300 OUT-OF -HOME CARE

300.1 Table Of Contents

300 OUT-OF -HOME CARE 1
300.2 Purpose 4
300.3 Philosophy 4
300.4 Child and Family Services And Caseworker Expectations 4
300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And -Questioning (LGBTQ) Youth 5
300.6 Resource Family Consultants (RFCs) – Role And Expectations 14
300.7 Normalcy For Children And Youth In Foster Care 18
300.8 Runaway Child And Missing Children 21
300.9 Foster Care Bill Of Rights 29

301 Preparation For Placement In Out-Of-Home Care 32
301.01 Opening A Foster Care Case 32
301.1 Engaging, Teaming, And Assessing 33
301.2 Identifying Permanency Goals And Concurrent Planning 35
301.3 Placement Requirements 43
301.4 Selecting An Out-Of-Home Caregiver 45
301.5 Placement Of A Child In Out-of-Home Care In An Adoptive Home 51
301.6 Basic (Level I), Specialized (Level II), And Structured (Level III) Out-Of-Home Care Placement Options 52
301.7 Children With Specialized Health Care And Developmental Needs 53
301.8 Children With Medically Fragile Or Medically Needy Conditions 54
301.9 Children With Severe Mental Health Needs 55
301.10 Children Who Are Sexually Reactive 56
301.11 Youth In Out-Of-Home Care With Children 57
301.12 Residential Care 58
301.13 Regional Screening Committee For Residential Care 59
301.14 Transition To Approved Placement 59
301.15 Guardianship And Legal Custody With A Relative And Non-Relative 61
301.16 Obtaining Birth Certificates From The Office Of Vital Statistics For Children In Out-Of-Home Care 61

302 Planning And Interventions 63
302.1 Child And Family Plans 63
302.2 Purposeful Visiting With The Child, Out-Of-Home Caregivers, And Parents. 67

303 Services And Interventions 73
303.1 Visitation With Familial Connections 73
303.2 Caseworker Visitation With The Child 74

43 303.3 Maintaining The Home-To-Home Book 75
44 303.4 Educational Services 76
45 303.5 Health Care 80
46 303.5.1 Signing Consent For Medical Procedures 85
47 303.6 Specific Medical Services 88
48 303.7 Transition To Adult Living 93
49 303.7a Youth Access To Technology 109
50 303.8 Placement Prevention/Disruption Fund (Special Needs Funding) 111
51 303.9 Federal Benefits And Eligibility 114
52 303.10 Children In Foster Care Who Are Not U.S. Citizens 120
53 303.11 Facilitating Out-Of-State Travel For A Foster Child 122
54 303.12 Transportation 123
55 303.12a Transporting Youth – Safety Of Caseworker And Youth 124
56 303.13 Courtesy Worker And Region-To-Region Case Transfers 127
57 303.14 Youth Obtaining A Driver License 128
58 303.15 Casey Life Skills Assessment 133
59 303.16 Foster Child Representative Payee Accounts 135
60 303.17 Permanency Round Table (PRT) Process 149
61
62 304 Services To Family 153
63 304.1 Initial Contact With Parents 153
64 304.2 Child And Family Contact 155
65 304.3 Ongoing Contact Between Parents And caseworker 155
66 304.4 Wrap-Around Services 155
67 304.5 Financial Support For Children In Out-Of-Home Care 156
68 304.6 Good Cause Deferral/Waiver Process 157
69
70 305 Child and Family Services Relationship With Out-Of-Home Caregivers 158
71 305.1 Services To Out-Of-Home Caregivers 168
72 305.2 Respite, Child Care, And Babysitting For Children In Out-Of-Home Care 169
73 305.3 Rights Of Out-Of-Home Caregivers 178
74 305.4 Confidentiality And The Use Of Foster Child Information And Images In Social
75 Networking Mediums And Public Forums 178
76 305.5 Process For Approving, Limiting, Or Denying Licensed Out-Of-Home
77 Caregivers For Placement 180
78
79 306 Emergencies And Serious Situations 184
80 306.1 Pregnancy Of Youth In Out-Of-Home Care 184
81 306.2 Immediate Removal Of A Child From A Placement 185
82 306.3 Allegations Of Abuse Against Out-Of-Home Caregiver 185
83 306.4 Death Or Serious Illness Of A Parent Or Sibling Of A Child In Out-Of-Home
84 Care 186

85 306.5 Death And Burial Of A Child In Out-Of-Home Care 186
86 306.6 Children In Out-Of-Home Care On Runaway Status 188
87 306.7 Law Enforcement Interviews Of Children In State Custody 189
88 306.8 Dually Involved Youth 190
89 306.9 Notification Related To Student Safety 192
90
91 307 Court And Case Reviews 194
92 307.1 Voluntary Relinquishment 195
93 307.2 Termination Of Parental Rights 197
94 307.2a Exceptions And Compelling Reasons Not To Terminate Parental Rights 201
95 307.3 Appeal For Termination Of Parental Rights 204
96 307.4 Request For A New Hearing 205
97 307.5 Petition To Restore Parental Rights 205
98
99 308 Transitions From Child and Family Services Custody 205
100 308.01 Temporary Medicaid Eligibility For Children Living In A Home Where A Foster
101 Child Is Returning To Live 211
102 308.1 Trial Home Placement And Return Of The Child Home 213
103 308.2 Guardianship And Legal Custody With A Relative And Non-Relative 215
104 308.3 Transition To Adoptions And Adoption Finalization 234
105 308.3a Contact Between Adopted Child And Birth Family Members 234
106 308.4 Transition To Independent Living 235
107 308.5 Transfer To Other Agencies 235
108 308.6 Termination Of Out-Of-Home Services 236
109
110 309 Peer Parent Services 238
111
112 310 Levels Of Care Evaluation Model 242
113
114 311 Research Involving Children In Child And Family Services Custody 252
115

300.2 Purpose

The Division of Child and Family Services' Out-of-Home Care Program provides short-term, culturally responsive services for a child and family when the child cannot be safely maintained at home. The program is available statewide.

300.3 Philosophy

Out-of-home care will be used only when there is no other alternative to provide for a child's well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an environment where physical, emotional, medical, dental, developmental, educational, cultural, and mental health needs are assessed and addressed. Child and Family Services will diligently work to maintain familial connections through visitation and shared activities while a child is in out-of-home care, when appropriate. The parent of a child in out-of-home care is also afforded an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing environment to which the child may return. Out-of-home care major objectives have been developed in accordance with federal and state laws including required time frames that reduce the amount of time a child spends in care and provisions for an appropriate, permanent home or other permanency option that is in the best interests of the child.

300.4 Child and Family Services And Caseworker Expectations

A. Facilitate a thorough functional assessment that defines the child and family's strengths and needs and provides the framework from which to access appropriate services. Evaluate progress toward goals and adjust plans and interventions accordingly.

B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs and, together with the child's parents, design a transitional plan to optimize the child's adjustment and maintain familial connections through visitation and shared activities.

C. Engage and facilitate a Child and Family Team to support the child and family including the out-of-home care caregiver and familial or community resources.

D. Develop a concurrent Child and Family Plan at the time of entry into care, using the strengths and needs of the family to guide the services offered and the goals of permanency to be achieved.

300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And -Questioning (LGBTQ) Youth

Major objectives:
All children and youth, regardless of gender identity, gender expression, and/or sexual orientation (GI/GE/SO), need to feel safe in their surroundings in order for positive child and/or youth development outcomes to occur.

Child and Family Team members will promote the positive development of all children and youth by demonstrating respect for all children and youth, reinforcing respect for differences, encouraging the development of healthy self-esteem, and helping all children and youth manage the stigma sometimes associated with difference.

Background Information

For most children and youth, the issue of understanding one's sexuality and gender identity is often a time of great turmoil and stress. For lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth, particularly children and youth of color, this issue is even more difficult to navigate as they are faced with both internal (internalized homophobia) and external (from one's environment) prejudices and discrimination.

While exploring one's sexuality and gender identity is a natural part of every young person's development, LGBTQ and gender non-conforming children and youth face more challenges growing up in a predominately heterosexual society. According to the Child Welfare League of America (CWLA), LGBTQ children and youth are at a higher risk for emotional or physical abuse from their family members, failed out-of-home placements, and/or institutional neglect or abuse than their heterosexual counterparts. Psychologically, LGBTQ and gender non-conforming children and youth are at substantially greater risk than their heterosexual counterparts for suicide attempts, runaway behavior, homelessness, substance abuse, emotional and physical victimization, high-risk sexual behaviors, and pregnancy. In the school setting, LGBTQ and gender non-conforming children and youth are more likely to withdraw from or miss school due to fear, intimidation, or threats from other students. Because they experience a lack of safety, many LGBTQ and gender non-conforming children and youth are unlikely to reveal their sexual orientation or gender identity, particularly to people in perceived positions of authority (i.e., social service staff, family members, caregivers, teachers, church members, etc.). As a result of this lack of support, many LGBTQ and gender non-conforming youth confront a high level of isolation while navigating this developmental stage.

Caseworkers will evaluate every child's overall safety as it relates to their sexual orientation, gender identity, and gender expression in terms of placement, emotional and physical well-being, and potential of emotional abuse from current caregiver, especially those children who are LGBTQ. However, the sexual orientation, gender identity, or gender expression of a child or youth does not always necessitate the initiation of services or specialized consultation. It is important to recognize that although sexual orientation, gender identity, and gender expression are central facets of one's personality, they are only one aspect of a child or youth's identity, and that sexual orientation, gender identity, and gender expression may not always be a factor in the youth's emotional or behavior concerns.

<u>Sexual Orientation and Gender Identity Recognition</u>

Staff will recognize that all children and youth explore their sexual orientation, gender identity, and gender expression. Since language associated with sexual orientation, gender identity, and gender expression varies greatly across communities, and pronouns may be fixed or fluid, staff will allow the child or youth to guide the process of choosing language with which they feel most comfortable while discussing their sexual orientation, gender identity, and gender expression. Staff will also recognize that this language may change over time, and affirm and support the child or youth in their process of identity formation and expression.

Additionally, staff will recognize that a child's sexual orientation, gender identity, and gender expression is an integral part of who they are and not a personal "choice" that can be changed or determined by others. Staff will not attempt to convince any child or youth to reject or modify their sexual orientation, gender identity, or gender expression. Staff are prohibited from imposing their personal and/or religious beliefs on children and their families, and will not allow those beliefs to impact the way individual needs of youth or families are met.

Guidelines such as these that use the terms "lesbian, gay, bisexual, transgender, and questioning" will be seen as a starting basis for engaging with children or youth in a way that utilizes respectful language and terminology. Staff will not use any disrespectful terms or language such as "homo" or "transvestite" or "he/she" or any other disempowering terms for LGBTQ or gender non-conforming children or youth. Since some terms may be acceptable and/or preferable to one person and offensive to another, staff will utilize best practices when working with children and youth. Staff will reflect/mirror the language and terminology employed by that child or family member (when appropriate) during a one-on-one interaction. Staff will help all children and family members use language that is respectful to all parties and will not cause harm in shared spaces.

Staff will recognize that while it is important to use the language chosen by the child or youth, a child or youth who is questioning their sexual orientation, gender identity, or gender expression may not know all the relevant terminology and will be encouraged to express themselves in whatever way they may choose.

Sexual orientation, gender identity, and gender expression are different identity constructs. If someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual because sexual orientation is separate from gender identity (see definitions). Furthermore, gender identity is very individual, and some transgender children or youth may identify as neither male-to-female nor female-to-male but simply as a boy or girl or as more gender fluid. Children and youth may also identify differently on different days, as they work through their identities. Child and Family Services staff will keep in mind that increasingly, many LGBTQ and gender non-conforming children and youth are choosing to embrace the identity of "genderqueer" as a term that is more inclusive of a range of identities.

Additionally, staff are required to use respectful, inclusive, and gender neutral language when referring to a child or youth's sexual orientation, gender identity, and gender expression. For example, language such as "involved with someone" or "partner" as opposed to "boyfriend" and "girlfriend" will be used with all persons regardless of sexual orientation, gender identity, or gender expression

<u>Definitions</u>

Bisexual – Continuing emotional, romantic, and affectionate attraction to persons of the same and different genders.

Cisgender – Individuals whose gender identity and/or gender expression conforms to the characteristics traditionally associated with their assigned sex at birth. Not transgender.

Gay - A boy or man who has a continuing enduring emotional, romantic, and affectionate attraction for other boys or men.

Gender Expression - The manner by which an individual expresses their gender, through behavior, clothing, haircut, jewelry, voice, or body characteristics.

Gender Identity - An inner sense of being male, female, another gender, or in between. One's gender identity may not align with the individual's assigned sex at birth.

Gender Non-Conforming – Having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. This can apply to lesbian, gay, bisexual, transgender, AND heterosexual children or youth.

Genderqueer – A term that is embraced as an option to the binary language of LGBTQ umbrella terms that offers an alternative to an LGBTQ youth who does not feel that the identity of gay or lesbian accurately describes them; and who is not bisexual. This term would fall under the umbrella of transgender identities.

Intersex (or Intersexual) – Refers to a person born with the full or partial sex organs of male and female, or with underdeveloped or ambiguous sex organs. About four percent of all births are Intersex to some degree. This term replaces hermaphrodite.

Lesbian - A girl or woman who has a continuing enduring emotional, romantic, and affectionate attraction for other girls or women.

LGBTQ – An acronym for Lesbian, Gay, Bisexual, Transgender and Questioning. This is an umbrella term that is inclusive of many identities.

Queer – An inclusive identity reclaimed by some people in the LGBTQ communities to describe sexual orientation and gender identity beyond the constraints of a binary gender system. Often used as an umbrella term. A term more commonly used and embraced by youth as inclusive of various identities.

Questioning – A person who is exploring their sexual and/or gender identity. A fairly common part of adolescent human development.

Sexual Orientation – The scientifically accurate term for an individual's enduring emotional, romantic, sexual, or affectionate attraction to individuals of a particular gender. Sexual behavior and sexual orientation are distinct terms; the former only pertains to sexual activity whereas the latter refers to feelings and identity.

Straight/Heterosexual – A person who has continuing enduring, emotional, romantic, and affectionate attraction to persons of the "opposite" gender. Not lesbian, gay, or bisexual.

Transgender – Individuals whose gender identity and/or gender expression does not conform to the characteristics traditionally associated with their assigned sex at birth.

Transsexual – A term for someone who transitions from one physical sex to another in order to bring their body more in line with their innate sense of their gender identity.

<u>Practice Guidelines</u>

A. Confidentiality:

1. Staff will keep in mind that when a child or youth discloses their sexual orientation, gender identity, or gender expression it will be considered sensitive information and be kept confidential, given that such disclosure could pose great risk to the youth or child.
2. Staff will not disclose a child or youth's sexual orientation, gender identity, or gender expression to other individuals or agencies, without the child or youth's permission. If a child or youth grants permission to share information on their sexual orientation, gender identity, or gender expression, this information may also prove relevant to decisions regarding safety in a child or youth's academic environment, educational services, reunification, and placement. Knowledge of this information may prove beneficial and can lead to the exploration of other issues, social supports, family awareness and response, and health guidance that would increase safety.
3. However, there might be a few circumstances under which such information sharing is necessary without first gaining the child or youth's permission. For example, if a child or youth's sexual orientation, gender identity, or gender expression is related to the abuse or neglect in their home, then the information will be disclosed by the caseworker to Intake, particularly information related to safety issues. However, to affirm a sense of safety and build trust, staff will also inform the child or youth with whom the information will be shared and why *before the information is shared*, whenever possible.

B. Safety and Disclosure:

1. Staff will be aware that many LGBTQ children and youth, particularly those involved with the child welfare system, have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and gender identity, and staff will receive ongoing training specific to these unique forms of trauma. LGBTQ and gender non-conforming youth are particularly susceptible to trauma, discrimination, and abuse. Staff will also be able to recognize signs of distress, support disclosure when appropriate, and follow appropriate protocols for reporting.
2. A child or youth may disclose their sexual orientation and/or gender identity to staff when, and if, they feel ready. This disclosure is more likely to occur for an LGBTQ child or youth if a safe environment and trusting relationship has been created for such a disclosure. There are some circumstances when it may be appropriate for staff to affirmatively try to provide an opportunity for youth to disclose that they are LGBTQ. For example, if a child or youth is subject to harassment in their foster placement, then staff will explore with the child if the harassment is related

364 to their sexual orientation, gender identity, or gender expression. [See
365 Appendix B - How to Create a Climate of Safety and Convey Support for
366 Children and Youth for some contextual examples where this may apply.]
367 3 All children and youth may request the use of a preferred name, and of the
368 gender of which they identify if applicable rather than their legal name.
369 Staff will ask children and youth what name they prefer and what pronoun
370 to use. This will provide transgender and gender non-conforming youth
371 with a safe means to let staff know of a preferred name and pronoun. [For
372 an explanation of LGBTQ related terms, see the list of definitions above.]
373 4. When a child or youth requests the use of a preferred name and/or
374 preferred gender pronoun, staff will ask the youth which name (legal or
375 preferred) and which pronouns they will use to refer to the youth in
376 conversations with the youth's family, and in conversation with other
377 service providers and/or the court. To ensure safety, staff will comply with
378 the youth's request for preferred name and pronoun use in conversations
379 with the above-mentioned parties. Finally, staff will periodically check in
380 with the child or youth to see if it is still safe to use their preferred name
381 and pronouns. For additional guidance on how to create safety for clients,
382 see Appendix B - How to Create a Climate of Safety and Convey Support for
383 Children and Youth.]
384 6. During the life of the case, staff will be mindful that a child or youth may
385 not want to tell their family about their sexual orientation, gender identity,
386 or gender expression. If their identity was not a precipitant of the child or
387 youth's removal from the home but does create a threat to safety,
388 caseworkers will NOT disclose the child or youth's sexual orientation,
389 gender identity, or gender expression to the family.
390 7. If a child or youth discloses their sexual orientation, gender identity, or
391 gender expression while in foster care, the child or youth will be offered
392 the opportunity for services and information to support individual, family,
393 and health issues. [*See:* Appendix A - Resources to Support LGBTQ Youth
394 and Families.] Additionally, referrals to community service providers will
395 be made when appropriate.
396
397 C. Services to Prevent Removal:
398 1. Staff will be familiar with the unique family dynamics that emerge for
399 LGBTQ children and youth in general and LGBTQ children and youth
400 involved with the child welfare system. All staff will recognize that family
401 responses to a child or youth's sexual orientation, gender identity, or
402 gender expression may vary widely and interact with other aspects of that
403 youth and families' identities, including race, class, gender, citizenship, etc.
404 2. Staff will help stabilize and create safety for LGBTQ and gender non-
405 conforming youth in their homes to prevent out-of-home placement for

406 reasons having to do with sexual orientation, gender identity, and gender
407 expression whenever possible. Caseworkers working with an LGBTQ or
408 gender non-conforming child or youth will identify and become familiar
409 with community resources to support the sexual orientation, gender
410 identity, and gender expression of the child or youth. This work includes
411 providing LGBTQ and gender non-conforming children and youth specific
412 community resources to the child or youth and families for support (e.g., a
413 copy of community resources as listed in Appendix A - Resources to
414 Support LGBTQ Youth and Families.)
415 3. Staff will carefully consider the parent/caregiver's attitude towards the
416 child or youth's sexual orientation, gender identity, gender expression and
417 other related behaviors as contributing factors to a child or youth's safety
418 and positive identity development throughout the life of the case when
419 identifying possible threats of harm. This will be done on an ongoing basis
420 and can be done by engaging parents/caregivers and educating the
421 parents/caregivers that a continued relationship between the parent and
422 youth with some level of acceptance and understanding is critical to the
423 health of the youth.
424 4. In some cases, children or youth having severe emotional reaction and/or
425 behavioral concerns may require more intensive services, such as
426 outpatient short-term counseling or psychotherapy. When a child, youth,
427 or family member is having a more severe emotional reaction to the child
428 or youth's sexual orientation, gender identity, or gender expression (e.g.,
429 persistent depression or anxiety, engaging in substance use or
430 dangerous/high-risk behaviors, social withdrawal, risk of family rejection,
431 placement disruption, etc.), more intensive services may be required,
432 including, but not limited to, individual, group, or family therapy. [*Refer to:*
433 subsection F.]
434
435 D. Expectations for Out-of-Home Placement:
436 1. When a child or youth who identifies as LGBTQ or gender non-conforming
437 enters foster care, staff will place them in a home that is safe and
438 recognizes and meets their needs. Any out-of-home placement, whether it
439 be with foster, adoptive, or birth parents, will affirm every child's sexual
440 orientation, gender identity, or gender expression, treat them with respect
441 and dignity, and work to ensure their overall well-being. Staff will also
442 ensure that families who have a child or youth who discloses their sexual
443 orientation, gender identity, or gender expression while in their care are
444 providing an affirming home for that child or youth. All foster families will
445 be given the support and training needed to provide optimal care for
446 children and youth regardless of sexual orientation, gender identity, and
447 gender expression.

2. For cases where an LGBTQ or gender non-conforming youth is residing in a foster home, staff are expected to make sleeping arrangement decisions that will ensure the safety of this youth as they would with any other youth. Decisions on bedrooms for all LGBTQ and gender non-conforming youth in foster homes will be based on the youth's individualized needs and will prioritize the youth's emotional and physical safety. Staff will take into account the child or youth's perception of where he or she will be most secure, as well as any recommendations from the child or youth's mental health care provider. The child or youth's well-being will be taken into consideration when making this decision. Therefore, it is important to include the child or youth in the decision-making process so as to avoid alienating them. Staff will not isolate any child or youth based on sexual orientation, gender identity, or gender expression.
3. All children and youth will be allowed to use private or individual bathroom stalls and be allowed to shower privately.
4. For cases where a transgender youth is residing in a residential facility, every effort will be made so that transgender or gender non-conforming youth are housed in a residential facility that can provide individual sleeping quarters (one-person bedroom) to allow for privacy. Transgender or gender non-conforming children or youth will not automatically be housed according to their sex assigned at birth. As in a foster care setting, the agency will make housing decisions for transgender or gender non-conforming youth based on the child or youth's individualized needs and will prioritize the child or youth's emotional and physical safety. Staff will take into account the child or youth's perception of where they will be most secure, and remember to include the child or youth in the decision-making process so as to avoid alienating them. Staff may utilize regional clinical consultants when determining placement for gender non-conforming or transgender youth.

