](#) and [Adverse Service Actions](#).

#### **Procedure:**

After a careful review, determine if any of the following conditions for termination of foster care services exist:

- ◆ Have the goals in the case plan have been attained or maximum benefits have been obtained?
- ◆ Has the child has reached majority age and is not in an educational or vocational program?
- ◆ Do the foster care services no longer meet the child's needs? This could be based on the child's lack of cooperation and amenability to the foster care placement.
- ◆ Are the natural parents of the child under a voluntary placement uncooperative?
- ◆ Has the natural parents or guardians 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 for whatever reasons cannot be achieved; or is it evident that the family or individual is unable to profit from the service or unwilling to accept further services?

Do not close a case unless you have reviewed the case with your immediate supervisor. After careful evaluation and the approval of your immediate supervisor, proceed to terminate placement services. Complete the following steps:

1. Make a dated entry on the case record.
2. Issue a *Notice of Decision: Services*. (See [17-D\(1\)](#), [Discontinuing a Service](#), for instructions.)
3. Notify the care provider. See [Notice and Explanation for Removal](#).
4. If services have been purchased, notify the provider, using form [470-3055](#), *Referral and Authorization for Child Welfare Services*.
5. Explain the reason to the child.
6. Ensure that the school the child is attending is notified before the child is moved and make arrangements for the transfer of educational records.
7. Close the child welfare service and maintenance on FACS. A system generated exchange form will notify the IM worker responsible for the child's Medicaid case of the service closure.
8. Send form 470-3918, *IV-E Changes*, to the IV-E income maintenance worker for a redetermination of the child's eligibility as discussed in [13-B](#), [REQUIREMENTS FOR ONGOING ELIGIBILITY](#).
9. Notify the SSI advocacy contractor using form 470-3359, *Payee/Placement Changes*, to change the payee for all children receiving SSI or Social Security for whom the Department is payee. Initiate this as soon as possible, because such changes take a minimum of 90 days.
10. Request any funds from the child's escrow account.

### **Termination of Group Care Services**

#### **Policy:**

Discontinue group care services when one of the following criteria has been met:

- ◆ The child is no longer an eligible child.
- ◆ The goals in the case have been achieved.
- ◆ The goals cannot be achieved through group care.

#### **Procedure:**

Discontinue a group care placement only after you and your supervisor have reviewed the case.

### **Termination of Supervised Apartment Living Services**

**Legal reference:** [441 IAC 202.9\(6\)](#)

#### **Policy:**

Supervised apartment living services will be terminated when the child:

- ◆ No longer meets eligibility requirements,
- ◆ No longer needs services or needs a more restrictive level of placement,
- ◆ Chooses to live in a non-approved setting, or
- ◆ Refuses to follow the provisions of the Case Plan.

#### **Procedure:**

Terminate supervised apartment living placement when any of these reasons occurs. A child aged 18 or 19 no longer meets eligibility requirements when the child is no longer in school in one of the following programs:

- ◆ An accredited school pursuing a course of study, leading to a high school diploma.
- ◆ High school equivalency.
- ◆ Special education, as defined and provided by the Department of Education through the area education agencies and the local public school districts.

### **Family Reunification**

**Policy:**

Terminate placement services when a goal of family reunification is achieved.

**Procedure:**

Encourage the involvement of the child and 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 parental visits to the out-of-home placement and preliminary visits of the child to the parental home.

When the child's family is receiving FIP, inform the Income Maintenance Unit in advance of the child's return before foster care services end so that the FIP grant can be adjusted.

### **Termination of Parental Rights and Adoption**

**Legal reference:** [Iowa Code section 232.111\(2\)"b"](#)

**Policy:**

When a child has been in foster care under the responsibility of the state for 15 of the most recent 22 months, the Department shall initiate the process to file a petition to terminate parental rights.

The petition must be filed by the end of the child's fifteenth month in foster care unless the case plan documents compelling reasons why termination of parental rights would not be in the child's best interest.

**Procedure:**

1. For a child placed for adoption, plan and work directly with the child, with the child having a part in the decision that adoption is the best plan. A child of the age of 14 must consent to adoption.
2. Assist the foster family in preparing for the termination, especially regarding feelings of separation and grief. Within 15 days of a decision to pursue termination of parental rights, attempt to obtain a voluntary release of custody from both of the child's parents, if determined appropriate in consultation with the supervisor and County Attorney.

3. Within 30 days of the decision to pursue termination of parental rights:
  - ◆ Send to the local County Attorney's office a written request for the filing of a termination of parental rights petition, including necessary supporting documents.
  - ◆ Contact the adoption worker to begin adoption planning.
4. Once an order is filed terminating parental rights, update the child's *Social History*, form 470-3615, and the *Child Study*, form 470-3678, within 30 days.

See [17-F\(1\)](#), Transition From Foster Care to Adoption, for further procedures.