E. Personal Grooming and Clothing:

1. Grooming rules and restrictions, including rules regarding hair, make-up, and shaving, will be the same for all children and youth regardless of sexual orientation, gender identity, or gender expression. A child or youth will not be prevented from or disciplined for using a form of personal grooming because it does not match gender norms. All children and youth will be permitted to use approved forms of personal grooming consistent with or that affirms their gender identity.
2. Children and youth may wear clothing consistent with their gender identity. All children and youth in out-of-home care will have safety parameters established regarding outer attire congruent with the occasion (such as swimwear) and will be age appropriate. Children and youth are

490 able to wear undergarments of their choice. If there is a conflict between
491 the child or youth and their caregiver regarding outer attire and/or
492 undergarments, the caseworker will help resolve the issue.
493
494 F. Mental Health and Medical Considerations:
495 1. Most needs related to sexual orientation, gender identity, and gender
496 expression for children and youth can best be met through caregiver and
497 family support, community support, education groups, and/or peer
498 counseling. The child or youth's family and foster/adoptive family
499 members may also need assistance in supporting the child or youth. When
500 appropriate, caseworkers will assist families in identifying supportive
501 resources and professionals in their area in order to help create adequate
502 support systems in place for sexual orientation, gender identity, and gender
503 expression, including transition to permanency. [*See:* Appendix A -
504 Resources to Support LGBTQ Youth and Families.]
505 2. In accordance with accepted health care practices, which recognize that
506 attempting to change a person's sexual orientation, gender identity, or
507 gender expression is harmful, staff will NOT make referrals to mental
508 health providers who attempt to change a child or youth's sexual
509 orientation, gender identity, or gender expression through conversion,
510 reparative, or regression therapy, or any other methods.
511 3. All children and youth in out-of-home care will receive a comprehensive
512 mental health screening. Children or youth who identify as LGBTQ or
513 gender non-conforming who receive mental health services will be served
514 by clinicians who are aware of the needs and best practices for those
515 populations.
516 4. For many transgender and gender non-conforming youth, puberty can be a
517 time of crisis where the urgency of medical decisions is warranted.
518 Children and youth who voice anxiety at the prospect of facing puberty
519 outcomes that conflict with their gender identity will be referred to a
520 psychiatrist who is aware of the needs and best practices for those
521 populations for medication evaluation.
522 5. If a child or youth enters out-of-home care and reports that a licensed
523 medical provider in the community prescribed them hormones, this
524 medication will be continued while the child or youth is in care. If hormone
525 therapy is discontinued for a child or youth, the child or youth will continue
526 to be monitored by medical and behavioral health staff in order to treat
527 any symptoms that may occur as a result.
528

300.6 Resource Family Consultants (RFCs) – Role And Expectations

Major objectives:
The purpose of this section is to define the role and expectations of a Resource Family Consultant (RFC). The region may have additional expectations of the RFC beyond those described here; however, these guidelines are the minimum requirements expected of an RFC. The RFC provides support for placements with resource families that are licensed through the Department of Human Services, Office of Licensing for general foster care (LFC). This section does not pertain to support for resource homes which are certified through contract providers or resource homes that are licensed for a specific child (LSC). Under the conditions of the contract, contract providers are responsible to provide support to the homes they certify. Child and Family Services staff, who possess an LSC license, with an expertise in supporting kinship homes will provide the support for families.

Definitions

A. Resource Family Consultant (RFC) – An employee of Child and Family Services who is responsible for providing support for placements of children in out-of-home care with families that are licensed with a LFC license through the Department of Human Services, Office of Licensing.

Practice Guidelines

The following items describe the minimum role and expectations for the RFC.

A. The RFC will be familiar with the procedures and requirements necessary for a family to become a licensed out-of-home care provider and sustain licensure. These requirements include basic licensing standards outlined by the Office of Licensing, Background Screening Requirements, the Provider Code of Conduct, and the pre-service and ongoing training requirements.

B. The RFC will assist licensed resource families with tracking their number of in-service training hours in order to assist them in acquiring the required number of in-service hours needed for re-licensure.

C. The RFC will be familiar with the procedures outlined in Practice Guidelines Section 305, "Child and Family Services relationship with Out-of-Home Caregiver", and Section 306, "Emergencies and Serious Situations."

D. Each RFC is responsible for becoming familiar with and forming a working relationship with the resource families assigned to them. The RFC will develop knowledge of the strengths and needs of each resource family in regards to caring

571 for a child in the custody of Child and Family Services. The knowledge of the
572 resource family will assist the RFC in facilitating a successful placement of a child
573 in the custody of Child and Family Services with the resource family.
574 1. The RFC is responsible for visiting newly licensed foster homes within 30
575 days or sooner of Child and Family Services receiving the home study, in
576 order to generally assess the type of child that the resource family may be
577 successful with. Ideally, the visit should be conducted prior to the resource
578 family having a child placed in their home.
579 2. The RFC is responsible for ongoing assessment of each resource family's
580 ability to care for a child in the custody of Child and Family Services. Any
581 significant information that the RFC learns regarding the family's ability to
582 provide quality care for a child will be documented in the Provider notes in
583 SAFE. The RFC will also assess how significant life changes that occur in a
584 family, such as births, deaths, adoption, divorce, etc., may impact the
585 family's ability to continue to provide care for children in the custody of
586 Child and Family Services.
587 3. The RFC is responsible for ensuring that they document any relevant
588 information regarding the family they may learn from the Office of
589 Licensing and/or the Utah Foster Care Foundation regarding licensure,
590 training, etc.
591 4. The RFC will provide any information that they become aware of to the
592 Office of Licensing that may be relevant to or may affect the licensure of
593 the resource family.
594 5. Minimum standards of contact with the resource family:
595 a. Monthly Contact: At minimum, the RFC is required to have monthly
596 contact with each resource family they oversee. This may include a
597 phone call, email, letter, or face-to-face contact with the resource
598 family.
599 b. Face-to-Face Home Visits: The RFC is required to conduct a visit in
600 the home of each resource family they oversee a minimum of once
601 every six months, being more attentive to the resource homes with
602 current placements of children. The RFC will document a summary
603 of the home visit in the Provider Module of SAFE.
604 (1) Exceptions for the six-month face-to-face home visit may be
605 made for resource families that are not currently being
606 utilized (are "on hold") due to personal issues, a recent
607 adoption, etc. If a family that is "on-hold" expresses that they
608 want to resume taking placements, the RFC must make a
609 face-to-face visit in the home prior to a child being placed
610 there.
611 c. The RFC may determine that it is necessary to have more frequent
612 contact with a resource family based on the specific needs and

613 vulnerabilities of a child placed in the home, as well as the
614 protective capacities of the resource family.
615 d. The region may require more than the minimum standards of
616 contact between the RFC and the resource families they serve if a
617 determination is made that the region has the resources and
618 capacity for more frequent contact.
619
620 E. Using the knowledge they possess of the resource families, the RFC assists the
621 caseworker in finding and facilitating a placement match for a child in the custody
622 of Child and Family Services with a licensed resource home. The placement
623 decision should take into account factors that are in the child's best interest when
624 making a placement decision, including but not limited to the skills of the foster
625 parent; proximity to the home the child was removed from; the potential that the
626 child may be placed with kin; the ability of the resource family to maintain siblings
627 together; the proximity to the child's home school; and the permanency goal,
628 including enduring safety and permanency for the child.
629 1. When possible, it is best practice for the RFC to assist the caseworker in
630 facilitating a pre-placement meeting regarding the specific needs of the
631 child prior to placement of the child in the home.
632 2. The RFC may assist the caseworker in providing information to the
633 resource family regarding the child prior to the placement of the child in
634 the home. The RFC will document providing the information to the
635 resource family in the activity logs of the child's case in SAFE and will use
636 the correct policy attachment when documenting that this step was
637 completed.
638
639 F. The RFC will assist the caseworker in supporting and maintaining the placement
640 of a child with a resource family. The RFC may also assist in preventing possible
641 placement disruptions.
642 1. The RFC is responsible for knowing what resources are available to help
643 support and maintain a child's placement in the home of a resource family,
644 as well as how to help the resource family access those resources.
645 2. The RFC may attend Child and Family Team Meetings, court, and home
646 visits with the caseworker. The RFC may also assist with the process of
647 preparing a family for adoption, if appropriate.
648 3. The RFC will be included as an integral part of the Child and Family Team,
649 when the need arises, in order to assist the team in understanding and/or
650 planning for placement transitions and issues regarding permanency for
651 the child.
652 4. The RFC may assist the resource family in developing an understanding of
653 Child and Family Services' procedures and Practice Guidelines, especially
654 when the resource family has questions and/or concerns.

5. The RFC may assist the resource family in finding a respite provider when needed.
6. In the event that a related-parties investigation is initiated regarding a resource family, the RFC may provide answers to general questions regarding policies and procedures and may listen to concerns the provider may have in order to provide empathy as they go through the investigative process. The RFC may not, however, provide any information to the provider regarding the specifics of the investigation. In addition, the RFC has an obligation to provide any information to the CPS investigator that they believe may be relevant to the investigation.
7. The RFC assists the caseworker in ensuring that the health care requirements for the child are communicated to the resource family and may assist the caseworker in following up with the family to ensure that medical and mental health requirements for the child are completed in a timely manner.
8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed on an annual basis, upon re-licensure of the resource family. As a part of this process, the RFC will obtain an email address from each resource family and will enter the email address into the provider window in SAFE.

G. The RFC is responsible for developing and maintaining appropriate and professional partnerships with community partners, especially when it relates to maintaining a child in the home of an appropriate resource family and/or providing services to prevent placement disruption.

H. The RFC will attend, be prepared for, and actively participate in the placement committee when a resource family they are assigned to is presented as a potential match for a child needing placement.

I. The RFC will attend cluster meetings and other foster parents' activities when possible (at a minimum once a year) in order to build relationships with the families they serve, offer support to foster parents, answer questions, and understand issues faced by resource families.

J. The RFC will help resource families understand how to act in a professional manner at all times when representing themselves as a foster parent. This includes when they are interacting with others in the community as well as on social networking sites.

300.7 Normalcy For Children And Youth In Foster Care

Major objectives:
To provide employees and caregivers with information related to the need for foster children and youth to participate in activities that non-custody children experience as part of a healthy, normal childhood. These activities include recreation, extra-curricular school activities, sports, school club participation and other activities that promote healthy development. Participating in normalizing activities helps a survivor of trauma feel less like a victim and help promote healing and well-being.

Caregivers can make a decision, on behalf of a child or youth, regarding certain types of activities a youth may participate in by using a reasonable and prudent parenting standard, without receiving prior approval from Child and Family Services. This helps promote a normal parent-child relationship between the caregiver and the child.

Applicable Laws
Utah Code Ann. §62A-4a-105. Division responsibilities.
Utah Code Ann. §62A-4a-210. Definitions.
Utah Code Ann. §62A-4a-211. Division responsibilities -- Normalizing lives of children.
Utah Code Ann. §62A-4a-212. Requirements for decision making -- Rulemaking authority.

Background of House Bill 346

A. Utah Code Ann. §62A-4a-211 requires Child and Family Services to make efforts to normalize the life of a child in Child and Family Services' custody and to empower a caregiver to approve or disapprove a child's participation in activities based on the caregiver's own assessment using a reasonable and prudent parenting standard, without prior approval of Child and Family Services.

B. Utah Code Ann. §62A-4a-211 requires Child and Family Services to verify that private agencies, providing out-of-home placement under contract with Child and Family Services, promote and protect the ability of a child to participate in age-appropriate activities.

C. Utah Code Ann. §62A-4a-211 provides that a caregiver is not liable for harm caused to a child in out-of-home placement, if the child participates in an activity approved by the caregiver, provided that the caregiver has acted in accordance with a reasonable and prudent parenting standard.

Definitions

A. Reasonable and Prudent Parenting: The standard characterized by careful and sensible parental decisions to maintain a child's health, safety, and best interest

while at the same time encouraging the child's emotional and developmental growth.

B. Activities: An extracurricular, enrichment, or social activity.

C. Age-Appropriate: a type of activity that is generally accepted as suitable for a child of the same age or level of maturity, based on the development of cognitive, emotional, physical, and behavioral capacity that is typical for the child's age or age group.

Practice Guidelines

A. If a child in foster care desires to participate in an activity, the caregiver must use a reasonable and prudent parenting standard to determine if the activity requested is age appropriate. The caregiver will use the following items to guide their decision to approve or disapprove the activity:
   1. The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
   2. Potential risk factors and the appropriateness of the activity;
   3. The best interest of the child based on the caregiver's knowledge of the child;
   4. The importance of encouraging the child's emotional and developmental growth;
   5. The importance of providing the child with the most family-like living experience possible; and
   6. The behavioral history of the child and the child's ability to safely participate in the proposed activity.

B. If the caregiver is unsure if the child should participate in the proposed activity, the caregiver will discuss the items listed above with the caseworker, and if needed, other members of the child and family team to determine if the child may participate in the activity.

C. If the child feels they are being denied the ability to participate in normalizing activities, a Child and Family Team Meeting may be convened.

D. The caregiver will inform the caseworker of activities where the child will be away from the caregiver overnight. Reasonable and prudent parenting standards will be followed. Overnight activities requested by the child are not considered respite.

E. It is not necessary for a caregiver to seek permission from Child and Family Services each time a child participates in a routine activity. This would include

779 any activities that the caregiver's family participates in on a regular basis,
780 including but not limited to recreational sports, camping, hiking, biking, swimming,
781 dance, art or music lessons, etc. If the activity has an inherent risk of bodily harm,
782 injury, or death, the caregiver must inform the caseworker prior to the activity.
783
784 F. For non-routine activities where bodily harm, injury, or death could occur, the
785 caregiver will consult with the caseworker to assess using the reasonable and
786 prudent parenting standard to determine if the activity is appropriate for the child
787 to participate in. Some non-routine activities include but are not limited to:
788 1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).
789 2. Water sports, including boating and white-water rafting.
790 4. Horseback riding.
791 5. Skiing, snowboarding, or snowmobiling
792
793 If the sponsor of a particular activity, such as an athletic league, requires informed
794 consent forms, those forms must be completed prior to the child participating in
795 the activity.
796
797 G. Any time a child participates in an activity that has an inherent risk of bodily harm,
798 injury, or death, every precaution must be taken to participate in the activity as
799 safely as possible. This would include wearing DOT/Snell approved helmets
800 when riding OHV's, completing OHV education
801 (http://stateparks.utah.gov/resources/ohv/education) or personal watercraft or
802 boating education (http://stateparks.utah.gov/resources/boating/education),
803 wearing Coast Guard approved lifejackets, and completing hunter's education
804 (http://wildlife.utah.gov/hunter-education.html). It also includes following any
805 applicable statute pertaining to minors operating OHV's, personal watercraft, or
806 boats and firearms.
807
808 H. For children placed in a group home or residential treatment setting, the provider
809 will incorporate normalcy activities into their program. The activities will be in-
810 line with the reasonable and prudent parenting standard and will help children
811 with skills essential for positive development.
812 1. If the activity is routine for the program, but has an inherent risk of bodily
813 harm, injury or death, the provider will notify the agency of the activity.
814 2. If the activity is non-routine and the activity has an inherent risk of bodily
815 harm, injury or death, the provider will consult with the caseworker to
816 assess using the reasonable and prudent parenting standard to determine if
817 the activity is appropriate for the child to participate in.
818
819 I. If the activity has a cost associated with the participation in the activity, such as
820 athletic leagues, school dances, lessons, or recreation education fees, the

caregiver will contact Child and Family Services to determine if funds are available to pay for the activity.

1. For children under 14 years of age, the caseworker will staff the funding request with their supervisor to determine what funds can be used to support the child in participating in the activity. These may include:
   a. Utah Foster Care Foundation's Wishing Well Funds;
   b. Special Needs Miscellaneous; or
   c. Monthly Personal Needs Funds.
2. If the youth is 14 years of age or older, the caseworker will also staff the funding request with the regional Transition to Adult Living coordinator to determine if the activity can be supported with Chafee funding.

300.8 Runaway Child And Missing Children

Major objectives:
Children who run away or are missing from state's custody are at an increased risk for exploitation and trauma due to having to meet their own needs in ways that may be unsafe. Every effort must be taken to find missing children and to prevent child from running. It is also imperative to locate a child who runs away, assess for human trafficking, and provide holistic services that meet the needs of the child, including addressing any trauma that may have occurred during the runaway episode or abduction. Children need to be placed in the least restrictive placement possible following a runaway episode while assessing the needs of the child.

Since 2012, there has been an increase in the awareness regarding the prevalence of runaway and homeless children, particularly children involved in child welfare systems who are homeless or run away. The increase in awareness also includes the Commercial Sexual Exploitation of Children (CSEC), also known as human trafficking. These guidelines are to help caseworkers incorporate best practices of working with runaway children, victims of CSEC, and homeless children.

Applicable Laws
Federal Act HR4980, Preventing Sex Trafficking and Strengthening Families Act.
Utah Code Ann. §62A-4a-105, Division responsibilities.
Utah Code Ann. §76-10-1302, Prostitution.
Utah Code Ann. §77-38-15, Civil action against human traffickers and human smugglers.

Practice Guidelines

A. Definitions (as defined in HR4980):
   1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person

863 for the purposes of a commercial sex act. Children who are involved in the
864 commercial sex industry are viewed as victims of severe forms of
865 trafficking in persons, which is sex trafficking in which a commercial sex act
866 is induced by force, fraud, or coercion, or in which the person induced to
867 perform such an act has not attained 18 years of age. A commercial sex
868 act is any sex act on account of which anything of value is given to or
869 received by any person.
870 2. Runaway Child: A child who willfully leaves the residence of a parent or
871 guardian without the permission of the parent, caregiver, or guardian.
872 3. Homeless: An individual who lacks housing.
873
874 B. Prevention: Children in foster care run away for a variety of reasons. The most
875 significant reasons include a search for safety, independence, and the least
876 restrictive placement; conflict with their caregiver, including abuse and neglect
877 and trying to escape an unpleasant situation; being asked to run with a peer or
878 trying to find a sense of normal even when child acknowledge their family is not
879 safe. Most often, it can be categorized as running to something/someone or
880 running from something/someone.
881 1. In order to prevent the child from running, the caseworker will ask during
882 each monthly home visit if the child has any concerns regarding the
883 placement, including:
884 a. Their relationship with the caregiver.
885 b. If the child's needs are being met by the caregiver.
886 2. If the child discloses there are issues with the placement, the caseworker
887 will ask the child what solutions they have thought of to address the issues
888 and what the caseworker can do to help improve the situation. If the child
889 discloses that he or she has thought about running from the placement, the
890 caseworker will address those issues with the child to problem solve by
891 asking some of the following questions:
892 a. What else can be done to improve things before you leave?
893 b. What would make you stay in the placement?
894 c. How will you survive?
895 d. Is running away safe?
896 e. Who can you talk to about the situation?
897 f. Are you being realistic?
898 g. Have you given this enough thought?
899 h. What are your other options?
900 i. Who will you call if you end up in trouble?
901 j. What will happen when you return?
902 3. If necessary, a Child and Family Team Meeting will be convened to discuss
903 the issues raised by the child and to develop solutions that will allow the

child to remain safely in their placement. Possible strategies to help prevent the runaway behavior include, but are not limited to:

a. Increased support system for the child.
b. Involve child in case planning decisions, including placement decisions.
c. Exploration of kinship as either placement options or informal supports.
d. Provide the child with information for the National Runaway Safeline to call or live chat at 1-800-runaway or www.1800runaway.org.
e. Identify a safe place for the child to go if they run (www.nationalsafeplace.org).
f. Provide child with the Child and Family Services Child Abuse Reporting Hotline (1-855-323-3237) to make a referral if they feel unsafe in their placement.

C. Response:

1. If the child is under 18 years of age, the caregiver must:
   a. Notify the caseworker immediately that the child is missing. This includes the last time the child was seen, when the caregiver noticed they were missing, and what they were wearing.
   b. Call Intake and report the child as missing if this occurs outside normal business hours. Intake will relay the information to the on-call worker and notify the assigned foster care caseworker and supervisor via email. The on-call worker will also relay the information to the assigned foster care caseworker or, if the assigned foster care caseworker is not available, to the on-call supervisor.
2. Upon receiving information from the caregiver that the child is missing, the caseworker will:
   a. Staff the case with members of the Child and Family Team to determine if the child has run away or is missing, kidnapped, or abducted. This determination will be done within two hours of receiving the information. If the caseworker is not available, the on-call worker and the on-call supervisor will make the determination that the child is missing, kidnapped, or abducted.
   b. If it is determined that the child is missing, kidnapped, or abducted, the caseworker will:
      (1) File a Missing Persons Report immediately with the law enforcement agency where the child resides. The caseworker will supply the law enforcement agency with any necessary information that will promote the safe return of

946 the child, including demographic information and recent
947 photographs of the child. This may also include blood type,
948 dental records, scars, marks, tattoos, and other identifiable
949 features. The caseworker will work with law enforcement to
950 determine if an Amber Alert should be issued.
951 (2) The caseworker will obtain a case record (police report and
952 number) from the law enforcement agency and request that
953 the child be placed on the National Crime Information Center
954 (NCIC) within two hours of the report being made. If law
955 enforcement is unresponsive to placing the child on the
956 NCIC, the caseworker will email the adolescent services
957 program administrator at the State Office with this
958 information.
959 (3) The caseworker will notify the parent(s) and/or guardian of
960 the child within two hours of the caseworker receiving the
961 report that the child is missing, abducted, or kidnapped. The
962 caseworker will ask the family if the child is in their care or if
963 they know where the child is. If the family provides leads as
964 to where the child might be, the caseworker will relay the
965 information to law enforcement. If the law enforcement
966 agency does not respond to the information provided, the
967 caseworker will make every effort to follow-up on leads.
968 This includes phone calls, home visits, school visits, and social
969 media. If the caseworker suspects the child has been
970 abducted by the parent(s) and/or guardian, or the family
971 discloses the child has returned to their care, the caseworker
972 will inform law enforcement.
973 c. The caseworker will notify the Assistant Attorney General (AAG) or
974 on-call AAG within four hours that the child is missing, abducted, or
975 kidnapped. The caseworker will staff the case with the AAG to
976 determine if a hearing is needed to inform the court that the child is
977 missing, abducted, or kidnapped. The caseworker will also notify
978 the Guardian ad Litem (GAL) within four hours.
979 d. The caseworker will notify the region director or designee, who will
980 then notify the Department of Human Services (DHS)
981 communication director (801-520-2777) that there is a child
982 missing, abducted, or kidnapped who is in the custody of Child and
983 Family Services and determine if media should be contacted to
984 assist in the location and return of the child.
985 e. The caseworker will report the child is missing to the National
986 Center for Missing and Exploited Children by calling 1-800-843-
987 5678 and provide the center with any information that will help

promote the safe return of the child. This could include demographic information, other identifiable information, and photographs.

f. After 24 hours if there is no contact from the child or the abductor, the caseworker will change the placement code in SAFE to KDP.

g. If a call for a ransom is received by Child and Family Services, the substitute caregiver, or the biological family, the caseworker will notify the local FBI immediately with as much detail from the letter, phone call, or social media message as possible. (The FBI office: fbi.gov/saltlakecity/, FBI SLC 257 Towers Building, Suite 1200, 257 East 200 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for Crimes Against Children at http://www.fbi.gov/hq/cid/cac/crimesmain.htm.

h. If the child is missing due to a natural disaster, the caseworker will defer to the DHS Natural Disaster Protocol to determine the appropriate course of action to locate the child.

3. If it is determined the child has run away, the caseworker will:

a. Notify the parent(s) and/or guardian within 24 hours that the child has run away. The caseworker will engage the parent(s) and/or guardian to determine if the child has run to the parent(s) and/or guardian.

(1) If the family does know where the child is, but refuses to disclose the location of the child, the caseworker will ask if the child's basic needs are being met.

(2) If the family does not know where the child is, but commits to notifying the caseworker if the child makes contact with the family, the caseworker will continue to follow-up with the family on possible leads. Any information gained from these conversations will be given to law enforcement to aid in finding the child.

(3) The caseworker will inform the family of the current statute regarding harboring a runaway. [*See:* Utah Code Ann. §62A-4a-501.]

b. Notify the AAG that the child has run away. The caseworker will file a pickup order with the Juvenile Court. On the pickup order, the caseworker will request that the child be taken to the least restrictive placement (i.e., current or prior placement, juvenile receiving center, Christmas Box House) once the child is found. The caseworker will also notify the GAL that the child has run away.

c. The caseworker will notify law enforcement and file a Missing Persons Report. The caseworker will also request the child be

1030 placed on the NCIC database for missing persons. The caseworker
1031 will supply law enforcement with information that will aid in the
1032 return of the child, including demographic information, where the
1033 child was last seen, and where the child may have ran to.
1034 d. If it is during the school year, the caseworker will contact the school
1035 and request that they notify Child and Family Services if the child
1036 contacts or arrives at school.
1037 e. The caseworker will notify other members of the Child and Family
1038 Team that the child has run away.
1039 f. The caseworker will try and make contact with the child through a
1040 variety of means, including texting, email, and social media
1041 (Facebook, Twitter, etc.), as well as through any other family or
1042 relational contacts at least weekly until the child has been located or
1043 eight weeks from the time the child was reported as runaway,
1044 whichever is sooner, to assess if the child is safe and their needs are
1045 being met. All efforts to locate the child will be documented in
1046 SAFE.
1047 (1) If the child responds to the outreach made by the
1048 caseworker, the caseworker will gather critical information
1049 regarding the safety and well-being of the child.
1050 (2) The caseworker will encourage the child to come back into
1051 care. This must be done with sensitivity to the child and their
1052 situation, as the child may have been running from an unsafe
1053 situation and does not trust Child and Family Services or the
1054 caseworker.
1055 (3) The caseworker will document all correspondence between
1056 the child and the caseworker in SAFE.
1057 g. After 24 hours, the caseworker will change the placement code in
1058 SAFE to CRW. The caseworker will staff the case with their
1059 regional administrative team or designee to determine if the out-of-
1060 home caregiver should continue to be paid as outlined in
1061 Administrative Guidelines Section 060.8 while the child is on the
1062 run. The agreement to pay the out-of-home caregiver will not
1063 exceed 10 days.
1064 h. If the child is on the run for more than eight weeks, the caseworker
1065 will contact the law enforcement agency who took the initial report
1066 to give further information, including dental records, scars, marks
1067 and tattoos, jewelry type, blood type, and other identifiable features
1068 in the event that a deceased is discovered locally or nationwide.
1069 i. If the child is on the run for more than 12 weeks, the caseworker
1070 will staff the case with regional administration or designee to

1071 determine if the case should remain open or if a petition to close the
1072 case should be filed.
1073 (1) If a petition is filed requesting the case be closed, the
1074 caseworker must address what steps have been taken to find
1075 the child. If possible, the caseworker will include verification
1076 that the child is safe while the child has been on the run and
1077 if the child will continue to be safe in the petition.
1078 j. If the case is to remain open, the caseworker will make monthly
1079 attempts to locate the child. All attempts must be documented in
1080 SAFE.
1081 4. If the child engages in chronic runaway behavior (i.e., has run away more
1082 than three times a year or more than once in a 30-day period), the
1083 caseworker will assess with the Child and Family Team the reasons the
1084 child is running and implement strategies to address the behavior. This
1085 could include:
1086 a. Assessing the placement to determine if the placement best meets
1087 the needs of the child. A higher or lower level of care will be
1088 considered if it better meets the needs of the child.
1089 b. Determining if the child is running to something/someone such as
1090 family, peers, and/or intimate relationships. If the child is running to
1091 someone, the caseworker will consider making these relationships
1092 part of the Child and Family Team.
1093 c. Assessing if there are issues at school that have an impact on the
1094 placement or contribute to the runaway behavior, such as bullying
1095 or other negative peer relationships or struggles with academic
1096 progress.
1097 d. Addressing with the child's treatment provider issues relating to the
1098 runway behavior.
1099 e. If necessary, conducting a professional staffing with the region
1100 permanency specialists.
1101 5. If the child is over the age of 18 years and runs away, the caregiver will:
1102 a. Notify the caseworker immediately that the child has run away.
1103 This includes the last time they were seen, when the caregiver
1104 noticed they were gone, and what they were wearing.
1105 b. The caseworker will convene a professional staffing within 24 hours
1106 to determine if the case should remain open as the child is over 18
1107 years of age. The professional team will consider:
1108 (1) The overall safety of the child.
1109 (2) The age and developmental level of the child.
1110 (3) The child's ability to meet their own needs.
1111 (4) The child's relationships and the level of support the
1112 relationships will provide.

1113 (5) If the case should remain open, or if the foster care case
1114 should be closed and the child be released from care.
1115 c. If it is determined that the child is not safe on his or her own, the
1116 caseworker will follow the practice guidelines for runaway child
1117 under the age of 18 years.
1118 d. If it is determined by the professional team that the child should
1119 remain in care, the caseworker will notify the AAG that a warrant
1120 will need to be filed with the juvenile court.
1121 e. If it is determined that the child can meet their own needs and
1122 remain safe on their own, the caseworker will ask the AAG to file for
1123 an early review to close the case.
1124
1125 D. Return to Care:
1126 1. Once the child is located by law enforcement or by the caseworker, the
1127 caseworker will place the child in the least restrictive placement possible.
1128 The child should only be placed in detention if the child has committed a
1129 crime that requires a placement in a correctional facility. Running away is
1130 not a chargeable offense.
1131 2. The caseworker will assess if the child is a victim of CSEC. This includes an
1132 interview with the child in a neutral location after the child's physical needs
1133 have been met and the child is safe. The caseworker will screen the child
1134 by asking the following screening questions: "While on the run,
1135 a. did someone control, supervise, or monitor your work/actions?"
1136 b. could you leave your job or work situation if you want to?"
1137 c. was your communication ever restricted or monitored?"
1138 d. were you able to access medical care?"
1139 e. were you ever allowed to leave the place you were living/working?"
1140 f. Under what conditions?"
1141 g. was your movement outside of your residence/workplace ever
1142 monitored or controlled?"
1143 h. what did you think would have happened if you left the situation?"
1144 i. was there ever a time when you wanted to leave, but felt that you
1145 could not?"
1146 j. what do you think would have happened if you left without telling
1147 anyone?"
1148 k. did you feel it was your only option to stay in the situation?"
1149 l. did anyone ever force you to do something physically or sexually
1150 that you didn't feel comfortable doing?"
1151 m. were you ever physically abused (shoved, slapped, hit, kicked,
1152 scratched, punched, burned, etc.) by anyone?"
1153 n. were you ever sexually abused (sexual assault/unwanted touching,
1154 rape, sexual exploitation, etc.) by anyone?"

o. did anyone ever introduce you to or provide you with drugs or medications?"

Resources: "Screening Tool for Victims of Human Trafficking," U.S. Department of Health and Human Services, *http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf*.

3. If the child reports that they may be victims of CSEC, the caseworker will access the appropriate resources to address the CSEC. This is including but is not limited to:
   a. Report to law enforcement that the child may be a victim of CSEC and assist in the investigation.
   b. Access the appropriate mental health care, preferably a therapist that specializes in treating victims of CSEC.
   c. Inform the placement that the child may be a victim of CSEC. The caseworker will assist the Resource Family Consultant (RFC) to give the placement resources that may aid in the placement's ability to care for the child, including research articles and training materials.
4. A Child and Family Team Meeting will be convened as soon as possible after the child has been returned to determine the correct placement of the child and to determine if additional services are needed as a result of any trauma or behavioral needs the child may have.

300.9 Foster Care Bill Of Rights

Major objectives:
Children in foster care have the right to be treated with genuineness, empathy, and respect, as well as having the Practice Model Skills and Principles applied to their specific case while ensuring the children's safety, permanency, and well-being needs are addressed while in foster care.

The State Youth Council was tasked with writing a Foster Care Bill of Rights that addresses what they feel is important to them while they are in care. This Bill of Rights pertains to all children in care, regardless of age. The Bill of Rights encompasses the Practice Model philosophy, as well as the skills and principles of Utah's Practice Model.

Applicable Laws
Federal Act HR4980, Preventing Sex Trafficking and Strengthening Families Act.
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. The Foster Care Bill of Rights is a document written by youth in foster care and foster care alumni that outlines the rights of a child in foster care. The Bill of Rights is as follows:

1. Be treated with respect regardless of age, race, culture, gender, sexual orientation, gender expression, religious beliefs, family relations, or family history.
2. Live in a safe and healthy environment with adequate clothing, appropriate hygienic items, and sufficient food of nutritional value.
3. Have access to adequate health care services, including mental health, physical health, and dental health, as well as the right to request medical appointments and consistent and quality medical attention.
4. Attend our school of origin or an appropriate school and access to transportation to and from school (and/or employment and extracurricular activities, if applicable).
5. Participate in or continue to participate in healthy and appropriate activities associated with school, culture, a religious organization, or within the community.
6. Have access to vital documents (birth certificate, social security card, state identification card) before aging out of foster care, as well as access to services and resources regarding the transition to adulthood.
7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive manner.
8. Actively participate in case planning and be informed of changes in our case, including participation in placement decisions.
9. Be allowed to pack our own belongings in luggage or other suitable containers.
10. Receive quality services that meet our specific needs in conjunction with a stable environment and the least amount of disruptions.
11. Be informed of our rights and have an identified person or entity to contact when rights are violated, such as our Guardian ad Litem or Ombudsman.
12. Maintain healthy relationships with parents and siblings through frequent visitation and contact.
13. Have access to important adults, including caseworkers and legal representatives.
14. Be informed of when our court hearings are and be able to attend those hearings.

B. The Utah Foster Care Bill of Rights can be found at http://dcfs.utah.gov/pdf/Utah%20Foster%20Care%20Bill%20of%20Rights.pdf.

C. Children in out-of-home care will be informed of their rights while in foster care on a level that is commensurate with their developmental level. For non-verbal children, the Bill of Rights will be reviewed with the out-of-home caregiver.

1. During the first 30 days that a child is in care, the caseworker will review the Bill of Rights with the child.
    a. The caseworker will review the Bill of Rights during a Child and Family Team Meeting so all parties involved in the case are aware of the rights of the child, or
    b. The caseworker will review the Bill of Rights with the child during a private conversation during a home visit.
    c. The caseworker will review the Bill of Rights with the out-of-home caregiver during a private conversation when the child is placed in their home/facility.
    d. The caseworker will document in SAFE that the Bill of Rights was reviewed with the child and the caregiver.
2. Children will be able to access the Bill of Rights at any time through the Home-to-Home Book or other mechanism used by the caregiver to keep records and documents for the child.
3. If the child requests a personal copy of the Bill of Rights, the caseworker will deliver the document within one week of the request.

D. If a child feels their rights have been violated, the child must be given the same resources to resolve the conflict as any other individual. This includes:
1. A meeting with the caseworker and the supervisor.
2. Contact information for the child's Guardian ad Litem.
3. Contact information for the Child and Family Services constituent services specialist at (801) 538-4100.
4. Contact information for the Office of Child Protection Ombudsman at (801) 538-4589.

301 Preparation For Placement In Out-Of-Home Care

301.01 Opening A Foster Care Case

Practice Guidelines

A. The "earliest removal/custody date" is the foster care case start date. According to Federal Regulations 1355.20, "A State may use a date such as the date the child is physically removed from the home. This definition determines the date used in calculating all time period requirements for the periodic reviews, permanency hearings, termination of parental rights provisions, and for providing time-limited reunification services. The definition has no relationship to establishing initial title IV-E eligibility."

The earliest removal/custody date is the date that the child was initially removed from the custody of their legal guardians by Child and Family Services (protective custody), the court (temporary or adjudicated), or by voluntary written consent (voluntary custody). A foster care case will not be opened on a CPS removal unless Child and Family Services is granted temporary custody, adjudicated custody, or voluntary custody. If Child and Family Services has protective custody as the result of a CPS removal and the child is either returned home or temporary custody is granted to relatives at the shelter hearing, a foster care case should not be opened in SAFE. However, if a removal is done during the course of an In-Home Services case without a CPS case being opened to document the removal, then an SCF case should be opened to document the custody and placements during the removal time frame.

1. Using the earliest removal/custody date as the start date, the foster care case should be opened in SAFE by midnight of the second business day after receiving:
   a. Court-ordered temporary custody after a CPS removal, usually granted at the shelter hearing;
   b. Court-ordered adjudicated custody; this is usually the date of the court finding or direct order into custody;
   c. Voluntary custody by a parent or legal guardian;
   d. Protective custody taken during the course of an In-Home Services case when there is no CPS case or other documentation of the removal.
2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the earliest removal/custody date, then the current primary caseworker is responsible for opening the foster care case in SAFE. If a foster care caseworker has not been identified, the current primary caseworker will assign the foster care case to himself or herself, pending case transfer. The current primary caseworker is responsible for all foster care case action

items and activities until a new primary caseworker is identified and assigned to the foster care case.

301.1 Engaging, Teaming, And Assessing

Major objectives:
The caseworker will engage the child and family to develop positive working relationships, partner with the child and family to create a Child and Family Team, work with the Child and Family Team to assess strengths and needs of the child and family, as well as plan for the child's permanency and long-term view.

Applicable Law
Administrative Rule R512-300. Out of Home Services.

Practice Guidelines

A. The primary caseworker will initiate or update the Child and Family Assessment of the child and family within 45 days of removal.
   1. To begin assessment of needs, engage the child's family, identify permanency-planning options, begin planning for placement and visitation, and establish the Child and Family Team. Engage the child in a manner consistent with the child's developmental level to address concerns, explain the system process and the caseworker's role, and begin to discuss with the child issues of separation and loss.
   2. The use of genograms, ecomaps, timelines, and other assessment tools is recommended in gathering information.
   3. The type of assessment will be determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.

C. The primary caseworker will assist in identifying key Child and Family Team members. The primary caseworker will hold the initial Child and Family Team Meeting, continue building upon the Child and Family Assessment, and plan for subsequent meetings and planning sessions.
   1. Assist the family in identifying informal (family, friends, church affiliations, club affiliations, etc.) and formal supports (teachers, therapists, tutors, medical professionals, etc.) that may be part of the Child and Family Team.
   2. Contact the Assistant Attorney General and Guardian ad Litem to provide information and involve these partners in any planning that affects the interests of the child.
   3. Provide information gathered as part of the assessment to the Child and Family Team.

1348 4. When working with a youth, support the youth to take the lead role in the
1349 Child and Family Team. Consider the youth's developmental age,
1350 increasing their role as a Child and Family Team leader as their skill level
1351 increases.
1352
1353 D. Assessment is ongoing and service goals and plans are modified when indicated
1354 by changing needs, circumstances, progress toward achievement of service goals,
1355 or the wishes of the child, family, or Child and Family Team members.
1356 1. Continue to engage the child and family to gather all pertinent health,
1357 social, educational, psychological, and cultural (religion, significant others,
1358 daily schedule, and history) information and other specifics needed to
1359 thoroughly assess the child and family's strengths and needs.
1360 2. Identify each child who is of American Indian decent by ensuring
1361 that the child and family are specifically asked about this heritage. When
1362 this determination is made, refer to Section 705 Indian Child Welfare Act
1363 (ICWA), and follow all requirements. Also, if the child is a member of the
1364 Navajo Nation or Ute Tribe, comply with the intergovernmental
1365 agreements that the state of Utah has with these Tribes.
1366 3. Determine if the child is a United States citizen or qualified alien. [See:
1367 Section 303.10, Children in Foster Care Who Are Not U.S. Citizens.]
1368 4. When a youth is 14 years and older, the Casey Life Skills Assessment will
1369 be used to help identify skills needed for their transition to adulthood.
1370
1371 E. The primary caseworker will complete the application and provide necessary
1372 supporting documentation for Title IV-E and Medicaid eligibility determination.
1373 [*See:* Section 303.9, Federal Benefits And Eligibility.]
1374
1375 F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the
1376 payee. If the child has a disability but is not receiving SSI, apply for benefits. If
1377 the child has a deceased parent and is not receiving SSA survivor benefits, apply
1378 for benefits, if eligible. [*See:* Section 303.9, Federal Benefits And Eligibility.]
1379
1380 G. The primary caseworker will begin collecting information to be included in the
1381 Child's Placement Information Record (Home-to-Home Record). [*See:* Section
1382 303.3, Maintaining The Home-To-Home Book.]
1383
1384 H. At any time, the child's family or other team members may request a Child and
1385 Family Team meeting to discuss concerns, changes to the Child and Family Plan,
1386 visitation, or the need for clinical interventions or conflict resolution.
1387

301.2 Identifying Permanency Goals And Concurrent Planning

Major objectives:
A child in out-of-home care will have a primary permanency goal and a concurrent plan identified by the Child and Family Team and submitted to the court for approval. The primary permanency goal will be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered. Concurrent planning involves working towards reunification while at the same time establishing and implementing an alternative permanency plan. Concurrent rather than sequential planning efforts help move children more quickly from the uncertainty of out-of-home care to the security of a safe and stable permanent family when they cannot safely be reunited with their parents.

Permanency goals and concurrent planning include:
A. Reunification.
B. Adoption.
C. Guardianship (Relative).
D. Guardianship (Non-Relative).
E. Individualized Permanency.

Applicable Laws
Utah Code Ann. §78A-6-312. Dispositional hearing -- Reunification services -- Exceptions.
Utah Code Ann. §78A-6-314. Permanency hearing -- Final plan -- Petition for termination of parental rights filed -- Hearing on termination of parental rights.
Utah Code Ann. §78A-6-105. Definitions.
Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).

Practice Guidelines
A. Key Factors of Permanency and Concurrent Planning:
1. Strengthens family functioning and prevents unnecessary out-of-home placements when possible.
2. Provides the needed goal-oriented family support, educational, medical, and therapeutic services aimed at timely decisions about family reunification.
3. When reunification is not possible, timely decisions about other permanent family options for children in out-of-home care are made.
4. Views the child's behavior and reactions to the separation as expression of LOSS and GRIEF, rather than pathology; and avoids labeling them as "bad," "troubled," "emotionally disturbed," etc.

5. Understands what stage the child is experiencing in the grief and loss continuum--shock, denial, bargaining, anger, depression, and acceptance.
6. Identifies those children who have the greatest likelihood of spending long periods of their childhood in out-of-home care. Determines if intensive reunification efforts would lead to faster decisions about return to family or relatives or if a faster decision can be made about other permanent family options.

B. Permanency Planning: All children require security, love, acceptance, connectedness, a moral/spiritual framework, and lifetime families for their healthy growth and development. All children also need stable families and supportive communities, especially in the early years of life to form the secure attachments so vital to positive self-esteem, meaningful relationships, positive school achievement, and success in the adult world of family and work. For best practice, permanency for children implies strengthening or finding families that can provide:

1. Intent: While a permanent home or family may not be certain to last forever, it is one that is intended to last indefinitely and offers the hope of lifetime connections and support.
2. Commitment and continuity in family relationships: A permanent family is meant to survive geographic moves and the vicissitudes of life because it involves commitment and sharing a common future--whether with the family of origin, adopted family, or a guardianship family.
3. Sense of "belonging" to a family: Evolved from commitment, continuity, and social/legal status, is crucial to security and positive self-esteem, and paves the way to healthy growth and development.
4. Legal and social status: There is a need to legitimize a child's place in a legally permanent family; a family that offers a child a "definitive legal status" separate from the child welfare system, protects his or her rights and interests, and promotes a sense of belonging.

C. Permanency Planning Outcomes:

1. Children remain safely with their parents or relatives.
2. Children are reunited safely with their parents or relatives.
3. Children are safely adopted by relatives or other families.
4. Children are placed with relatives or other families as legal guardians.
5. Children are safely placed in an individualized planned permanent living arrangement.

D. Concurrent Planning: Concurrent planning involves the parallel process of working towards a primary permanency goal, such as reunification, while at the same time actively establishing and implementing an alternative permanency plan.

A concurrent permanency goal is required if the primary permanency goal is reunification. When the primary permanency goal is adoption or individualized permanency, the concurrent goal may be the same as the primary goal if allowed by the judge. Best practice for concurrent planning involves:

1. Frequent parent/child visits from the moment a child is placed in out-of-home care are encouraged unless restricted by the court.
2. Focused intensive services are provided with birth families, giving reunification every chance to work.
3. Maintaining continuity in children's family, sibling, cultural, and community relationships.
4. Using the crisis of placement as a motivator to engage families in case planning and to make behavioral changes.
5. Identifying relatives and Tribal resources that can be placement and permanency resources early on in the case planning process.
6. Engaging families in culturally competent, early assessments, case planning, case review, and decision-making about permanency options to meet children's urgent need for stability and continuity in their family relationships as well as services needed to achieve permanency--reunification or the concurrent plan.
7. Holding Child and Family Team Meetings as they increase options and partnerships for out-of-home caregivers, parents, extended family members, and other significant family resources to be involved early on in formulating plans for children as well as support timely case planning and decision making.
8. Respectfully using full disclosure with birth families, relatives, and out-of-home caregivers throughout the life of the case.
9. Early on, informing birth families of the importance of their involvement and actions in planning for the return of the child and also informing them of the legal consequences should they not succeed in preparing for the child's return home in a timely manner.
10. Developing a network of out-of-home caregivers (relatives and non-relatives) who are actively engaged in supporting family reunification efforts but are also willing to serve as a permanency resource for children who may not return to their birth parents.
11. Utilizing concurrent permanency planning to encourage the adults who care about the child to become collaborators rather than adversaries as they care for and plan where that child will grow up and the long-term view for the child.
12. Collaborating with courts, attorneys, and service providers to better serve children, youth, and families.

13. Should reunification seem unlikely, determining when to pursue the concurrent permanency plan such as adoption or guardianship when it is clear the parent(s) cannot or will not care for their children.

E. Concurrent Planning Outcomes:
1. To support the safety and well-being of children, youth, and families.
2. To promote early permanency decisions for children in out-of-home care.
3. To reduce the number of moves and relationship disruptions that children experience in out-of-home care.
4. To decrease children's length of stay in out-of-home care.

F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps should be completed by the out-of-home care caseworker during the selection process of a primary permanency goal and concurrent planning for a child in out-of-home care:
1. Discuss with the Child and Family Team the long-term view for the child and family.
2. Assess the child's physical, emotional, social, and educational needs and how these needs may be met in planning for the primary and concurrent permanency goals.
3. Discuss the primary goal selection in the context of a Child and Family Team Meeting. The meeting should include the out-of-home caregiver if one has been identified.
4. The primary permanency goal will always be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered.
5. Select a concurrent goal by identifying the next best permanency goal for the child.
   a. Assess the appropriateness of adoption as a concurrent goal. If adoption is ruled out, document compelling or justifiable reasons not to terminate parental rights and pursue adoption.
   b. Determine if guardianship (relative) or guardianship (non-relative) is the next best permanency goal to the primary goal. Guardianship and legal custody should not be selected if parental rights have been terminated. Neither of these goals should be selected if the Child and Family Team determines that it is in the best interest of the child to have custody remain with Child and Family Services and guardianship be given to a relative or a non-relative. This is considered individualized permanency.
      (1) Identify potential guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child.

1553 (2) Potential guardians may be either relatives or non-relatives.
1554 If the potential guardian is a non-relative, the child must be
1555 currently placed in their home or be a sibling of a child placed
1556 in the home. For relative placement, Kinship Practice
1557 Guidelines must be followed prior to selecting guardianship
1558 as a primary goal.
1559 c. When adoption, guardianship (relative), and guardianship (non-
1560 relative) have all been ruled out as concurrent goals, individualized
1561 permanency is the only other permanency option.
1562 6. Discuss with out-of-home caregivers the long-term view for the child and
1563 their ability and willingness to be an ongoing caregiver if the current
1564 primary permanency goal is discontinued.
1565 7. Provide full disclosure of requirements and responsibilities of the out-of-
1566 home caregivers and child's parent(s) (see Full Disclosure section below).
1567 8. Once the primary goal and concurrent goal have been identified,
1568 collaborate with the Assistant Attorney General, Guardian ad Litem, and
1569 court to ensure that they are court ordered.
1570 9. Update the primary and concurrent goal on the Child and Family
1571 Assessment and Child and Family Plan with input from the Child and
1572 Family Team. Update the goals in SAFE.
1573 10. If reunification services are discontinued, the Child and Family Team will
1574 determine if it is in the best interest of the child for the concurrent goal to
1575 become the primary permanency goal.
1576 11. The Child and Family Team may select another goal for the child's new
1577 concurrent permanency goal if it is in the child's best interest, but it is not
1578 required. If the child's new primary permanency goal is the best and only
1579 option for this child, then selecting one permanency goal as the primary
1580 AND concurrent goal is acceptable. For example, if individualized
1581 permanency is selected as the new primary permanency goal because none
1582 of the other options are appropriate, then it makes sense to select it as the
1583 concurrent goal as well.
1584 12. The team will identify factors that must be considered for transition
1585 planning if the concurrent goal becomes the primary permanency goal.
1586 13. The team will discuss the appropriateness of the child maintaining a
1587 relationship with parents if reunification efforts are discontinued and
1588 parental rights are not terminated, including continuing visitation and
1589 residual parental rights.
1590 14. Once the new primary goal and concurrent goal have been identified,
1591 collaborate with the Assistant Attorney General, Guardian ad Litem, and
1592 court to ensure that they are court ordered.

15. Update the new primary permanency and concurrent goal on the Child and Family Assessment and Child and Family Plan with input from the Child and Family Team. Update the goals in SAFE.

G. Reunification: The Child and Family Team will use the following criteria to determine whether to make a recommendation to the court for reunification services:

1. The risk factors that led to the placement were acute rather than chronic.
2. The Child and Family Assessments (including factors such as the initial risk assessment, level of informal and formal supports available to the family, and the family history including past patterns of behavior) conclude that the parent appears to possess or have the potential to develop the ability to ensure the child's safety and provide a nurturing environment.
3. The parent is committed to the child and indicates a desire to have the child returned home.
4. The child has a desire for reunification and is determined using age appropriate assessments.
5. Members of the Child and Family Team support a reunification plan.
6. If the parent is no longer living with the individual who severely abused the minor, reunification may be considered if the parent is able to implement a plan that ensures the child's ongoing safety.
7. Court requirements for ordering reasonable services to reunify if the parent is incarcerated or institutionalized. [*See:* Utah Code Ann. §78A-6-312.] The court is required by law to order reunification services to an incarcerated or institutionalized parent unless it determines that those services would be detrimental to the minor. In determining detriment, the court must consider the following:
   a. The age of the child.
   b. The degree of parent-child bonding.
   c. The length of the sentence.
   d. The nature of the treatment.
   e. The nature of the crime or illness.
   f. The degree of detriment to the minor if services are not offered.
   g. For minors 10 years of age and older, the child's attitude towards reunification services and any other appropriate factors.
8. If Child and Family Services is recommending no reunification due to parent mental illness of such magnitude that it renders the parent incapable of utilizing reunification services, this recommendation will be based on competent evidence from two medical or mental health professionals, who are not associates, establishing that even with provision of services, the parent is not likely to be capable of adequately caring for

1634 the child within 12 months from the day on which the court finding is
1635 made.
1636 9. Child and Family Services will provide additional relevant facts, when
1637 available, to assist the court in making a determination regarding the
1638 appropriateness of reunification services such as:
1639 a. The parent's failure to respond to previous services or service plan.
1640 b. The child being abused while the parent was under the influence of
1641 drugs or alcohol.
1642 c. Continuation of a chaotic, dysfunctional lifestyle.
1643 d. The parent's past history of violent behavior.
1644 e. The testimony of a competent professional (expert witness) that the
1645 parent's behavior is unlikely to be successfully changed.
1646 f. The parent is the child's birth mother and the child has fetal alcohol
1647 syndrome or was exposed to illegal or prescription drugs that were
1648 abused by the child's mother while the child was in utero, if the child
1649 was taken into custody for this reason, unless the mother agrees to
1650 enroll in, is currently enrolled in, or has recently and successfully
1651 completed a substance abuse treatment program approved by Child
1652 and Family Services.
1653 10. As outlined in Utah Code Ann. §78A-6-312, timelines for reunification and
1654 extensions of reunification services are as follows:
1655 a. Reunification services may be granted for 12 months.
1656 b. The juvenile court judge may grant up to two extensions for
1657 reunification services. The extensions are for a maximum time
1658 period of 90 days each, for a total of 180 days. In order to grant an
1659 extension, the judge must make a finding that:
1660 (1) The parent has substantially complied with the Child and
1661 Family Plan.
1662 (2) It is likely that the reunification will occur within the 90-day
1663 period
1664 (3) The extension is in the best interest of the child.
1665 c. The court takes into consideration the status of the minor siblings of
1666 the child.
1667 11. If the court does not order reunification services a permanency hearing will
1668 be conducted within 30 days after the dispositional hearing, If
1669 reunification services are terminated during the course of the case a
1670 permanency hearing will be conducted the day on which the provision of
1671 reunification services end,. At that hearing, an alternative permanency
1672 plan will be presented to the court.
1673 a. If reunification services are not ordered, and the whereabouts of a
1674 parent becomes known within six months of the out-of-home
1675 placement of the minor, the court may order Child and Family

Services to provide reunification services. Statutory time frames for reunification (outlined in 10 above) still apply. [*See:* Utah Code Ann. §78A-6-314.] Reunification services may be granted for 12 months, with a possible extension of three months if objectives that can be achieved in the time frame are not sacrificed by the parent's absence.

b. When reunification efforts have ceased or are not appropriate, a primary permanency goal of adoption, guardianship (relative), guardianship (non-relative), or individualized permanency may be selected.

12. The court may determine that efforts to reunify a child with the child's family are not reasonable, based on individual circumstances, and that reunification services need not be provided to a parent or other caregiver. [*See:* Utah Code Ann. §78A-6-312.] The following criteria will be used by the Child and Family Team in determining whether to make a recommendation to the court that reunification services not be offered.

a. The parent's whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.

b. The parent is suffering from a mental illness of such magnitude that it renders the parent incapable of utilizing services provided by Child and Family Services. This will be assessed by a licensed mental health professional.

c. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse.

d. The parent has been convicted of causing the death of another child through neglect or abuse.

e. The minor child is under the age of five and has suffered severe abuse by the parent or by persons known by the parent, if the parent knew or reasonably should have known that the person was abusing the minor.

f. The minor has been adjudicated as an abused child as a result of severe abuse by the parent, and the court finds that it would not be beneficial to the child to pursue reunification services with the offending parent or caregiver.

g. The child has been removed from home on at least two previous occasions and reunification services were offered or provided to the family at those times. It is a presumption under the law that reunification services are not appropriate and should not be ordered

under these circumstances. In these cases, a permanency goal/plan other than reunification will be pursued.

h. Any other circumstances that the court determines should preclude reunification efforts or services.

301.3 Placement Requirements

Major objectives:
To provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child's special needs, according to the following priorities:

A. Placement with non-custodial parent.

B. Placement with siblings, unless there is a documented safety concern.

C. Placement with kin or extended family who are invested in preserving the child's kinship ties.

D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification.
   1. "Reasonable proximity" includes placing the child within the neighborhood of the family home so that family contact, continued school placement, church involvement, and friendships may be maintained.
   2. Any placement beyond school district or county lines must be discussed with the Child and Family Team.
   3. If a placement in close proximity was not selected, document in the Child and Family Plan reasons why the chosen placement is in the best interests of the child.

Applicable Law
Utah Code Ann. §78A-6-307. Shelter hearing -- Placement with a noncustodial parent or relative -- DCFS custody.

Practice Guidelines
A. Every effort is made for the "first placement to be the best placement."

B. Kinship options are explored at the onset of the out-of-home intervention. [*See:* Kinship Major objectives, Section 500.]

C. Every effort will be made to place siblings together in out-of-home care. Siblings are required to be placed together unless contrary to the safety or well-being of

1760 any of the siblings. Any issue that prevents siblings from being placed together
1761 must be documented in SAFE. Siblings not placed together in out-of-home care
1762 must have frequent visitation and/or other ongoing contact (at least monthly)
1763 unless there is a documented safety or well-being issue that prevents the siblings
1764 from having visitation or ongoing interaction.
1765
1766 D. Decisions about where a child is placed will be made in the context of a Child and
1767 Family Team and will include steps to facilitate the child's transition to that
1768 placement.
1769
1770 E. When assistance is needed in locating a placement, contact the local resource
1771 family consultant, the placement screening committee, or the residential
1772 screening committee to explore placement options.
1773
1774 F. For an American Indian child for placement preferences, refer to Section 705,
1775 ICWA Major objectives.
1776
1777 G. For children needing or in an out-of-state placement, refer to Section 700,
1778 General Practice Guidelines--Section 703, Interstate Compact On The Placement
1779 Of Children Major objectives.
1780
1781 H. For children who are currently in a crisis placement, refer to Section 700, General
1782 Practice Guidelines--Section 704, Placement Of A Child In Protective Custody,
1783 Major objectives.
1784
1785 I. For parents requesting a voluntary placement for their child, refer to Section 700,
1786 General Practice Guidelines--Section 704.2, Voluntary Placement Major
1787 objectives.
1788
1789 J. For information on emergency foster care placements, refer to Section 700,
1790 General Practice Guidelines--Section 704.4, Emergency Foster Care Placement
1791 Major objectives.
1792
1793 K. Based on the level of care needed (i.e., basic, specialized, structured, or other),
1794 refer to Section 301.6, Basic, Specialized, And Structured Out-Of-Home Care
1795 Placement Options.
1796
1797 L. For children under the age of five years, screen for placement in a foster-adoptive
1798 home, refer to Section 301.5, Foster-Adoptive Placements.
1799
1800 M. For children with more intensive needs than a family setting can provide, screen
1801 for residential services. Each region will establish and maintain a utilization

review committee that consists of the contract specialist for the region, an administrative representative, a clinical consultant, a budget specialist, and a placement expert. Other members may be added to the committee at the discretion of the region. [*See:* Section 301.13, Regional Screening Committee For Residential Care.]

301.4 Selecting An Out-Of-Home Caregiver

Major objectives:
When choosing an out-of-home caregiver, the caseworker will provide relevant information about the child's permanency goal, family visitation schedule, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. In addition, all of the following will apply:

A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet the child's individual needs. When appropriate, the caseworker may also take into account the caregiver's ability to support reunification efforts while considering the option of becoming a permanent home for the child if reunification is not achieved.

B. Each placement will be staffed and will be made in accordance with placement requirements.

C. A child in the custody of Child and Family Services will be placed with an out-of-home caregiver who is fully licensed. A child may be placed in a home that is licensed with a 90-day initial license only if the out-of-home caregiver is pursuing licensure as a placement for that specific child.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.
Administrative Rule R512-302-4. Out of Home Services, Responsibilities Pertaining to an Out of Home Caregiver.

Practice Guidelines
A. The number of children that can be placed in the home of a licensed out-of-home caregiver shall be within the capacity of the license granted to the caregiver by the Office of Licensing and/or in accordance with the definition of a foster home in Utah Code Ann. §62A-2-101.

[A]B. The out-of-home caregiver will be selected based on their willingness and ability to implement the child's primary and concurrent plans, which may include

willingness and ability to adopt or take guardianship of the child if reunification is not possible.

[~~B~~]C. The out-of-home caregiver must be willing and able to interact with the child's family and assist the child in maintaining and strengthening family connections.

[~~C~~]D. The out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet a child's individual immediate and long-term needs, including medical, educational, mental health, social, behavioral, and emotional needs.

[~~D~~]E. The out-of-home caregiver will be selected based on their willingness and ability to keep sibling groups together. If it is not possible to keep siblings together in the same home, the out-of-home caregiver will need to communicate a willingness to help facilitate frequent visitation and contact between the child and the siblings when appropriate.

[~~E~~]F. The out-of-home caregiver will be selected based on their willingness and ability to respect and support the child's religious and cultural practices and, where practical, appropriate, and where no denial or delay of placement will occur, are of the same religious faith and cultural background as the child.

[~~F~~]G. The child will be placed with an out-of-home caregiver sensitive to the child's cultural heritage and linguistic needs. At least one out-of-home caregiver in the home must demonstrate effective communication in the language of the child placed in care.

[~~G~~]H. The out-of-home caregiver must be willing or able to learn to proactively respond to challenges and conflicts associated with placement.

[~~H~~]I. If a child has been in out-of-home care previously and reenters protective custody, the child's former out of-home caregiver will be notified if still licensed. Child and Family Services will make a determination of the former out of-home caregiver's willingness and ability to safely and appropriately care for the child. If the former foster home is determined by Child and Family Services to be appropriate, the former out of-home caregiver will be given a preference over other out-of-home caregivers for placement of the child. [*See:* Utah Code Ann. §62A-4a-206.1.]

[~~I~~]J. Prior to placement, detailed information about the child should be provided to the prospective out-of-home caregiver from either the regional resource family consultant or out-of-home caseworker so they can make an informed decision regarding placement of the child in their home. When relevant, the caseworker

will encourage the out-of-home caregiver to consult with other family members living in the home in making the decision.

1. Child and Family Services will provide relevant information regarding the child and information regarding Child and Family Services procedures in order to address the following issues:
    a. Maintaining a child's connections to their past, present, and future;
    b. Giving first preference to a prospective adult relative caregiver and assessing their capacity to serve as a temporary placement and a possible permanent placement for a child;
    c. Acknowledging a parent's residual rights and responsibilities for their child;
    d. Explaining permanency planning timeframes as well as the range of permanency planning options including primary and concurrent permanency goals;
    e. Discussing with the out-of-home caregiver their willingness to support and assist with reunification efforts,
    f. Discussing with the out-of-home caregiver their willingness to adopt or take guardianship if the child is unable to reunify with their birth family,
    g. Discussing with the out-of-home caregiver their willingness and ability to keep the sibling group together; or if siblings not placed together, discussing with the out-of-home caregiver the importance of facilitating and allowing for frequent visitation and contact between siblings when appropriate.
    h. Explaining expectations the agency has for the out-of-home caregiver in regards to the Child and Family Plan, Child and Family Team Meetings, visitation, court, health and mental health appointment, etc.;
    i. Maintaining the child's needs, including connections to culture, family, frequent contact through visitation with parents and siblings, continuity of care as well as information about the child's medical, dental, mental health, educational, social, behavioral, and emotional needs;
    j. Disclosing the reason for Child and Family Services intervention and out-of-home care placement, such as threats and risks to the child's safety and how they can be addressed.
2. The Child and Family Services staff that provided the information to the caregiver will document that the information has been provided to the caregiver in the SAFE activity logs and will add the policy attachment "Placement – Child info Given to caregiver prior to placement".

[J]K. Child and Family Services File Review Guidelines: Best practice is allowing the prospective or current out-of-home caregiver an opportunity to review the child's file before making any long-term decisions regarding the care of a child. Licensed foster parents are contracted by Child and Family Services as a provider to care for the child. Thus, they may view any parts of the child's file that help them understand the child and the child's background for purposes of parenting the child. The file may contain information that will help the family decide if they have the necessary skills and support to meet the needs of a particular child in out-of-home care. Once a child is placed with the out-of-home caregiver, the file also has important documents that the family may want to copy if not in the Home-of-Home Book, for example immunization records and school placement information.

When a kinship provider is not a licensed foster parent, refer to Kinship Practice Guidelines Section 503.1 for guidelines regarding kinship caregivers reviewing the information in the child's file.

The following guidelines should be followed when a prospective out-of-home caregiver reviews a child's Child and Family Services file:

1. The caseworker should inform the out-of-home caregiver that the information in the child's file is one way to help them determine whether or not they have the resources and skills to meet the child's needs.
2. The caseworker should inform the out-of-home caregiver that the information in the file consists of subjective opinions made by the caseworker or therapist written at one time in the child's life. Circumstances and the child's development can change the way a child behaves and adjusts to current life situations. For instance, the child may have received many different mental health diagnoses. The mental health diagnoses in a child's file is affected by each therapist's interpretation, the child's developmental stage, factors in the child's environment, and different life circumstances.
3. The confidentiality agreement must be signed by the out-of-home caregiver prior to allowing them to review the file. [SAFE form DCFS02.]
4. The caseworker should orient the prospective out-of-home caregiver to the structure of the files and the location of information.
5. The caseworker should counsel an out-of-home caregiver to consider specific types of information, such as medical conditions, developmental delays, disabilities, mental health diagnoses, placements and transfers, educational needs, and other considerations for the child.
6. The caseworker should advise the out-of-home caregiver to look for specific information they need to parent the child and identify information to copy once a child is placed in their home, if not found in the child's

Home-to-Home Book. [*Red italic script* identifies information to copy if not found in the child's Home-to-Home Book.]

a. Medical Information: *Immunizations, all allergies including food allergies, any disabilities and treatments, current medications and implications of discontinuing medications, history of illnesses,* conditions from abuse or neglect, *serious accidents, surgeries, past doctors, and hospital of birth*;

b. Dental Information: Dental records, *past dentists*, and orthodontic work, and *orthodontist*;

c. Educational Information: *Schools and grades, evaluations, special education plans such as Individual Education Plans (IEP) or Student Education and Occupational Plans (SEOP), learning disabilities including specific disability and tests results*;

d. Mental Health Information: *Current and prior therapists* and history of treatment, diagnoses, and the current diagnosis; what the diagnosis means in raising a child, what behaviors are connected with the diagnoses, and how the consequences of these behaviors are the best way to deal with the behaviors. The resource parent should be encouraged to talk directly with the child's mental health therapist when possible;

e. Family History: *Health Data Report from SAFE,* family situation, moves or stability factors, abuse and neglect history, domestic violence, reason for the child's removal from their biological family, culture, *genogram including the siblings (with their birth dates), timelines*. Family member's talents, hobbies and interests. *Family photos and letters, if available.*

f. Child's Personal Information: Developmental history, when available. Placement history including the child's adaptation. Photos of the child, of pets, of foster parents, or of other significant caregivers. The child's art work, creations, or projects. Stories about the child's birth and early life. Religious records such as baptismal, christening, Bar mitzvah, and confirmation records. Activities such as scouts, sports, choir, etc. Favorite foods, favorite toys or stories, names of friends, and other things that may help the child feel more secure, such as chores and house rules or bedtime routines.

7. After the out-of-home caregiver has looked through the file, the caseworker should talk with them about what they found. The caseworker may also give them health and mental health diagnoses summary sheets, and answer questions they may have.

a. Helpful websites include:

(1) American Academy of Child & Adolescent Psychiatry: www.aacap.org;
(2) American Psychological Association: www.apa.org;
(3) American Academy of Pediatrics: www.aap.org;
(4) Internet Mental Health: www.mentalhealth.com;

b. The caseworker will respond to questions or concerns of the out-of-home caregiver and give the family time to think about all they have learned.

c. The caseworker should also encourage the out-of-home caregiver to set another appointment to talk and ask other questions;

d. The caseworker should help the out-of-home caregiver to understand the importance of keeping the child's information and history.

[~~K~~]L. The caseworker should encourage the out-of-home caregiver to review the child's file several times and especially after the child has been with the family for a couple of months.

301.5 Placement Of A Child In Out-of-Home Care In An Adoptive Home

Major objectives:

A. A child in out-of-home care needs to be placed in a potential adoptive family when:
   1. The child enters protective custody under circumstances (listed below) that may allow an initial permanency goal of adoption.
   2. The child's permanency goal changes to adoption and the child is not with the family who will be their permanent family.

B. When a child enters protective custody, Child and Family Services may give preference for the initial placement of the child to be in a resource home of a family that has already expressed a desire to adopt a child. When possible and if time permits, the child's needs should be screened with the Adoption Committee. However, if time does not permit, the caseworker and/or RFC may place in a resource home without screening with the Adoption Committee. The home should be willing to keep the child while reunification is still in progress. If the child's goal changes to adoption, the family that the child is placed with will be given first consideration for adoption. If the family does not desire to adopt the child, the child may remain there until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the adoptive and/or permanent home. (Please refer to Practice Guidelines Section 704 for more information regarding placement of a child in protective custody.)

C. Permanency planning will continually be assessed by the caseworker and the Child and Family Team.

Applicable Law

Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. When a child enters protective custody, if time permits, the caseworker will make efforts for the first placement of the child to be in the home of a resource family that is willing to adopt the child in circumstances where the child has a permanency goal other than reunification, due to one of the following reasons:
   1. The parent's whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.

2. The parent is suffering from a mental illness of such magnitude that it renders them incapable of utilizing services provided by Child and Family Services as assessed by a licensed mental health professional.
3. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse.
4. The parent has been convicted of causing the death of another child through neglect or abuse.
5. The minor child is under the age of five years and has suffered severe abuse by the parent or by persons known by the parent if the parent knew or reasonably should have known that the person was abusing the minor.

B. A child whose permanency goal changes to adoption and who is not with the family who will be their permanent family is to be screened by the designated region Adoption Committee for placement in an adoptive home.
   1. The protocol in Practice Guidelines Section 401.7 Adoption Committee will be followed when screening a child for an adoptive placement.

C. When the child's permanency goal changes to adoption and the child is not with the family who will be their permanent family, permanency planning will continually be assessed and explored by the caseworker and the Child and Family Team. Child and Family Services will work with the resource family to provide them with support and services in order to maintain the child in the placement to minimize the number of placement moves the child experiences. The resource family will then assist with the transition of the child into the permanent home.

D. Following the screening and selection of the adoptive family, the caseworker and the Child and Family Team will continue to assess the viability of the placement for permanency.

301.6 Basic (Level I), Specialized (Level II), And Structured (Level III) Out-Of-Home Care Placement Options

(This section has been replaced by Section 310.)

301.7 Children With Specialized Health Care And Developmental Needs

Major objectives:
A child's specialized health care and developmental needs, as determined by a health care provider, will be taken into account in the selection of an out-of-home caregiver. Specialized health care and developmental needs include, but are not limited to, physical or developmental disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV positive. For a child whose disability cannot be adequately addressed in a traditional family setting, services from both Child and Family Services and the Division of Services to People with Disabilities (DSPD) may be explored.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. The following must be considered in placement selection:
   1. Access and availability to appropriate medical resources.
   2. Appropriate facilities in the home to meet the needs of the child.
   3. The skill level and nurturing ability of the out-of-home caregiver.
   4. A family composition that allows sufficient time to meet the needs of the child with specialized health care challenges.
   5. The ability to transport and coordinate with various agencies that may be serving the child and family.
   6. Adherence to the principle of normalization including placement in the least restrictive most appropriate placement within the community.
   7. Availability of education services specific to the child's needs.

B. The out-of-home caregiver and the child's parent will receive instruction from a qualified health care provider on the operation of any medical equipment required for a child's care.

C. The Child and Family Team will include medical, social work, and rehabilitation personnel who will coordinate a program of interventions designed to meet the child's needs.

D. The Child and Family Plan will:
   1. Address the child's current and anticipated medical and rehabilitative needs.
   2. Specify the child's condition and provide appropriate short-term and long-term medical and rehabilitation interventions.

301.8 Children With Medically Fragile Or Medically Needy Conditions

Major objectives:
A child who is medically fragile or medically needy, as determined by a physician, and the child's out-of-home caregiver will receive support and services in accordance to their needs.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Children who are Medically Fragile or Medically Needy (MFC): Children who are Medically Fragile or Medically Needy and their out-of-home caregivers will receive support and services in accordance to their needs. The MFC code will be used for both Medically Fragile and Medically Needy children. This code could serve to enhance the foster care payment for the child's additional health care needs, as providers may receive an additional payment for children who are deemed Medically Needy or Medically Fragile.

B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a guarantee that an additional payment will be deemed appropriate. This determination for any additional payment for a Medically Needy or Medically Fragile child will need to be determined within the context of the Child and Family Team.
   1. Medically Needy: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Needy children are those who fall within category four of the Health Status Outcome Measures. Medically Needy children may have an acute illness or chronic condition that requires regular ongoing follow-up. This can include substance abuse, pregnancy, and daily medications that are not preventative.
   2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Fragile children are those who fall within category five of the Health Status Outcome Measures. A Medically Fragile child has multiple and/or debilitating condition(s) that require assistance with activities of daily living, requires daily monitoring, or is at risk for developing an acute condition.
   3. The child must have a diagnosis that meets the Medically Fragile or Medically Needy criteria from a physician or from his/her medical records.
   4. The Fostering Healthy Children Nurse will review Medically Fragile and Medically Needy cases quarterly and document this in SAFE to determine

the appropriateness of the MFC code. The nurse will keep the out-of-home caseworkers informed of the child's MFC Code status.

5. The Child and Family Team for children who are Medically Fragile or Medically Needy will include the caseworker, resource family consultant, Fostering Healthy Children nurse, out-of-home caregiver, biological parents, and child. The Child and Family Team may also include the medical practitioners and rehabilitation therapists.
6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly basis by the Child and Family Team or more frequently as needed. The caseworker is responsible for coordinating the Child and Family Team Meetings. A report on the child's condition should be included on the Out-of-Home Progress Summary.
7. If the child meets the Medically Fragile or Medically Needy criteria, additional monies can be added to the daily rate. The caseworker will ensure that if the child meets either the Medically Fragile or Medically Needy criteria, that the MFC code will be opened for services.
8. Designate in the meeting the person responsible for opening the MFC code. This person will submit the MFC code for payment to the eligibility technician.
9. The resource family consultant or other designated staff will open the approval for the MFC code on the PR07 screen and update the R198B for auditing purposes.

301.9 Children With Severe Mental Health Needs

Major objectives:
Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily functioning and has existed or is likely to for one year or longer and requires intensive mental health treatment will be evaluated by a regional committee for placement options. The Child and Family Team will provide recommendations regarding the child's needs. Assistance with individualized Child and Family Plans may also be requested from the Division of Mental Health. In extreme circumstances, when a child's severe mental health needs cannot be met by an out-of-home caregiver in the community, placement in the Utah State Hospital will be considered.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. The following factors must be considered in placing children with severe mental health needs:

1. The composition and skills of out-of-home caregivers if placement is being made in a family setting.
2. The ability of the out-of-home caregivers to maintain both the child and others safely.
3. The risks to the child and the community.
4. Access and availability of appropriate treatment.
5. Whether the placement is the least restrictive setting in which the child's needs can be met.

B. If the child requires placement in the Utah State Hospital:
1. Clearly document in the Child and Family Plan how the child or youth will benefit from the placement in the State Hospital.
2. This placement option will only be considered for latency-age children and adolescents.
3. Document the community mental health center involved in making the placement.

301.10 Children Who Are Sexually Reactive

Major objectives:
For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization, a placement will be selected that meets the needs of the child and maintains safety in the home and community.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. To facilitate appropriate placement, placement screening committees or the regional screening committee will address the special treatment needs of the child and identify potential placement problems and solutions. The Child and Family Team will provide recommendations regarding the child's needs.

B. Meetings may include professionals from the community that are providing services to the child or could help assess the child's placement and treatment needs.

C. The following factors will be considered in placing these children:
1. The child's treatment needs and the availability of resources.
2. The skill level of the out-of-home care provider.
3. The child's supervision needs.

4. The out-of-home caregiver's ability to appropriately manage this type of behavior.
5. Composition of the kin or out-of-home caregiver's family. Children who are sexually reactive will not be placed with families who have younger or otherwise vulnerable children.
6. Risks to the neighborhood and school.

D. The caseworker must fully disclose all known information to the prospective out-of-home caregiver of the child's known history as a victim and/or perpetrator prior to placement. Additional information obtained at any time throughout the placement will also be disclosed to the out-of-home caregiver.

E. There may be situations where it is in the best interest of the child and the community for placement to be outside of a family setting.

F. Documentation must be in the child's case record as to the staffings on the case and the appropriateness of the child's placement.

301.11 Youth In Out-Of-Home Care With Children

Major objectives:
When a young woman in Child and Family Services custody is mother to a child, Child and Family Services will only take custody of the young woman's child if there are concerns of abuse, neglect, or dependency. If the mother plans to continue parenting, the child will remain in the out-of-home placement with the mother.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Explore placement options with the Child and Family Team. If it is determined that the foster youth is not able to remain in her current out-of-home placement with her child, other alternatives such as teen mother programs may need to be explored.

B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the out-of-home caregiver will mentor appropriate parenting and household management skills.

C. The Child and Family Plan will reflect the type of mentoring needed by the mother (youth) in caring for her child.

D. Additional payments may be made for necessities needed for day-to day care and to cover room and board costs for the baby. If the foster youth is placed in a foster home, a supplemental daily payment may be made to the out-of-home caregiver to cover the baby's room and board costs (using the BAB code). The Child and Family Team may recommend that the foster youth be given responsibility to use a portion of that payment for the baby's needs.

If the foster youth is placed in an independent living placement, a supplemental daily payment may be made to the foster youth to cover the baby's room and board costs (using the BAB code).

In addition, special needs of the foster youth's child may be covered through relevant payment categories identified for foster children. Each payment on behalf of the child will be made under the foster youth's name.

301.12 Residential Care

Major objectives:
Children who have severe emotional or behavioral difficulties and cannot be managed in traditional family settings because of their need for more intensive supervision and treatment may be placed in residential care.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Children who qualify to be screened for residential placements will meet the following requirements:
   1. Child is inappropriate for less restrictive placements or there are no other placements available to meet the child's needs.
   2. Child is not able to function on a daily basis in a family environment.
   3. Child needs more structure than is available in a traditional family setting.
   4. Child requires 24-hour supervision.

B. Placement in residential care will be approved by the regional residential screening committee according to regional protocol.
   1. Cases will be reviewed only after the Child and Family Team has been consulted.
   2. The Child and Family Team should not come with a recommendation for residential placement. Rather, they are to generate a list of needs for the child and family that will be reviewed by the screening committee for recommendations on how to best meet those identified needs.

3. Residential placement may be an option recommended and approved by the Screening Committee.

301.13 Regional Screening Committee For Residential Care

Major objectives:
If a child requires a screening for a change in placement level, the caseworker will present an assessment of the child's current strengths and needs to the regional screening committee.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines
The regional screening committee will:

A. Review placement options available for the child.

B. Assess current budget and placement cap restrictions in the region.

C. Set the date for the next review. Reviews must occur at a minimum of every 90 days while the child is in a high cost setting. Regions with a high number of children in residential placements may have difficulty achieving this; however, it should be a priority of the region to facilitate these reviews.

D. A provider will be selected on the basis of ability and willingness to include the family in the service process, treatment, and discharge planning from the beginning.

E. The committee will complete the residential screening form and the purchase service authorization at the conclusion of the screening.

301.14 Transition To Approved Placement

Major objectives:
In order to minimize the risk of trauma or potential future crisis to children, a transition plan will be developed and implemented for all children moving into or between any type of placement. Prior to any placement, all children will be prepared for the move using developmentally appropriate intervention strategies.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

2396
2397 Practice Guidelines
2398 A. The child's family must be informed whenever there is a need for the child to
2399 change or transition to a placement. Engage the family to determine the child's
2400 needs and prepare them for the child's move.
2401
2402 B. Explain the reason for the move, the current situation, and what comes next in
2403 the process. Some of the following strategies may be helpful:
2404 1. Drawing pictures.
2405 2. Acting out the removal and subsequent move with small play figures.
2406 3. Creating a time line.
2407
2408 This type of preparation can range from a minimum of one hour for emergency
2409 removal situations to several weeks for more gradual transitions, dependent upon
2410 the child's needs and situation.
2411
2412 C. Identify and obtain familiar supports including people, toys, blankets, and other
2413 items, learning style, coping mechanisms, daily schedule, habits, likes/dislikes,
2414 social, emotional, cognitive (including school needs, fears, and successful
2415 parenting methods for both comforting and disciplining the child), physical
2416 (including acute or chronic medical conditions, nutritional requirements or
2417 restrictions, food preferences/dislikes, medications, immunizations, and allergies),
2418 and cultural information including religious preference. It is highly recommended
2419 that a familiar adult (a family member or friend where appropriate) and the
2420 caseworker assist with the move.
2421
2422 D. Validate the child and family's fears, reactions, and concerns.
2423
2424 E. Plan the placement in accordance with placement requirements. [*See:* Section
2425 301, Preparation For Placement In Out-Of-Home Care.]
2426
2427 F. To eliminate the child experiencing rejection, transition activities are never to be
2428 initiated as a "trial" attempt to place with a family. Transition activities are utilized
2429 when families have expressed a commitment to the child's care prior to
2430 placement.
2431
2432 G. It is best practice for children to have pre-placement visits to gradually orient
2433 them to the new home and caregivers. Pre-placement visits may include:
2434 1. A tour of the new home.
2435 2. Activities such as day visits, mutual activities, or overnight visits.
2436

H. Prepare and/or update the Child's Home-to-Home Book. [*See:* Section 303.3, Maintaining The Home-To-Home Book.]

301.15 Guardianship And Legal Custody With A Relative And Non-Relative

(This section has been moved to Section 308.2.)

301.16 Obtaining Birth Certificates From The Office Of Vital Statistics For Children In Out-Of-Home Care

Major objectives:
This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a birth certificate for a child in out-of-home care that needs that document to register for school or apply for and receive a State or Federal benefit or service.

Practice Guidelines

A. Process for obtaining a birth certificate from the Office of Vital Statistics:
   1. Region administration will identify senior assistant caseworkers or other designees responsible for submitting birth certificate applications for children in their region in an out-of-home placement and will disseminate that list to workers in their region.
   2. When a birth certificate for a child is needed, caseworkers will contact one of their regional representatives that have the responsibility to submit a request for a birth certificate to the Office of Vital Statistics and will provide all information needed on the application form.
   3. The designated worker responsible for applying for birth certificates will document all information provided by the caseworker on the Child and Family Services birth certificate request template supplied by the Office of Vital Statistics and will submit the completed form to Office of Vital Statistics at DCFSbirthreq@utah.gov. The Office of Vital Statistics uses that form to search for and print the required birth certificate and mails an official copy of the birth certificate to the individual in the region that submitted the request.
   4. Once the region designee receives the birth certificate, that individual will provide the original or a copy to the child's caseworker.
   5. The caseworker or designee will be responsible for documenting when a birth certificate application has been made, when a birth certificate has been received, and for placing the child's birth certificate in the child's case file once it is received.

B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of Vital Statistics issues an invoice to the Child and Family Services state office that lists the names of all children for whom a birth certificate was issued, the region that made the request, and the cost associated for each birth certificate. The Child and Family Services state office budget and accounting manager will submit a single payment to the Office of Vital Statistics for all birth certificates issued during the month and will transfer costs for each birth certificate to the region that made the request.

302 Planning And Interventions

302.1 Child And Family Plans

Major objectives:

A. The Child and Family Team will create a plan based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. The Child and Family Team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.

B. The initial plan will be developed and finalized no later than 45 days after a child's removal from the home or placement in Child and Family Services custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.

C. In every case, a concurrent plan will be in place from the inception of the out-of-home care intervention to ensure a permanent family for the child within a timely framework.

Applicable Law

Utah Code Ann. §62A-4a-205. Child and family plan -- Parent-time.

Practice Guidelines

A. To facilitate permanency, the Child and Family Plan will include:
   1. The current strengths and Protective Factors of the child and family, as well as the threats to safety need to be addressed. In addition, a primary permanency goal and concurrent goal to provide the child with a permanent home within 12 months of the date of removal.
   2. If the goal is reunification, the plan will specify a projected return home date and a description of steps and services offered to the parent to achieve reunification.
   3. Description of the type of placement appropriate for the child's special needs and best interests, in the least restrictive setting available and in close proximity to the parents, when the goal is reunification. If the child with a goal of reunification has been placed a substantial distance from the parents, the plan will describe reasons why the placement is in the best interests of the child.
   4. If the goal is not reunification, the plan will include steps to finalize the placement, including child-specific recruitment efforts if the goal is adoption.
   5. Safety agreement, if needed.
   6. Plan for crisis, if needed.
   7. Plan for next age-appropriate transition.

8. A plan for transition from foster care to independent living, if a child is 14 years or older. TAL services will be available to youth ages 14 and older.
9. Plan to assure the child receives safe and proper care including the provision of medical, dental, mental health, educational, recreational, or other specialized services and resources.
    a. If a child is placed in residential treatment and has medical or mental health issues that need to be addressed, the Child and Family Plan will include a specialized assessment of the medical and mental health needs of the child.
    b. If parental rights have not been terminated, the parents retain the right to seek a separate medical or mental health diagnosis of their child from a licensed practitioner of their choice.
10. A visitation plan for the child, parents, and siblings, and grandparents if it is in the child's best interest.
11. Steps for monitoring the placement and providing support to the out-of-home caregiver, including plan for visitation of the child and support to the caregiver when placed out of state.
12. Methods by which the child's significant relationships can be maintained regardless of the permanency goals.

B. Child and Family Services will make substantial efforts to develop the Child and Family Plan with which the child's parents agree. If the parents do not agree with the Child and Family Plan, Child and Family Services will strive to resolve the disagreement with the parents. If the disagreement is not resolved, Child and Family Services will inform the court of the disagreement.

C. Parent/child involvement in the development of the Child and Family Plan. Child and Family Team Meetings and/or monthly interviews between the caseworker and parent may provide the parent with the opportunity to provide input into the development of the plan. Child and Family Team Meetings or private interviews between the child and the caseworker or other team members may provide opportunities for the child to contribute to planning.
1. All parents will have the opportunity to participate in the development of the Child and Family Plan.
2. For the purpose of planning, parent is defined as:
    a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
    b. The legally recognized father regardless of physical custody or current level of involvement in the child's life.
    c. The legally recognized adoptive mother and/or father.
    d. The legally recognized guardian.

2569 e. The caregiver with whom the child was living with at the time Child
2570 and Family Services became involved AND with whom the child
2571 may remain or be reunited. This may include relative caregivers and
2572 non-relative caregivers such as stepparents.
2573 f. A stepparent who is living in the home where the child was residing
2574 and will be returned.
2575 g. The substitute caregiver(s) that has been identified as the person(s)
2576 who will be imminently providing enduring permanency for the
2577 child;
2578 3. Exceptions for parental involvement include:
2579 a. The parent is deceased.
2580 b. Parental rights are terminated.
2581 c. Parent's active or passive refusal to participate.
2582 (1) Active Refusal: Parent expresses verbally or in writing that
2583 they are not interested in participating in the development of
2584 the plan. In this case, the caseworker must verify with the
2585 parent that they still decline participation before every new
2586 plan is finalized.
2587 (2) Passive Refusal: Parent indicates a passive refusal to
2588 participate in the plan development through their actions or
2589 inactions, such as failing to keep appointments or returning
2590 messages. In this case, the caseworker must make at least
2591 two attempts to contact the parent face-to-face, by phone,
2592 or by correspondance every time a new plan is developed to
2593 provide them opportunity to participate in the development
2594 of the plan.
2595 (3) The caseworker will document the dates and efforts to
2596 involve the parent, methods of interaction between the
2597 caseworker and the parent, and the parent's expressed
2598 desire.
2599 d. The parents' whereabouts are unknown despite concerted efforts to
2600 locate them. Concerted efforts means a monthly attempt at
2601 locating the parent using one of the following:
2602 (1) Interviews with Child and Family Team members.
2603 (2) Interviews with extended family.
2604 (3) Interviews with the child.
2605 (4) Checking allied agency records (Department of Workforce
2606 Services, Office of Recovery Services, law enforcement, etc.).
2607 (5) On-line person locator searches.
2608 (6) Other sources not listed here that the caseworker or the
2609 team becomes aware of.

2610 e. Parental involvement in the planning process is detrimental to the
2611 safety or best interest of the child and is supported by court order
2612 or clinical recommendation.
2613 4. All children listed on the plan who are developmentally appropriate will
2614 have the opportunity to participate in the development of the plan to the
2615 degree that they are capable of contributing to the plan.
2616 a. A developmentally appropriate child means they have the ability to
2617 understand and offer relevant contributions to the plan or express
2618 preferential considerations within the selection of services or
2619 objectives. As a general guideline, children who are elementary
2620 school aged are regarded as being capable of contributing to the
2621 plan to some extent unless otherwise developmentally incapable.
2622 b. Contributions offered by the child will be considered by the team
2623 and included in the plan based on the Child and Family Team's
2624 determination of the appropriateness of the request.
2625 5. The child's court appointed Guardian ad Litem will be involved in the
2626 development of a child's Child and Family Plan. The Guardian ad Litem will
2627 be invited to any Child and Family Team Meeting held to develop, review,
2628 or modify the Child and Family Plan.
2629 a. Caseworkers will continue to schedule Child and Family Team
2630 Meetings around the needs of the child and family and will invite
2631 the Guardian ad Litem.
2632 b. It is not required that the Guardian ad Litem be in attendance in
2633 order to hold the Child and Family Team Meeting.
2634
2635 D. Upon finalization of the Child and Family Plan, both the caseworker and
2636 supervisor will sign the plan. The caseworker will obtain signatures from the
2637 parents, child, and out-of-home caregiver. If any party refuses to sign the plan,
2638 reasons will be documented in the activity logs of the case file. Once all
2639 signatures have been obtained, copies of the plan will be sent to the Juvenile
2640 Court, Assistant Attorney General, Guardian ad Litem, legal counsel for the
2641 parents, parents, child, and out-of-home caregiver.
2642
2643 E. Concurrent permanency planning ensures that the child and family are prepared
2644 for both the child's primary and secondary permanency goals. Every Child and
2645 Family Plan must include a primary and secondary goal.
2646
2647 F. Tracking and adapting the Child and Family Plan/team review/progress
2648 summaries:
2649 1. With input from Child and Family Team members, the plan will be
2650 reviewed to track progress made and progress will be reported at least
2651 every 90 days.

a. The progress summary will outline the current situation and progress towards the permanency goal.
b. The progress summary will be signed by both the caseworker and supervisor and will be submitted to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal counsel for the parents, parents, and out-of-home caregiver.

2. The plan will be adapted:
   a. When the team identifies that new steps are needed to make progress.
   b. When the team identifies a new need.
   c. When needs are met.
   d. When there is a significant change with the child and family, including a placement change.
   e. At least every six months from date of removal.

302.2 Purposeful Visiting With The Child, Out-Of-Home Caregivers, And Parents

Major objectives:
Regular visiting with a child enables the out-of-home caseworker to assess how well a child's placement is meeting their needs for safety, permanency, and well-being. The out-of-home caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable, nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well they will be able to promote safety, permanency, and well-being for their children. The out-of-home caseworker will visit with the child, out-of-home caregivers, and parents no less than once every month.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using face-to-face visits with children, out-of-home caregivers, and parents provides out-of-home caseworkers an opportunity to deepen the helping relationship. Findings from the Child and Family Services Review (CFSR) found that there is a significant positive relationship between out-of-home caseworker visits with children and a number of other indicators for safety, permanency, and well-being. These indicators include:
   1. Providing services to protect children in the home.
   2. Preventing removal.
   3. Managing the risk of harm to children.
   4. Establishing permanency goals.

5. Achieving reunification, guardianship, and permanent placement with relatives.
6. Achieving the goal of other planned living arrangements.
7. Placement with siblings.
8. Preserving children's connections while in out-of-home care.
9. Maintaining the child's relationship with parents.
10. Assessing needs and providing services to children and families.
11. Involving children and parents in case planning.
12. Visiting with parents.
13. Meeting the educational needs of the child.
14. Meeting the physical health needs of the child.
15. Meeting the mental health needs of the child.

B. Caseworker contact with the child: The caseworker will visit with the child. Visit is defined as a face-to-face meeting between the child and the caseworker and must include the following elements:

1. Frequency - visits must occur as frequently as the conditions of the case require and no less frequently than at least monthly.
2. Location - the environment of the location of the visits must be conducive to open and honest conversation. At least one monthly caseworker contact with the child must take place in the out-of-home placement. The interview between the caseworker and the child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately, depending on the comfort level of the children or if there are safety considerations.
3. Duration - the length of the visit must be of sufficient duration to address key issues.
4. Quality discussion - the content of the interview should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promotes the achievement of case goals. When the child is nonverbal or unable to communicate, the caseworker will document that the child is nonverbal and instead report observations regarding the child's appearance pertaining to physical well-being.
5. In working with an older youth, empower the youth by helping them to address their desires or needs. This enables the youth to have an opportunity to practice skills necessary for adulthood. It is also important to include youth as active members of the team. Youth should be included in all decisions that affect their lives. These will help to make it more likely that the youth's needs will be met and that they will be able to establish positive relationships.

2735 6. As needed, the out-of-home caseworker and other members of the Child
2736 and Family Team develop the specifics of the visitation plan as well as to
2737 decide who will make additional visits and contacts with the child.
2738 Document this in the Child and Family Plan.
2739 7. If the child is placed outside the state, the out-of-home caseworker will
2740 have at least one telephone conversation per month with the child (if the
2741 child is verbal) and with the child's out-of-home caregiver. In addition, the
2742 out-of-home caseworker will request through the Interstate Compact
2743 Placement Agreement that a courtesy caseworker have a monthly face-to-
2744 face visit with the child and provide a written report of the visit to the Utah
2745 out-of-home caseworker each quarter.
2746
2747 C. Caseworker contact with the out-of-home caregiver: The caseworker will visit
2748 with the out-of-home caregiver on a monthly basis. Visiting with the out-of-
2749 home caregivers will help to establish and maintain a working relationship.
2750 1. At a minimum, the caseworker will conduct one monthly face-to-face
2751 contact with the substitute caregiver with whom the child is living. The
2752 caseworker will assess with the substitute caregiver the safety (including
2753 threats of harm, child vulnerabilities, and protective capacities of the
2754 caregiver), permanency, and well-being needs of the child and the
2755 substitute caregiver's needs as it pertains to the child's needs.
2756 2. Reviewing on a quarterly basis with the out-of-home caregiver the child's
2757 Home-to-Home Book. (See Section 303.3 Maintaining The Home-To-
2758 Home Book.)
2759
2760 D. Monthly caseworker contact with the child's parents: The caseworker will have
2761 regular contact with each parent to assess safety, permanency, and well-being of
2762 the children and to promote achievement of case goals.
2763 1. For the purpose of monthly caseworker contact with parent, parent is
2764 defined as:
2765 a. The legally recognized birth mother regardless of physical custody
2766 or current level of involvement in the child's life.
2767 b. The legally recognized father regardless of physical custody or
2768 current level of involvement in the child's life.
2769 c. The legally recognized adoptive mother and/or father.
2770 d. The legally recognized guardian.
2771 e. The caregiver with whom the child was living with at the time Child
2772 and Family Services became involved AND with whom the child
2773 may be reunited. This may include relative caregivers and non-
2774 relative caregivers such as stepparents.
2775 f. The substitute caregiver(s) that has been identified as the person(s)
2776 who will be imminently providing enduring permanency for the
2777 child.

2. Contact is defined as a face-to-face meeting between the parent and the caseworker and must include the following elements:
    a. Frequency - visits must occur at least monthly.
    b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
    c. Duration - the length of the visit must be of sufficient duration to address key issues.
    d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.
3. Exceptions for caseworker contact with parent include:
    a. The parent is deceased.
    b. Parental rights are terminated.
    c. Parent's active or passive refusal to participate.
        (1) Active Refusal: Parent expresses verbally or in writing that they are not interested in having monthly contact with the caseworker. In this case, the caseworker must periodically verify with the parent that they still decline contact. Periodic means that the caseworker attempts to make some type of contact whether it be face-to-face, phone, or correspondence with the parent at a minimum of a quarterly basis if reunification is the goal. If reunification has been terminated but parental rights are still in place, periodic contact means every six months.
        (2) Passive Refusal: Parent indicates a passive refusal to have monthly contact with the worker through their actions or inactions, such as failing to keep appointments or returning messages. In this case, the caseworker must make at least two attempts a month to contact the parent face-to-face, by phone or correspondance, while reunification services are provided to that parent. When reunification is terminated but parental rights are still in place, periodic attempts to contact the parent may be reduced to every six months.
        (3) The caseworker will document the dates and efforts to contact the parent, methods of interaction between the caseworker and the parent, and the parent's expressed desire or actions/inactions.
    d. The parents' whereabouts are unknown despite concerted efforts to locate them. Concerted efforts means a monthly attempt at locating the parent using one of the following:
        (1) Interviews with Child and Family Team members.
        (2) Interviews with extended family.

(3) Interviews with the child.
(4) Checking allied agency records (Department of Workforce Services, Office of Recovery Services, law enforcement, etc.).
(5) On-line person locator searches.
(6) Other sources not listed here that the caseworker or the team becomes aware of.

e. Parental involvement in the planning process is detrimental to the safety or best interest of the child and is supported by court order or clinical recommendation.

f. When the parent resides out of the county, face-to-face contact may be replaced by other means of contact such as BY phone or correspondence.

E. Monthly Home Visit: The caseworker will check on the residence where the child is living and observe and document the general conditions pertaining to threats of harm, child vulnerabilities, and protective capacities of the caregivers. The caseworker will not enter a home for the purpose of a visit without a caregiver present, unless the child's caregiver has granted permission. This approval should be documented. The caseworker may enter the family's home in an emergency without a caregiver's permission.

F. The outcomes of out-of-home caseworker visitation include:

1. Assessing safety, permanency, well-being, strengths, and needs. A series of developmentally appropriate checklists and questions developed by the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-home caregivers, or parents during their face-to-face visits. (To view these checklists and questions, go to http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html).
2. Addressing and planning for any immediate needs and concerns.
3. Reviewing progress and completion of steps of the Child and Family Plan, including the identified permanency goal for the child, out-of-home caregivers, or parents.
4. Planning toward the child's permanency goal, concurrent plan, and long-term view.
5. Identifying any challenges and developing solutions.
6. Providing an opportunity for the child, out-of-home caregivers, or parents to share events, successes, feelings, and issues such as those related to the family and child's education, health, behavior (including separation, grief, and loss), relationships, and any items of special interest or concern for the child.

7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that promotes the change process. It may be useful to use solution-focused questions.
8. Providing information about resources and linking necessary supports and services for the child, out-of-home caregivers, or parents. Assisting the parents in attaining needed resources (i.e., securing housing, transportation, etc.). Examining other issues related to the delivery of services to identify and remove or reduce barriers to the attainment of those services.
9. Discussing and monitoring current appointments and issues pertaining to the child such as medical, dental, mental health, school, culture, court, and parent and sibling visitation.
10. Providing opportunities for the child, out-of-home caregivers, and parents to make choices about next steps.
11. Making suggested changes and modifications to the Child and Family Plan in partnership with the team.

G. In addition to the monthly visit, the out-of-home caseworker will be available to provide ongoing counsel to address any immediate concerns or issues that the child, out-of-home caregivers, or parents may have.

303 Services And Interventions

Major objectives:
Determination of interventions and service modalities will be matched to the assessed needs of the family. Only interventions deemed as best practice and approved by Child and Family Services will be utilized.

In order to provide services to promote successful reunification or other permanency options for the child, the family will be seen as the center of case management and Child and Family Planning. Services will be delivered according to the individualized assessed needs of the family as early in the intervention process as possible.

303.1 Visitation With Familial Connections

Major objectives:
Purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Visitation plans between the child, parent, and siblings will be individualized to meet the needs of the family. Visitation plans will be facilitated by joint planning between the members of the Child and Family Team. Visits will occur as often as possible with once per week as the general guideline. Frequent visitation and contact between siblings not placed together in out-of-home care is required unless there is a safety or well-being issue that prevents the siblings from having visitation or ongoing interaction.

B. The Child and Family Team will consider visitation and/or other forms of contact with the grandparents for children in state custody if it is determined that contact will be in the best interest of the child, there are no safety concerns, and allowing contact would not compete with or undermine reunification goals.

C. Visitation with parents, siblings, and grandparents will occur in the most natural setting, such as family's home, library, church, or community center, neighborhood park, shopping center, etc.

D. Supervised visits will only occur in situations where safety or emotional well-being of the child is in question and will be conducted by caseworkers, kin or out-of-home caregivers, trained assistants, or other qualified individuals.

E. Visitation plans with parents, siblings, and grandparents will be outlined in the Child and Family Plan and specific arrangements will be made between the parents and out-of-home caregivers, with consultation by the Child and Family Team, and may include suggested locations, dates, times, and individuals responsible to transport and attend.

F. In situations where distance or other circumstances present difficulty for the family, alternative transportation arrangements will be explored with the team, such as bus, light-rail, or meeting at the half-way point between locations. If, after creative exploration of all options by the Child and Family Team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.

G. Kin or out-of-home caregivers may only censor or monitor a child's mail or phone calls by court order.

H. Contacts with family for children placed out-of-state:
   1. A child who is placed out-of -state in out-of-home care may make two trips home a year at the state's expense. The region may make exceptions to this in emergencies, such as the serious illness or death of a parent or family member. If the parent has moved out-of-state and the permanency goal is to return the child to the parent, the child may also make two trips per year to visit the parent at the state's expense if the parent cannot afford to purchase the necessary tickets.
   2. Children who are placed out-of-state or out of the area will be encouraged to maintain written and telephone contact with their parents as negotiated by the Child and Family Team.

303.2 Caseworker Visitation With The Child

(This section has been replaced with Section 302.2.)

303.3 Maintaining The Home-To-Home Book

Major objectives:
The child's Home-to-Home Book will be initially created by the caseworker and maintained by the out-of-home caregiver to preserve vital information about the child's events and activities during the time the child spent in care and relevant information contained therein to be shared with appropriate health care and educational providers during visits to ensure continuity of care.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. The child's Home-to-Home Book will contain all information about the child while in out-of-home care, including:
   1. Names and addresses of providers, an inventory of belongings, a behavior checklist, information about the child's needs and habits, visitation information, and a section for the safe-keeping of mementos and photographs.
   2. Health history, current health status, medications, immunization record, copies of medical reports, and names and addresses of health care providers.
   3. School records, including school name and address, preschool information as well as educational information, the names of teachers and counselors familiar with the child, the child's grade level performance, and special education needs.
   4. Records and contact persons from any other public and private health, mental health, or social service agencies that have worked with the child.
   5. Past mental health problems and special needs of the child.
   6. Documentation and receipts for any items or services purchased for the child while in out-of-home care.
   7. Name, address, and phone number of the child's Guardian ad Litem and the Guardian's ad Litem role in protecting the child's interest. Out-of-home caregivers are encouraged to contact the child's Guardian ad Litem with any concerns that the child's needs are not being met.

B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to serve as a history while the child is in care. At time of each placement, new forms are generated to serve as updates, but do not replace existing forms and information.

3005 C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-
3006 home caregiver at the time of placement. If not, the caseworker will deliver and
3007 review the record with the out-of-home caregiver no later than 10 working days
3008 from date of placement.
3009
3010 D. The caseworker will explain to the out-of-home care provider during the review
3011 of the Home-to-Home Book that medical care must be obtained only from an
3012 approved Medicaid provider, which means that if an HMO is designated on the
3013 child's card, the health care provider must participate in that HMO.
3014
3015 E. The out-of-home caregiver must take health care history information from the
3016 Home-to-Home Book to health care visits to assure continuity of care and
3017 prevent unnecessary duplication of medical care (such as immunizations).
3018
3019 F. The out-of-home caregiver is to keep current records of the child's vital
3020 information and important events in the Home-to-Home Book.
3021
3022 G. The caseworker will review the Home-to-Home Book at least quarterly with the
3023 out-of-home caregiver and the child, when appropriate, to discuss the child's
3024 school progress, medical needs, use of clothing allowance and other special needs
3025 payments, and other issues related to the placement.
3026
3027 H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from
3028 the out-of-home caregiver and do the following:
3029 1. Give the items contained in the mementos and photograph packets to the
3030 parent, if the child is returned home, or to the permanent placement
3031 provider.
3032 2. Remove any forms or information contained in the remaining packets and
3033 place in the green out-of-home binder, to be archived upon case closure.
3034 3. Place the emptied Home-to-Home binder and packets into the designated
3035 area for reuse.
3036

3037 303.4 Educational Services

3038 Major objectives:
3039 The caseworker will make every effort to ensure that all children placed in out-of-home
3040 care receive appropriate educational services consistent with their needs. Child and
3041 Family Services staff will work with the Child and Family Team to help the child achieve
3042 his or her full educational potential. Child and Family Services will ensure that children in
3043 out-of-home care have educational stability, when possible and appropriate. The guide
3044 for "Educating Youth in State Care" contains information regarding frequently asked
3045 questions.
3046

3047
3048 **Applicable Law**
3049 Utah Code Ann. §62A-4a-105. Division responsibilities.
3050 Utah Code Ann. §53A-2-207. Open enrollment options -- Procedures -- Processing fee -
3051 - Continuing enrollment.
3052
3053 Practice Guidelines
3054 A. If a child in the custody of Child and Family Services has attained the minimum
3055 age for school attendance, the caseworker will ensure that the child is enrolled in
3056 school on a full-time basis. Educational information, including the child's
3057 educational placement, will be documented in SAFE on the Education Tab by the
3058 caseworker.
3059 1. If the child has a medical condition and is incapable of attending school on
3060 a full-time basis, the caseworker will document the condition in SAFE in
3061 the comments section of the Education tab. The caseworker will also
3062 document in the comments section of the Education tab any alternate
3063 arrangements made to provide educational services for a child unable to
3064 attend school full time.
3065 2. Educational information for a child unable to attend school on a full-time
3066 basis will be updated in the in the comments section of the Education tab
3067 in SAFE when a Child and Family Plan is updated or as changes in the
3068 child's medical condition or educational placement occur.
3069
3070 B. When a child is placed in the custody of Child and Family Services, and whenever
3071 a child changes placement, efforts will be made to maintain the child's enrollment
3072 at their existing school. If safety, transportation, and other issues can be
3073 adequately addressed, a child should remain in their existing school in order to
3074 allow consistency in their education. The process for determining the child's
3075 educational placement is as follows:
3076 1. The caseworker will assess any safety concerns that exist and determine if
3077 the child can safely remain in the school where they were originally
3078 enrolled when they came into custody. Any safety concerns regarding the
3079 educational placement will, at a minimum, be documented in the Child and
3080 Family Assessment and in the comments section of the Education tab in
3081 SAFE.
3082 2. While assessing whether the child may remain in their school placement,
3083 the caseworker will gather and take into account input from educational
3084 staff and Child and Family Team members.
3085 3. Utah Code Ann. §53A-2-207 allows the child in state custody to remain in
3086 the school they were enrolled in prior to coming into custody, and
3087 whenever a child changes placement. The caseworker and Child and
3088 Family Team will determine whether it is in the best interest of the child to

3089 remain in the school they are currently enrolled in and will consider
3090 proximity to the school when making placement decisions. If it is in the
3091 child's best interest, the caseworker will give significant consideration to
3092 placements that will facilitate the child to continue to attend the school
3093 they were enrolled in when the child entered custody.
3094 4. If the child remains in the school they were enrolled in when they entered
3095 custody, the caseworker will inform the school that the child has entered
3096 state custody and will work with educational staff to ensure that any safety
3097 concerns are addressed.
3098 a. If there is a protective order or no-contact order in place for the
3099 child against any individual, the caseworker will provide a copy of
3100 the order to the school.
3101 5. When a child in Child and Family Services custody must be transferred to a
3102 new school, the caseworker will do the following:
3103 a. Make every effort to cause the least disruption with the child's
3104 education (e.g., waiting until the end of a semester or year to move
3105 a child from the school).
3106 b. Document in the Education tab in SAFE why it was not in the best
3107 interest of the child to remain in the school they were enrolled in at
3108 the time they came into custody.
3109 c. Consult with staff at the former school about how to minimize
3110 disruptions of the child's education.
3111 d. Inform the new school that the child in state custody will be
3112 enrolled.
3113 (1) Within three school days of a child's placement in foster care
3114 or in a new out-of-home placement, the caseworker or
3115 caregiver will enroll the child in school.
3116 e. Obtain and complete all fee waiver forms from the school and
3117 authorize payment of school fees not waived; and will refer the
3118 child to the Youth in Custody (YIC) program and will fill out the
3119 necessary forms to enroll the child. This is required if a YIC program
3120 exists. If a child is in a school district that does not have an
3121 applicable YIC program, the caseworker or out-of-home caregiver
3122 will refer the child to the appropriate school principal or staff for
3123 assessment of educational needs.
3124 (1) The caseworker, out-of-home caregiver, and the child will
3125 meet with the YIC program staff and/or school
3126 administration from the new school. Other members of the
3127 Child and Family Team may be included in this process.
3128 f. Ensure that the new school specifically requests special education
3129 records from the former school. Special education records are not
3130 transmitted to the receiving school with the general educational file

3131 unless specifically requested. (Special education records are kept in
3132 a separate location than other general education records.)
3133 g. Provide copies of any educational records they have to the new
3134 school when a child is changing schools to facilitate the immediate
3135 enrollment of a child into the appropriate academic placement.
3136
3137 C. The caseworker will gather any available educational information and provide it to
3138 the out-of-home caregivers for placement in the Home-to-Home Book within ten
3139 days from the date of placement.
3140
3141 D. At any time during the child's placement, if any member of the Child and Family
3142 Team has reason to suspect that the child may have a disability requiring special
3143 education services, the child will be referred for assessment for specialized
3144 services.
3145
3146 E. The caseworker will maintain contact with educational staff to monitor the child's
3147 ongoing educational status, including grades, attendance, and credits toward
3148 graduation. Educational staff or input will be included in Child and Family Team
3149 Meetings when appropriate.
3150
3151 F. In order to cause the least amount of disruption to the child's education,
3152 caseworkers and other Child and Family Services' staff will make active efforts to
3153 minimize school interruptions and should avoid taking the child out of school for
3154 visits and appointments. Appointments will be made after school hours when at
3155 all possible. When court hearings require a child to be present for the hearing,
3156 caseworkers and/or foster parents will make arrangements with the school
3157 beforehand to obtain school work and assignments for the time the child will be
3158 excused.
3159
3160 G. It is always allowable for CPS caseworkers to take a child out of class for the
3161 purposes of conducting an interview regarding an allegation of abuse or neglect.
3162
3163 H. Pursuant to Utah Code Ann. §53A-11a-203, a school must notify a parent or
3164 guardian when a student threatens to commit suicide and/or a student is involved
3165 in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation
3166 1. When a school notifies a caseworker that a child in out-of-home care was
3167 involved in one of the above types of incidents, the caseworker will:
3168 a. Notify the parent or guardian if parental rights have not been
3169 terminated and the parent's whereabouts are known.
3170 b. Notify the foster parent and other relevant members of the Child
3171 and Family Team (such as the therapist, treatment providers, etc.).
3172 c. Request a written report from the school regarding the incident

3173 d. Notify and staff the situation with the supervisor.
3174 e. If region protocol directs, notify designated regional administrative
3175 staff.
3176 f. Notify the Guardian ad Litem and Assistant Attorney General of the
3177 situation as soon as possible.
3178 g. Record all known details of the emergency situation and action
3179 taken in the SAFE activity logs.
3180 2. If an out-of-home caregiver receives notification from a school that the
3181 child was involved in one of the above incidents, the out-of-home
3182 caregiver will notify the caseworker by phone or email within 24 business
3183 hours.
3184 a. Upon receiving notification that the child was involved in one of the
3185 above incidents, the caseworker will ensure that they complete the
3186 steps listed in subsection 1 above.
3187

3188 ## 303.5 Health Care

3189 Major objectives:
3190 All children placed in out-of-home care will receive health care services according to
3191 the requirements of Child and Family Services whether they are Medicaid eligible or
3192 not. The Child and Family Services caseworker will notify parents of any medical,
3193 dental, or mental health needs or appointments for their child.
3194
3195
3196 **Applicable Law**
3197 Utah Code Ann. §62A-4a-105. Division responsibilities.
3198
3199 Practice Guidelines
3200 The following health care services will be provided:
3201
3202 A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by
3203 a health care provider within 24 hours.
3204
3205 B. Within 30 days of removal or court-ordered custody, whichever occurs first, the
3206 child will receive:
3207 1. Well Child CHEC (Child Health Evaluation and Care) exam.
3208 a. A Well Child CHEC should be scheduled with the child's Primary
3209 Care Physician (PCP).
3210 b. If a child does not have a PCP, the RN assigned to the case should
3211 be consulted with to identify a provider that is on the child's
3212 insurance plan

3213 c. If the PCP does not have an available appointment within 30 days, a
3214 provider that accepts the child's health insurance plan should see
3215 the child and the report should be forwarded to the PCP.
3216 d. For children under the age of two years, the Periodicity Schedule
3217 will be followed. The Periodicity Schedule is:
3218 (1) Birth.
3219 (2) Two weeks of age.
3220 (3) Two months of age.
3221 (4) Four months of age.
3222 (5) Six months of age.
3223 (6) Nine months of age.
3224 (7) Twelve months of age.
3225 (8) Fifteen months of age.
3226 (9) Eighteen months of age.
3227 (10) Twenty-four months of age.
3228 (11) Annually after 24 months of age.
3229
3230 C. Within 30 days of removal or court-ordered custody, whichever occurs first, the
3231 child will receive:
3232 1. Dental exam:
3233 a. Required for children three years of age and older.
3234 b. Children under age three will be followed by their PCP and referred
3235 to a dentist with any identified problems.
3236 2. Mental Health Assessment:
3237 Children five years of age and older will receive a mental health
3238 assessment.
3239
3240 D. Developmental and Social Emotional Assessment:
3241 1. PCPs will follow developmental progress for infants.
3242 2. For children 4 months to 5 years of age who are removed or court-ordered
3243 into custody, the Ages and Stages Questionnaire (ASQ) and the Ages and
3244 Stages Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be
3245 mailed to the foster parent for completion based on the child's current age
3246 and the following schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30,
3247 33, 36, 42, 48, 54, and 60 months.
3248 3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-
3249 SE will be used in determining the need for further developmental/mental
3250 health assessment.
3251 a. The ASQ and ASQ-SE will be completed with the child by the
3252 current out-of-home caregiver. Upon completion, the
3253 questionnaires are sent back to the FHC Program staff to be scored.

3254 b. If a child scores below the recommended level, FHC staff will
3255 coordinate a referral for Early Intervention within 30 days of the
3256 return of the questionnaire.
3257 4. Children ages 37 months to 60 months (3 years and one month to 5 years):
3258 The ASQ and ASQ-SE will be used in determining the need for further
3259 mental health assessment.
3260 a. The ASQ and ASQ-SE will be completed with the child by the
3261 current out-of-home caregiver. Upon completion, the
3262 questionnaires are sent back to the FHC Program staff to be scored.
3263 b. If a child scores below the recommended level, FHC staff will
3264 coordinate a referral to the local school district or mental health
3265 care provider where the child resides within 30 days of the return of
3266 the questionnaire.
3267
3268 E. Immunizations: All children in out-of-home care will receive immunizations as
3269 recommended by the Center for Disease Control (CDC).
3270 1. Those children behind the recommended CDC schedule of immunizations
3271 when entering out-of-home care will be caught up as recommended by
3272 their PCP.
3273 2. Families who have medical or religious beliefs that exempt them from
3274 immunizations will have this information documented in the Health screen
3275 and activity log in SAFE.
3276
3277 F. Medical, Dental, and Mental Health Referrals: Referral and follow-up
3278 appointments will be completed within the time frame specified by the health
3279 care professional or in a time frame that is no longer than 90 days from the
3280 receipt of the health visit report (HVR). .
3281
3282 G. Second Opinions for Health Care: Children requiring specialized medical services
3283 may receive a second opinion from a provider that specializes in the area of need.
3284
3285 H. Concerns that Arise Prior to the Scheduled Exams:
3286 1. A child with medical, dental, or mental health concerns that arise prior to
3287 the required scheduled exams will be immediately referred to the
3288 appropriate health care professional.
3289 2. The referral will be documented in the activity logs in SAFE. Concerns may
3290 include uncontrollable behavior, sleep disturbances, suicide
3291 ideation/thoughts, harming self or others, enuresis/encopresis, illness,
3292 fever, aches/pains, vomiting, diarrhea, bleeding, etc.
3293 3. PCPs of children entering custody with chronic medical conditions such as
3294 epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies,

3295 etc. will be notified of their current custody status. Communication will
3296 originate with the caseworker and will include the regional FHC staff.
3297
3298 I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:
3299 1. The caseworker will use the assessment tool provided by Child and Family
3300 Services to assess if unresolved traumatic experiences are making it
3301 difficult for the child to function in daily life. The current assessment tools
3302 for trauma adjustment are the CANS/UFACET.
3303 2. If the caseworker identifies on the assessment that the child's daily
3304 functioning is being adversely affected by unresolved issues of trauma, the
3305 caseworker will provide the information to a mental health professional for
3306 further assessment and treatment of the child. If the child is currently
3307 receiving mental health treatment, the caseworker will provide the
3308 information to the mental health professional working with the child.
3309
3310 J. For Youth Temporarily Placed in Detention Facilities: The initial or annual Well
3311 Child CHEC must be completed within 30 days of release, if not completed while
3312 in detention.
3313
3314 K. Re-entry into Out-of-Home Care: When a child re-enters custody or returns from
3315 runaway status, a Well Child CHEC must be completed within 30 days. Unless
3316 there are health and safety concerns identified, the dental exam and mental
3317 health assessment can be waived if one was completed within the past year while
3318 in out-of-home care.
3319 1. If it has been less than one year since completion of the dental exam or
3320 mental health assessment, the next exams will be prompted in SAFE as an
3321 annual occurrence from the last completed date.
3322 2. If it has been over one year since completion of the dental or mental health
3323 exams, an exam must be completed within 30 days. Prompting for the
3324 next annual exams will begin in SAFE from the removal or court-ordered
3325 custody date, whichever occurs first.
3326
3327 L. Annually: While in out-of-home care, all children will receive an annual Well Child
3328 CHEC according to the Periodicity Schedule, dental exam, and mental health
3329 assessment or developmental/social emotional assessment (ASQ and ASQ-SE).
3330 Appointments will be completed within 30 days of the annual due date.
3331
3332 M. Working with Youth: When working with youth and when appropriate,
3333 encourage them to make their own health care appointments and become active
3334 participants in learning about their health care services and needs.
3335
3336 N. Including parents/guardians in child's health treatment:

3337 1. Caseworkers will make reasonable measures to notify a parent/guardian of
3338 any non-emergency health treatment or care scheduled for a child.
3339 Reasonable measures include notifying the parent/guardian of scheduled
3340 health care appointments a minimum of 24 hours prior to the health care
3341 appointment through phone call, text message, email, written letter, or
3342 face-to-face contact. Out-of-home caregivers may also assist the
3343 caseworker in providing notification to the parent/guardian of medical
3344 appointments. If there are no legal restrictions regarding contact between
3345 the parent/guardian and the child due to safety issues, the parent/guardian
3346 will be invited to attend all health care appointments for the child.
3347 2. The caseworker will document in the SAFE activity logs the method that
3348 was used to inform the parent/guardian of the health care appointments.
3349 3. Health care decisions will be discussed with the parent during health care
3350 appointments and/or in Child and Family Team Meetings, in order for the
3351 caseworker to include the parent/guardian as fully as possible in making
3352 health care decisions for the child.
3353 a. The caseworker will defer to the parent/guardian's reasonable and
3354 informed decisions regarding the child's health care to the extent
3355 that the child's health and well-being are not unreasonably
3356 compromised by the parent/guardian's decision.
3357 b. If a caseworker feels that the decision made by the parent/guardian
3358 compromises the child's health or well-being, the caseworker will
3359 provide the information to the court, along with the
3360 recommendation from the child's health care provider, and ask that
3361 the court make a decision regarding how to proceed with the child's
3362 health care.
3363 4. The caseworker will notify the parent/guardian of a child within five
3364 business days after a child in the custody of Child and Family Services
3365 receives emergency health care or treatment. This includes when the child
3366 is sick or injured.
3367

303.5.1 Signing Consent For Medical Procedures

Major objectives:
The purpose of this section is to describe who can sign consent on medical forms for children placed in out-of-home care. The individual designated to sign consent depends on whether Child and Family Services has custody only or has custody and guardianship of the child. In all cases, parents who retain parental rights should be included in medical decisions for a child in out-of-home care unless doing so would constitute a threat of harm to the child or a court order that indicates otherwise. When possible, caseworkers should share information regarding the medical, dental, and mental health needs of the child with the parents and members of the Child and Family Team prior to any procedures being completed.

A. When a child is placed in out-of-home care, the court either grants Child and Family Services both legal custody and guardianship of a child, or grants Child and Family Services legal custody while the parent retains guardianship. Legal custody includes the right to consent to ordinary medical care and the right, in an emergency, to authorize surgery or other extraordinary care. If Child and Family Services is granted legal custody while the parent retains guardianship, guardianship entitles parents to consent to major medical, surgical, or psychiatric treatment.

B. At times the court grants Child and Family Services custody and guardianship of a child, which means a parent does not retain the right to consent to major medical, surgical, or psychiatric treatment while their child is placed in out-of-home care. That authority is vested in Child and Family Services as guardian of the child.

C. If there has been a termination of parental rights (TPR), the parent does not retain any parental rights.

For further information regarding parental rights, refer to the definitions found in Utah Code Ann. §78A-6-105.

Practice Guidelines

A. Regular medical/dental/mental health procedures: A caseworker or out-of-home caregiver can sign consent forms giving permission for a child in out-of-home care to be seen by a medical provider for regular medical, dental, mental health assessments, screenings, check-ups, testing, or follow-ups.

B. Major Medical, Surgical, or Psychiatric Treatment: Some medical procedures carry risks of complications and even death. The following are considered to be major medical, surgical, or psychiatric treatment: administration of general anesthesia; IV sedation with any type of treatment; Electroconvulsive therapy

3410 (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a
3411 child. Caseworkers should consult with the child's medical, dental, or mental
3412 health provider recommending the treatment, as well as the Fostering Healthy
3413 Children nurse team member for clarification of whether a recommended
3414 treatment meets these criteria.
3415
3416 C. For questions regarding the guardianship status of a child placed in out-of-home
3417 care, caseworkers will refer to the court order that places the child in Child and
3418 Family Services custody or consult the Assistant Attorney General assigned to the
3419 case.
3420 1. A parent that retains guardianship: If a parent retains guardianship, the
3421 parent must consent to major medical, surgical, and psychiatric treatment.
3422 The parent should be asked to sign consent if the child requires any of the
3423 major medical, surgical, or psychiatric treatments defined above.
3424 2. If custody and guardianship has been granted to Child and Family Services:
3425 It is not legally required for the parent to give consent for major medical,
3426 surgical, or psychiatric treatment (even in instances when parental rights
3427 have not been terminated). For these types of situations, a Child and
3428 Family Services caseworker is the most appropriate person to sign consent.
3429 However, it is an expectation and best practice that caseworkers will
3430 discuss necessary medical procedures with the parents prior to treatment,
3431 when possible. In most cases this should be done within the context of a
3432 Child and Family Team Meeting. If a parent objects to the proposed
3433 medical treatment, the caseworker should consult with the Assistant
3434 Attorney General.
3435 3. If a parent's rights have been terminated: Child and Family Services is not
3436 required to gain parental consent for major medical, surgical, or psychiatric
3437 treatment. The caseworker may sign the consent form OR they may
3438 consult with the Assistant Attorney General and have the procedure court
3439 ordered.
3440 4. Parent refuses to sign: If it is recommended that the child needs a major
3441 medical, surgical, or psychiatric treatment, and the parent refuses to sign
3442 the consent form, the caseworker is to consult the Assistant Attorney
3443 General. Depending on the type of treatment required, it may be
3444 determined that there is a need to have the major medical, surgical, or
3445 psychiatric treatment court ordered.
3446 5. Emergency situations: In emergency type situations, Child and Family
3447 Services is not required to gain parental consent for major medical,
3448 surgical, or psychiatric procedures. Utah state statute clarifies that
3449 whoever has legal custody has the right, in an emergency, to authorize
3450 surgery or other extraordinary care. However, when parental rights remain
3451 in place and time permits, it is best practice for Child and Family Services

3452 to attempt to inform the parent prior to the procedure regardless of who
3453 has guardianship.
3454 a. During regular business hours, when a child requires medical
3455 attention which includes a major medical, surgical, or psychiatric
3456 treatment, and a parent retains guardianship, the Child and Family
3457 Services caseworker or other appropriate Child and Family Services
3458 staff member should be contacted and should attempt to locate the
3459 parents to sign consent. If the child's parents cannot be located in
3460 time to sign and give consent, the caseworker will attempt to
3461 contact the Assistant Attorney General and request that the
3462 procedure be court ordered.
3463 b. If time does not allow for the parent to sign or for the procedure to
3464 be court ordered due to the urgency of the child's medical needs,
3465 the caseworker will need to sign consent and inform the child's
3466 parents, Assistant Attorney General, Guardian ad Litem, and judge
3467 as soon as possible.
3468 c. Although very rare, if time does not allow for the caseworker or
3469 other Child and Family Services staff to appear to sign consent for
3470 the major medical, surgical, or psychiatric treatment due to the
3471 seriousness of the emergency, Child and Family Services may give
3472 verbal consent for the treatment and permission for the out-of-
3473 home caregiver to sign consent.
3474 d. In regards to an emergency during after-hours, weekends, or
3475 holidays, if the Child and Family Services caseworker is not able to
3476 be contacted by the out-of-home caregiver to sign consent, the out-
3477 of-home caregiver will contact Intake to locate the primary
3478 caseworker or the on-call worker for their area. If unable to locate
3479 the primary caseworker, the Child and Family Services on-call
3480 worker will be asked to appear and sign consent for the major
3481 medical, surgical, or psychiatric treatment. If time does not allow for
3482 the Child and Family Services on-call worker to sign consent, the
3483 Child and Family Services on-call worker may give verbal consent
3484 and permission for the out-of-home caregiver to sign consent. The
3485 out-of-home caregiver is to inform the caseworker of the
3486 emergency as well as who signed consent (Child and Family Services
3487 on-call worker or out-of-home caregiver), as soon as possible. The
3488 caseworker will inform the child's parents, Assistant Attorney
3489 General, Guardian ad Litem, and judge about the emergency as soon
3490 as possible.
3491 e. In all cases, if it is necessary in an emergency for the out-of-home
3492 caregiver to sign consent for major medical, surgical, or psychiatric
3493 treatment, the out-of-home caregiver will only sign consent after

receiving verbal consent from the primary caseworker or the Child and Family Services on-call worker. The primary caseworker will then have the responsibility to inform the child's parents, the Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.

6. If a child in out-of-home care has been recommended to participate in any research trials or protocols, the caseworker will refer to Administrative Guidelines Section 080.7 for the correct protocol.

303.6 Specific Medical Services

Major objectives:
When children in foster care have specific medical needs such as substance abuse, HIV (Human Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning including birth control methods, sex education, prenatal care, pregnancy, education on caring for a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure that these needs are met.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Substance Abuse Interventions:

1. The Child and Family Services caseworker may refer the child for a one-time drug test if there is "reasonable belief" that the foster child is using inappropriate or illegal substances. The Child and Family Services caseworker will refer the child for a substance abuse treatment assessment if the child is not already involved in substance abuse treatment.
2. When referring the child for a substance abuse assessment or drug test, the caseworker should consult with the child's health care provider to ensure that the cause for concern is not being caused by another medical or mental health diagnosis.
3. If substance abuse treatment is recommended, the caseworker will ensure that treatment recommendations are followed and will amend the Child and Family Plan to include this treatment.
4. The drug testing may not be continued on a regular or random basis without a court order.
5. A drug test should never be used as punishment.
6. An out-of-home caregiver must request the caseworker's permission prior to taking a child for drug testing.
7. The results of all substance abuse assessments and drug tests will be kept confidential.

3536
3537 B. HIV, STIs, and other Communicable Diseases: When the caseworker has
3538 "reasonable belief" that a foster child may be infected with HIV, STI, or another
3539 communicable disease, the caseworker will immediately consult with the child's
3540 health care provider and seek the necessary medical testing and medical
3541 treatment.
3542 1. The Child and Family Services caseworker will ensure the confidentiality of
3543 the medical testing results. Random HIV or STI testing is prohibited.
3544 2. Standards for consultation with a health care provider to determine for
3545 HIV or STI testing:
3546 a. An infant born to a mother with unknown risk and serological
3547 status.
3548 b. The child has a history of risky behaviors, symptoms, or physical
3549 findings that suggest HIV, STI, or another communicable disease
3550 such as:
3551 (1) Unprotected sexual contact;
3552 (2) Multiple sexual partners;
3553 (3) IV drug use .
3554 c. The child has symptoms or physical findings as determined by
3555 health care providers that may suggest HIV, STI, or another
3556 communicable disease.
3557 d. The child has a parent or sibling who is HIV-infected or has a STI or
3558 communicable disease and is at an increased risk of HIV, STI, or
3559 another communicable disease infection.
3560 e. The child has a current or past sexual partner who is HIV-infected,
3561 has an STI or another communicable disease, or is at increased risk
3562 for HIV, STI, or other communicable disease infection.
3563 f. The child has a history of sexual abuse or a history of STI.
3564 3. Standards for minors taken into custody for committing a sexual offense:
3565 a. HIV testing may be conducted on a minor who is taken into custody
3566 after having been adjudicated to have violated state law prohibiting
3567 a sexual offense under Title 76, Chapter 5, Part 4, Sexual Offenses,
3568 upon the request of the victim or the parent or guardian of a minor
3569 victim.
3570 b. HIV tests may not be performed on a sexual offender younger than
3571 14 years of age without the consent of the court. [*See:* Utah Code
3572 Ann. §78A-6-1104.]
3573 4. If testing is indicated or recommended by a health care professional, the
3574 Child and Family Services caseworker will consent and sign for the testing.
3575 An out-of-home caregiver is not allowed to sign for HIV testing unless
3576 recommended by a health care provider.

3577 5. If the out-of-home caseworker cannot provide written consent, consent
3578 will be given by the caseworker's supervisor or other Child and Family
3579 Services administrator that has knowledge of the child's medical history.
3580 6. When the caseworker becomes aware of an HIV, STI, or other
3581 communicable disease infected foster child, the out-of-home caregiver will
3582 be informed. It will be the caregiver's responsibility to receive appropriate
3583 education from a health care provider or the local health department. The
3584 Child and Family Services caseworker should amend the Child and Family
3585 Plan to include the following:
3586 a. Measures needed to protect the child, siblings, foster family, and
3587 other contacts they may have.
3588 b. Education for the out-of-home caregiver on care of a child with HIV,
3589 STI, or another communicable disease.
3590 7. The Child and Family Services caseworker and out-of-home caregiver will
3591 not disclose information regarding the child's HIV, STI, or other
3592 communicable disease testing or treatment to any third party other than
3593 the child's medical or dental provider if the HIV test is positive.
3594
3595 C. Family Planning [*see:* Utah Code Ann. §76-7-325, §76-7-324, §76-7-323, and
3596 §76-7-322]:
3597 1. All persons caring for children in the custody of Child and Family Services
3598 will follow the general Practice Guidelines and established Utah Codes
3599 when dealing with issues of family planning. These codes state that, "no
3600 agency of the state or its political subdivisions will approve any application
3601 for funds of the state or its political subdivisions to support, directly or
3602 indirectly, any organization or health care provider that provides
3603 contraceptive or abortion services to an unmarried minor without the prior
3604 written consent of the minor's parent or guardian."
3605 2. Utah Code also states that in the area of sex education, "instruction will
3606 stress importance of abstinence from all sexual activity before marriage
3607 and fidelity after marriage as methods for preventing certain
3608 communicable diseases." This education is applicable to grades 8 through
3609 12. Child and Family Services provides sex education through its
3610 Independent Living, Basic Life Skills Class.
3611 3. Where the issues of prenatal care and caring for a child is concerned, the
3612 Child and Family Services caseworker has many community resources to
3613 link the client with in order to receive this education. [*See:* Section 306.1,
3614 Foster Youth Pregnancy.]
3615 4. Caseworkers will not offer personal information or opinions to the client
3616 on family planning, birth control, sexual activity, or personal choice where
3617 any of these matters are concerned. The caseworker will refer the client to

3618 the appropriate community agency to receive education and information
3619 on family planning.
3620 5. For certain types of birth control, Medicaid will cover the costs.
3621 6. An out-of-home caregiver or caseworker cannot force a child to get on
3622 birth control, but should encourage a youth who is sexually active to
3623 receive the proper education about their choices.
3624
3625 D. Pregnancy of Youth in Out-of-Home Care:
3626 1. Verify the pregnancy.
3627 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.
3628 3. Coordinate a Child and Family Team Meeting to develop a plan to support
3629 and counsel the youth in all possible options. The Child and Family Team
3630 will:
3631 a. Develop a plan regarding prenatal appointments and the birth of the
3632 baby.
3633 b. Collect and provide a list of community programs (such as "Baby
3634 Your Baby") for information and resources.
3635 c. Arrange for the youth to seek counseling to allow her the
3636 opportunity to explore options such as adoption, parenting the child
3637 herself, or other alternatives.
3638 d. Encourage the youth to remain in school. If the youth is unable to
3639 remain in a regular school program, assist her in enrolling in an
3640 alternative school program.
3641 e. If appropriate, contact a teen home/teen mom program as a
3642 potential placement or for resources, review placement needs for
3643 possible teen mother programs (refer to services to child, placement
3644 requirements, youth in Out-of-Home Care with children).
3645 4. Notify the region eligibility caseworker of the pregnancy so that the
3646 unborn child can be added to the youth's Medicaid card, if eligible.
3647
3648 E. Abortion: If the youth is pregnant and requests an abortion, the caseworker will
3649 do the following:
3650 1. Convene a Child and Family Team Meeting to discuss the youth's request
3651 with the youth's health care provider, Guardian ad Litem, and therapist.
3652 2. If the child's parents cannot attend the Child and Family Team Meeting,
3653 provide notification to the parents of the youth.
3654 3. The caseworker will not provide counseling or health information, or give
3655 consent to an abortion without a court order. However, the caseworker
3656 will assist in arranging these services.
3657 4. The caseworker will be aware and abide by the abortion standards in Utah
3658 Code Ann. §76-7-301, §76-7-301.1, §76-7-302, §76-7-303, §76-7-304,
3659 §76-7-305, and §76-7-305.5.

5. The out-of-home caregivers are not authorized to make any decisions or provide consent to an abortion procedure for a child in out-of-home care.
6. If the abortion meets the standards of state law, the procedure can only be reimbursed by Medicaid. It is the responsibility of the health care provider to counsel the youth concerning all aspects of pregnancy and the decision to have or not to have abortion.
7. Child and Family Services will not make any payments for an abortion.

F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home Care is Terminally Ill: Upon the recommendations of the primary care provider and/or health care professional, and after a Child and Family Team meeting, a caseworker may only consent to withholding or withdrawing any LSMT interventions with consent from the child's parent(s), with residual rights, and consent from the Guardian ad Litem, or when a court order has been issued for withholding or withdrawing medical interventions. LSMT includes all medical interventions that can be utilized to prolong the life of the patient: Removal from life support, do not resuscitate orders, CPR, mechanical ventilation, and therapeutic drugs.

1. When a child has been diagnosed by the child's physician and documented in the child's medical records, and the child's physician or health care provider has recommended or is recommending forgoing LSMT, the caseworker will coordinate a Child and Family Team Meeting to devise a plan of action.
2. The parent(s) or immediate family members should make any decision regarding whether or not to donate organs. Child and Family Services will not make decisions regarding organ donation.
3. Foregoing LSMT can occur even when homicide charges are pending, if there is sufficient medical evidence that the child is brain dead. The child's caseworker should inform the police of the decision to forego LSMT.
4. The decision to forego LSMT can be changed by the legal guardian of the child and should be reviewed when medical assessments suggest an improved prognosis for the child.
5. If the child has two legal parents both must agree to forgo LSMT.
6. The Guardian ad Litem may not make the final decision to forgo LSMT unless: (a) the child has no other legal guardian; and (b) the Guardian ad Litem has specific authorization from the court to forgo LSMT.
7. The child's caseworker will formulate or amend the child's service plan to include the following, if needed:
    a. Education for the family in regards to grief and loss issues.
    b. Arrangements for funeral service.
    c. Autopsy, medical evaluation, or fatality review as needed.
    d. Out-of-home caregivers, legal parent, sibling, and religious support.

8. The caseworker should request a copy of the child's medical records including the documented decision reached to forgo LSMT for the child.

303.7 Transition To Adult Living

Major objectives:
"Youth who exit out-of-home care will live successfully as adults" is the vision of Child and Family Services. Youth will be able to build and maintain healthy relationships. Permanent relationships are paramount in achieving success for youth. Transition to Adult Living (TAL) services will be provided to youth 14 years and older to meet the challenges of transitioning to adulthood in accordance with Federal Chafee Foster Care Independence Program requirements [42 USC 677 (b)(2)].

TAL services are to be provided to all youth in Child and Family Services custody who are 14 years and older in accordance to an assessment of their individual strengths and needs. Youth will be offered TAL services regardless of permanency goal.

Applicable Law
TAL services, which includes the Education and Training Voucher Program (ETV), is authorized by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by reference.

The National Youth in Transition Database (NYTD) is authorized by Public Law 106-16 9 section 477 of the John H. Chafee Foster Care Independence Program. The NYTD law requires states to collection information on transition to adult living services paid for or provided by the state agency. Additionally it requires states to survey a sample of youth in foster care at age 17 regarding their status and then to survey them again at 19 and 21 regarding their outcomes at those ages. The data collected is then de-identified and transmitted to the Children's Bureau twice per year.

Utah Administrative Rule 512-305, Out of Home Services, Transition to Adult Living Services provides a detailed overview.

Utah Administrative Rule 512-306, Transition to Adult Living Services, education and Training Voucher Program provides a detailed overview.

Practice Guidelines
TAL services are implemented with all youth age 14 years and older in the custody of Child and Family Services as a way to prepare the youth with the skills necessary to transition to adulthood. It is also possible to provide TAL services to other youth that are involved with Child and Family Services but may not be in custody. This includes youth being served through In-Home Services. However, youth receiving In-Home

3744 Services are not eligible to receive funds through the John H. Chafee Foster Care
3745 Independence Program. TAL services build on the youth's individual strengths and
3746 assists the youth to develop personal assets in order to help them acquire the motivation
3747 and the means to be successful throughout their lives.
3748
3749 TAL services are not to be used as a substitute for Permanency Planning (see Practice
3750 Guidelines Section 301.2 Identifying Permanency Goals and Concurrent Planning, and
3751 Practice Guidelines Section 302.1 Child and Family Plan). Child and Family Services has
3752 an obligation to focus on attaining permanency for youth through reunification with their
3753 family, adoption, or guardianship while also assisting in the youth's development of age
3754 appropriate skills that will facilitate the transition from adolescence to adulthood.
3755 Permanency planning, which includes helping the youth find and make enduring
3756 connections, should be a primary concern of the caseworker.
3757
3758 TAL services are provided in addition to permanency planning, and are meant to help
3759 expand the youth's supports and services to include the Child and Family Team's
3760 innovative approaches that help prepare youth for adult responsibilities. TAL services
3761 help the youth gain the knowledge they need to become invested in their future and
3762 help the youth to understand the array of supports and services available to assist them
3763 in making a smooth transition to adulthood.
3764
3765 TAL is a continuum of services that generally begin while youth are in care and continue
3766 after the youth exit care through the Young Adult Resource Network (YARN). While in
3767 care youth prepare for self-sufficiency and begin to operationalize the skills they have
3768 been learning. The YARN provides resources that support youth in the areas of
3769 information and referral, personal support during transition, help establishing and
3770 maintaining personal living arrangements, providing peer-support opportunities, and
3771 temporary financial assistance.
3772
3773 Each region will provide leadership opportunities for youth participating in the TAL
3774 program. Regional Youth Advisory Councils will be an avenue that provides training and
3775 skills development for youth in care to ensure that they learn self-determination and
3776 self-advocacy skills. The regional councils will provide an opportunity for youth to
3777 evaluate and examine the implementation and impact of its regional programs and
3778 services. The regional councils will provide youth representation for the State Youth
3779 Advisory Council. As representatives, youth can be the voice between the system and
3780 foster care youth by educating, supporting, and advocating for change. Councils are an
3781 avenue that should empower youth in providing input into the policies and procedures
3782 for out-of-home care; to provide meaningful leadership training and experiences for
3783 Council members; and to empower Council members who, in turn, can empower children
3784 who have experienced out-of-home care.
3785

Child and Family Team/Caseworker Responsibility – Preparing youth for a successful transition to adulthood is a team effort. The Child and Family Team must consider the youth's goals and encourage the youth's input. Working with the Child and Family Team to develop resources and promote the youth's successes is critical. For all youth being offered TAL services, the Child and Family Plan must reflect the focus areas that are being targeted for youth.

303.7.1 Transition To Adult Living Services

TAL services are provided to youth ages 14 years and older until the youth is released from custody. These services are for youth who are currently in an out-of-home placement and are also sometimes offered to other youth who are involved with Child and Family Services but are not in out-of-home care. Chafee-funded services are only available to youth who have been in out-of-home care after the age of 14 years.

The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14 years and over in Child and Family Services custody. The Casey Life Skills Assessment (CLSA) is an assessment that is completed by the youth as well as members of the Child and Family Team. The CLSA helps identify the domains the youth needs to concentrate on as the youth transitions to adulthood. The results of the CLSA are used to assist the caseworker and the Child and Family Team in planning for the services the youth needs and are incorporated into the TAL focus areas of the Child and Family Plan. These TAL focus areas are:

A. Work/Career Planning and Education:
Casey Life Skills Domains: Work & Study life; Career and Planning NYTD Service Areas: Academic Support, Post Secondary Educational Supports, Career Preparation

Includes the following skills and services: making short and long term employment, vocational, and/or educational goals including goals for post-secondary education); decision making skills; study habits and skills; searching for and maintaining employment; applying for a job; creating a resume; completing a job application; interviewing for a job and following-up; job shadowing and/or coaching; receiving job referrals; using career resource libraries; understanding basic workplace technology; understanding employee wages, benefits, and rights; knowing how to change jobs; knowing the rights and protections in place for employees; appropriate communication skills and other workplace values (timeliness and appearance, etc); understanding authority and customer relationships; academic supports and counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; test preparation for SAT or ACT; tutoring; help with homework; literacy training; help accessing educational resources; counseling about college; information about

3828 financial aid and scholarships; help completing college or loan applications; or
3829 tutoring while in college.
3830
3831 B. Housing & Money Management:
3832 Casey Life Skills Domain: Housing & Money Management
3833 NYTD Service Areas: Budget & Financial Management, Housing Education /
3834 Home Management Training
3835
3836 Includes the following skills and services: finding and maintaining appropriate
3837 housing; filling out a rental application and acquiring a lease; handling security
3838 deposits and utilities; understanding tenants' rights and responsibilities; handling
3839 landlord complaints; transportation issues; accessing community resources;
3840 healthy beliefs about money; understanding the benefits of saving;
3841 understanding income tax and preparing tax forms; understanding banking and
3842 credit; how to create a budgeting/spending plan; opening and using a checking
3843 and savings account; balancing a checkbook; developing consumer awareness
3844 and smart shopping skills; accessing information about credit, loans and taxes; and
3845 how income effects spending.
3846
3847 C. Home Life/Daily Living:
3848 Casey Life Skills Domains: Daily Living
3849 NYTD Service Areas: Housing Education / Home Management Training
3850
3851 Includes the following skills and services: meal and menu planning; grocery
3852 shopping; home clean up and storage; home management; home safety; legal
3853 issues; properly using kitchen equipment and other home appliances; proper
3854 clothing care; basic home maintenance and repairs; how to handle emergency
3855 situations; keeping a healthy and safe home; safe and proper food preparation;
3856 laundry; housekeeping; and living cooperatively.
3857
3858 D. Self Care/Health Education:
3859 Casey Life Skills Domain: Self Care
3860 NYTD Service Areas: Health Education / Risk Prevention
3861
3862 Includes the following skills and services: personal hygiene; nutrition; health,
3863 dental, and mental health issues; understanding the effects and consequences of
3864 alcohol, drug, and tobacco use; substance avoidance and intervention;
3865 understanding issues regarding sexuality; pregnancy prevention and family
3866 planning; education regarding HIV, AIDS, and other sexually transmitted diseases,
3867 including their prevention; fitness and exercise; basic first aid; and medical and
3868 dental care benefits and insurance.
3869

3870 E. Communication/Social Relationships/Family & Marriage:
3871 Casey Life Skills Domains: Communication and Relationships; Permanency
3872 NYTD Service Areas: Family Support / Health Marriage Education
3873
3874 Includes the following skills and services: developing self-esteem; knowing and
3875 understanding personal strengths and needs; understanding the benefits of
3876 ethical, caring, respectful behavior; clearly communicating in different settings;
3877 safely using electronic communication; being appropriately assertive; anger
3878 management; conflict management and resolution; developing and using a
3879 support system; maintaining appropriate and healthy friendships and
3880 relationships; having cultural awareness; appropriate etiquette; parenting and
3881 marriage issues; childcare skills; teen parenting; responsible fatherhood; domestic
3882 and family violence prevention; and proper social communication.
3883
3884 303.7.2 Process for Providing TAL Services
3885 A. TAL Assessment and Plan:
3886 1. The caseworker ensures that the youth and caregiver will complete an
3887 assessment, utilizing the Casey Assessment Tool, to identify the strengths
3888 and needs of youth who reach the age for TAL services. This assessment
3889 should be incorporated into the youth's plan and is part of the Child and
3890 Family Assessment. This assessment will be reviewed and updated in the
3891 Child and Family Team Meeting. The caseworker may invite a TAL
3892 caseworker or the regional TAL coordinator to be part of the assessment
3893 process and Child and Family Team.
3894 2. Foster youth need opportunities to participate in decisions about their lives
3895 and to be active members of the team of caring adults who help develop
3896 the youth's TAL plan. The Child and Family Team works in collaboration
3897 with the youth at age 14. Once a youth turns 16 years old and when
3898 developmentally appropriate, the Child and Family Team is led and
3899 facilitated by the youth with support and guidance of the Child and Family
3900 Team.
3901 3. The Child and Family Team uses the results of the CLSA to develop with
3902 the youth a plan for skills development that will be incorporated on the
3903 TAL portion of the Child and Family Plan. The plan will be specific and
3904 individualized for the youth according to their age and developmental level.
3905 Services will also incorporate normal activities appropriate to the youth's
3906 age.
3907
3908 The TAL services identified for the youth will be incorporated into the
3909 Child and Family Plan within 30 days of the youth's 14th birthday. When
3910 a youth 14 years of age or older enters out-of-home care, the CLSA will be
3911 completed by the youth and the caregiver within 90 days.

4. The caregiver and the youth will complete the CLSA 45 days before or after the youth's birthday, beginning at age 14 and completed annually.
5. The Child and Family Team will place emphasis on completing educational goals and discuss the availability of ETV funding when the youth meets eligibility requirements.
6. To prepare youth for their transition from out-of-home care, all youth will receive a continuum of training and services as identified through the Child and Family Team. These services will include classroom work, work in the foster home, work in the school system, work with the therapist and in the mental health area, building of supports, and connections to community-based resources and programs.
7. Any youth who turns 17 years old while in out-of-home care or enters care within 45 days following their 17th birthday will complete a survey for the National Youth in Transition Database (NYTD).
    a. Thirty days prior to the youth's 17th birthday, the caseworker will receive a prompt in SAFE notifying them that the survey will need to be completed between the youth's 17th birthday and within 45 days following the youth's 17th birthday.
    b. The caseworker must ensure that the youth completes the survey. The caseworker must enter the survey into SAFE within 45 days following the youth's 17th birthday. At this time the caseworker should inform the youth that they will be surveyed at 19 and 21 years of age to gather information regarding how they are doing and to keep Child and Family Services informed of their contact information.
    c. The NYTD survey can be found on the Person tab in SAFE.
8. The caseworker will ensure that contact information for the youth is kept updated in SAFE while the youth is still in care. Contact information is necessary as follow-up surveys will be administered to these youth at the age of 19 and 21 years. If the caseworker obtains updated contact information after the youth leaves care this must also be updated in SAFE.
9. The Child and Family Plan will include all TAL services identified for the youth age 14 years and older in custody. If a youth enters out-of-home care after their 14th birthday, services should be built upon annually as the team continues to work toward permanency through reunification, guardianship, or adoption. The continuum of training and services are identified by the Child and Family Team, based upon the needs of the youth, and should include additional services. The following services, dependent upon age and developmental level, will be offered, but not limited to:

Age 14:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth. This can be completed by using the "Permanency Pact" with the youth. The Permanency Pact can be found here: http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf.
c. Initial completion of the Casey Life Skills Assessment.
d. Obtain birth certificate.
e. TAL plan will focus on skills needed based on results from the Casey Life Skills Assessment that are developmentally appropriate for the youth.
f. If the youth is more than one year behind academically, make a referral to the Department of Workforce Services (DWs) Workforce Investment Act (WIA) program for services. Referral forms can be found here: https://jobs.utah.gov/services/360_3.pdf.

Age 15:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth. This can be completed by using the "Permanency Pact" with the youth. The Permanency Pact can be found here: http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf.
c. Annual Casey Life Skills Assessment.
d. TAL plan will focus on skills needed based on results from the Casey Life Skills Assessment that are developmentally appropriate for the youth.
    i. Develop a plan for earning and saving money. Consider opening a savings account if there is an appropriate co-signer identified.
    ii. If the youth is more than one year behind academically, make referral to the DWS WIA program for services. Referral forms can be found here: https://jobs.utah.gov/services/360_3.pdf.

Age 16:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and

3995 others as identified by youth. This can be completed by using the
3996 "Permanency Pact" with the youth. The Permanency Pact can be
3997 found here: http://www.nrcyd.ou.edu/publication-
3998 db/documents/permanency-pact.pdf . At least five personal
3999 connections will be identified.
4000 c. Be current with school credits and prepare for high school
4001 graduation, or have an alternate plan in place for GED or vocational
4002 training.
4003 d. Youth planning post-secondary education should be preparing for
4004 and completing testing such as ACT, SAT, ASVAB, etc.
4005 e. Annual Casey Life Skills Assessment.
4006 f. Make a referral to the DWS WIA for services for education and
4007 employment supports. Youth may access job search resources
4008 available through DWS. DWS WIA referral forms can be found here:
4009 https://jobs.utah.gov/services/360_3.pdf.
4010 g. Explore employment opportunities and get a part-time job, if
4011 appropriate.
4012 h. Sign up for and complete drivers' education and receive driver
4013 license as per Section 303.14.
4014 i. Obtain a state identification card if youth cannot get a driver
4015 license.
4016 j. Begin Life Skills workshops.
4017 k. Youth begin to facilitate Child and Family Team Meetings.
4018 l. Put name on waiting list at Housing Authority, if appropriate.
4019 m. Review credit report received from Credit Reporting Agency to
4020 determine accuracy of report. If inaccurate, contact the State Office
4021 to resolve any discrepancy.
4022
4023 **Age 17:**
4024 a. Re-visit family search for family connections.
4025 b. Explore significant safe and healthy relationships for youth such as
4026 family, school counselor, family friend, neighbors, mentors, and
4027 others as identified by the youth.
4028 c. Continue to be current with school credits and prepare to graduate
4029 or have an alternate plan in place for GED or vocational training.
4030 d. Annual Casey Life Skills Assessment.
4031 e. Six months prior to 18th birthday, if a youth has not completed
4032 drivers' education classes, they will receive the opportunity to enroll
4033 in a course. It is the youth's responsibility to complete the course
4034 requirements successfully. Youth must have the opportunity to
4035 obtain their driver license prior to exiting care if it is
4036 developmentally appropriate.

4037 f. Youth should begin making applications for school, training, Pell
4038 grants, and ETV.
4039 g. Refer youth to DWS for enrollment in WIA during the semester
4040 they are expected to complete their high school graduation
4041 requirements or GED. This will pave the way for the youth to
4042 receive ETV to support their post-secondary education goals or
4043 access WIA Youth services for employment supports. Referral for
4044 DWS WIA/ETV can be found here:
4045 https://jobs.utah.gov/services/360-etv.pdf, with instructions on
4046 how to complete the WIA form here:
4047 https://jobs.utah.gov/services/360-etvi.pdf.
4048 h. Enroll youth with mental illness diagnosis in NAMI Bridges for Youth
4049 groups.
4050 i. Review credit report received from Credit Reporting Agency to
4051 determine accuracy of report. If inaccurate, contact the State Office
4052 to resolve any discrepancy.
4053
4054 **Prior to Exiting:**
4055 a. The caseworker and the youth will convene a Child and Family
4056 Team Meeting to develop a plan for transitioning the youth from
4057 state custody at least 90 days prior to exiting care. The Child and
4058 Family Team will update this plan at least every 90 days until the
4059 youth is released from state custody.
4060 (1) Refer youth to DWS for enrollment in WIA Youth during the
4061 semester they are expected to complete their high school
4062 graduation requirements or GED. This will pave the way for
4063 the youth to receive ETV to support their post secondary
4064 education goals or access WIA Youth services for
4065 employment supports.
4066 b. The Child and Family Team will develop a specific exit plan that
4067 includes personal connections, continuing support services, housing,
4068 health insurance, vocational and educational goals, workforce
4069 supports, and employment.
4070 c. The Child and Family Assessment and Plan will be updated in SAFE
4071 to reflect the long-term view with specific timeframes, objectives,
4072 and steps to be taken to successfully transition the youth out of
4073 state custody.
4074 d. Caseworkers are responsible for carrying out the following tasks to
4075 help the youth prepare to exit out of foster care:
4076 (1) Ensure that each youth meets with a nurse to learn skills of
4077 self-management regarding their individualized health care
4078 needs, medication management, and use of the Medicaid

4079 card and how to access medical, dental, and mental health
4080 services. In addition, the nurse will provide information and
4081 education about the importance of having a health care
4082 power of attorney or health care proxy. If desired, the nurse
4083 can provide the youth with assistance in executing the
4084 document.
4085 (2) Assist a youth who turns 18 years old while in foster care
4086 who is receiving Medicaid to complete the Medicaid review
4087 and provide necessary supporting documentation to the
4088 regional eligibility caseworker so that Medicaid coverage can
4089 continue uninterrupted.
4090 (3) Ensure that each youth has important documents such as
4091 birth certificate, Social Security card, and identification.
4092 (4) If the youth is existing foster care by reason of having
4093 attained the age of majority, give the youth a copy of the
4094 youth's health and education records at no cost.
4095 (5) Explain YARN services to the youth and help ensure that the
4096 youth understands how to access these services after leaving
4097 care. Each youth should know about the Just for Youth
4098 website (www.justforyouth.utah.gov) and how to find
4099 contact information for the TAL Youth Liaison.
4100 (6) Provide information to the youth on the National Youth in
4101 Transition Data Base and incentives available to youth for
4102 completing surveys after leaving care. This includes that we
4103 will be surveying them at 19 and 21 years of age for the
4104 purposes of seeing how they are doing and gathering
4105 information that may assist us in improving outcomes for
4106 future foster children transitioning to adulthood.
4107 (7) Gather information from the youth on the best ways to keep
4108 in touch with them. This could be through keeping their
4109 address and phone number updated with Child and Family
4110 Services, identifying social network sites used by the youth,
4111 and obtaining email addresses. Update contact information
4112 in SAFE.
4113 (8) If a youth has not completed the survey for NYTD, complete
4114 an Exit Interview with the youth using Form OH40 from
4115 SAFE.
4116 e. If a youth is in care past their 18th birthday, caseworkers will assist
4117 the youth in obtaining his or her free credit report by visiting the
4118 website https://www.annualcreditreport.com/cra/index.jsp.

4119 f. Caseworkers will assist youth in filling out all needed information
4120 required by the Credit Reporting Agency (CRA) to obtain the credit
4121 report.
4122 g. If the returned credit report has fraudulent activity the following
4123 steps are necessary to resolve the discrepancy:
4124 (1) Assist the youth in contacting the CRA that issued the report.
4125 Inform the CRA the accounts were created when the youth
4126 was a minor.
4127 (2) Assist the youth in contacting every company where an
4128 account is fraudulently opened or misused. Explain the
4129 accounts were established when the youth was a minor.
4130 Assist the youth in asking the company to close the account.
4131 Assist the youth in asking for a letter from the company
4132 stating the account is closed.
4133 (3) If necessary, assist the youth in filing a report with the
4134 Federal Trade Commission (FTC) by visiting www.ftc.gov or
4135 calling 1-877-IDTHEFT (1-877-438-4338). Print a copy of
4136 the report. This is called an Identify Theft Affidavit.
4137 (4) If necessary, assist the youth in filing a police report. Be sure
4138 to include the Identity Theft Affidavit.
4139 (5) Assist the youth in submitting copies of all of the information
4140 to the CRA if necessary to resolve the discrepancy.
4141 (6) Document in the SAFE activity logs that the report was
4142 requested and received. Also document any steps that were
4143 taken to clear the youth's credit if needed.
4144 h. Any youth 18 years of age or older can refuse to participate in the
4145 process of getting their credit report. This must be documented in
4146 the activity logs.
4147
4148 B. Basic Life Skills Training: Each youth who turns 16 years old is eligible for the
4149 Basic Life Skills Class offered through Child and Family Services. Individual
4150 caseworkers refer these youth to regional TAL coordinators. The youth will be
4151 screened by the TAL coordinator, upon the approval of the Child and Family
4152 Team, to assess for admission to the Basic Life Skills Classes. TAL coordinators or
4153 region designees may use Chafee funds to pay for dinner and/or refreshments for
4154 the youth if the class is held for two or more hours.
4155 1. The training that a youth can receive and that will be taught in the Basic
4156 Life Skills Classes must include training in daily living skills, training in
4157 budgeting and financial management skills, substance abuse prevention,
4158 and preventive health activities (including smoking avoidance, nutrition
4159 education, and pregnancy prevention). Based on the results from the

4160 Casey Life Skills Assessment Tool, the following standards may be
4161 included, but not be limited to:
4162 a. Participate in activities that help increase their self-awareness and
4163 values, and use rational decision-making or problem-solving process
4164 to set and implement goals.
4165 b. Understand sources of income and the relationship between income
4166 and career preparation and career decisions to reach financial goals.
4167 c. Identify effective social skills including communication in
4168 interpersonal relationships and ways to develop meaningful
4169 relationships for support, resiliency, in the family unit, and for
4170 effective crisis planning.
4171 d. Identify consumer rights and responsibilities, and identify effective
4172 practices for purchasing consumer goods and services.
4173 e. Understand the functions and purposes of responsible dating.
4174 f. Discuss the purposes, uses, and costs of credit, insurance, and risk
4175 management.
4176 g. Identify the aspects and importance of marriage preparation, and
4177 identify behaviors that strengthen marital and family relationships.
4178 h. Understand taxes, saving, investing, and retirement planning.
4179 i. Identify the various skills and responsibilities of parenting.
4180 j. Understand rights and responsibilities associated with community
4181 living as well as resources available in the community.
4182 k. Understand and demonstrate skills needed for independent living.
4183 When the class involves teaching meal preparation, the TAL
4184 coordinator or region designee may use Chafee funds to purchase
4185 the food to be cooked in class.
4186 l. Understand proper health and mental health awareness and
4187 maintenance. Ensure that youth receiving TAL services and/or
4188 ETVs and those who are aging out of out-of-home care have
4189 information and education about the importance of having a health
4190 care power of attorney or health care proxy and to provide the
4191 youth with the option to execute such a document.
4192 m. Demonstrate basic technology skills and explain educational
4193 resources available.
4194 2. Youth in out-of-home care who complete the Basic Life Skills Class will be
4195 entitled to receive a completion payment of up to $700. This is Code SIL.
4196
4197 C. Transitional Living Needs: Transitional Living Needs may be supported through
4198 transitional support funds (TLN) and will be individualized to cover unique needs
4199 and focus on short and long-term needs that will assist a youth to become a
4200 successful adult. Funds will assist eligible youth in the following four areas: 1)
4201 Education, Training, Career Exploration; 2) Physical, Mental Health, and Emotional

4202 Support; 3) Transportation; and 4) Housing. These funds are designed to work in
4203 conjunction with the youth's TAL plan. The definition of how these funds are
4204 used is broad in scope, and is meant to assist youth in becoming successful adults.
4205 Examples of appropriate use of these funds include, but are not limited to:
4206 1. Education, Training, Career Exploration – field trips, college visits, job
4207 uniforms, work tools, incentives, graduation expenses, clothing for jobs,
4208 trainings, job coaching, tutors, and ACT/SAT testing.
4209 2. Physical, Mental Health, and Emotional Support – Pregnancy prevention
4210 (excluding abortion), nutrition education, extracurricular classes, mentoring
4211 expenses, preventative health activities, smoking cessation, physical
4212 fitness, and family visits.
4213 3. Transportation – drivers' education, driver license fees, bus passes, taxi
4214 fees, reasonable automotive repairs, matching funds for car insurance paid
4215 for by a youth, or participation with a youth in their purchase of a car up to
4216 $1,000 based on the region budget.
4217 4. Housing – risk sharing with landlords, deposits, household furnishings such
4218 as linens, dishes, appliances, or supplies, and household repairs.
4219
4220 **TLN funds may not be used for any costs that would normally be paid for as part**
4221 **of the foster care maintenance payment, including room and board. This**
4222 **includes costs for shelter and food such as rent, groceries, utilities, etc.** If
4223 emergency rent payments are needed, process them using special needs funds.
4224
4225 Youth who are in custody and over 14 years of age are eligible for these funds.
4226 Needs are identified by the youth, caseworker, family team meetings, or the TAL
4227 coordinator. A "Request for TLN Funds" is completed and turned in to the TAL
4228 coordinator for approval. Transitional living needs are met through the TLN
4229 payment code.
4230
4231 D. TAL Placement:
4232 1. A TAL placement may be used as an alternative to out-of-home care when
4233 it is determined that such a placement is in the best interest of the youth.
4234 This recommendation will be presented to the Child and Family Team, who
4235 will work to ensure that this type of placement is appropriate and that the
4236 following are met:
4237 a. The youth is at least 16 years of age.
4238 b. The placement has been approved by the region director or
4239 designee.
4240 c. An assessment has been completed by the caseworker and
4241 reviewed in the Child and Family Team addressing the
4242 appropriateness of the placement, taking into consideration the
4243 youth's:

4244 (1) Community and informal supports, including family and out-
4245 of-home caregiver.
4246 (2) Progress in educational and vocational pursuits.
4247 (3) Medical condition.
4248 (4) Demonstrated progress in TAL skills.
4249 (5) History of substance abuse and risk of future use.
4250 (6) Criminal record and risks posed to society.
4251 (7) Mental health stability.
4252 d. The youth should demonstrate an ability to maintain stable
4253 employment.
4254 e. A referral to DWS has been made to begin preparation for
4255 employment or educational services provided through the ETV
4256 program once eligible.
4257 f. SAFE will need to be updated to identify the ILP placement.
4258 2. The appropriate types of living arrangements for youth in this situation
4259 include:
4260 a. Living with kin.
4261 b. Living with former out-of-home caregivers while paying rent.
4262 c. Living in the community with roommates of the same sex.
4263 d. Living alone.
4264 e. Living in a group facility, YWCA, boarding house, or dorm.
4265 f. Living with an adult who has passed a background check or the
4266 placement was assessed and approved by the region director or
4267 designee.
4268 3. The caseworker and the youth will complete a contract outlining the
4269 responsibilities and expectations of such a placement, which may include:
4270 a. Contact with the caseworker.
4271 b. An emergency and safety plan.
4272 c. Plan for education and employment that includes follow-up with
4273 DWS.
4274 d. Plan for use of state funding and payments.
4275 e. Progress toward self-sufficiency.
4276 f. Staying within a budget.
4277 4. While in a TAL placement, the Child and Family Service caseworker will
4278 visit with the child a minimum of two times a month or otherwise as
4279 deemed appropriate by the Child and Family Team. The Child and Family
4280 Services caseworker will make arrangements for the TAL stipends to be
4281 paid to the youth and will mentor the youth to ensure that an account is
4282 established at a credit union or bank and that these funds are being used as
4283 required.
4284 5. In order for youth to receive payments, they must be opened as a provider.
4285 Fill out the PR519a-DCFS (top section) and PR519b to have the youth

4286 opened as a provider in USSDS. Submit this form to the provider entry
4287 tech, who will then open the child as a provider. One-Time Payment (OTP)
4288 forms are used when paying for SIL, ILP (N), and TLP services. 520's will
4289 print and be sent on the 28th of every month for youth who are open as
4290 providers and who have an ILP placement open to them in SAFE.
4291
4292 E. Codes: The codes that are used for youth under age 18 in the TAL program are as
4293 follows:
4294 1. The case will remain open in SAFE as SCF.
4295 2. The ILP "D" payment code will be used when a youth is the same as the
4296 basic transitional living apartment. This payment is the same as the basic
4297 foster care rate relevant to the child's age. Funds are from the foster care
4298 budget. Eligibility code for this payment is FB.
4299 3. ILP "N" (need) is used to set up an apartment (i.e., gas/electric deposits,
4300 buying items to furnish apartment, etc).
4301 4. The SIL payment code is used to pay for incentives for completing the
4302 Basic Life Skills Class and is a non-maintenance code. SIL may be used
4303 with any placement code. Eligibility code for this payment will be IL.
4304 5. The TLN payment code is used to pay for transitional support funds that
4305 will assist eligible youth in the following four areas: 1) Education, Training,
4306 Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3)
4307 Transportation; and 4) Housing. These transitional support funds will be
4308 individualized to cover unique needs and will focus on short and long-term
4309 needs that will assist a youth to become a successful adult.
4310
4311 303.7.4 Outline For Youth Who Exit Care (YARN)
4312 Upon leaving state's custody, many youth struggle to make the transition to adulthood.
4313 The purpose of the YARN is to provide time-limited support to youth who meet the
4314 eligibility requirements and need temporary assistance. This assistance can be provided
4315 through support, financial aid, or Basic Life Skills Classes and is for housing, counseling,
4316 employment, education, and other appropriate support and services to youth who exit
4317 care to complement their own efforts to achieve self-sufficiency and to assure that
4318 participants recognize and accept their personal responsibility for preparing for and then
4319 making the transition from adolescence to adulthood.
4320
4321 Youth may receive services through the YARN if they have exited care and are not yet
4322 21 years old, and the youth:
4323 1. Exited foster care at age 18, or
4324 2. While in foster care, after the age of 14, the youth received 12 months of
4325 TAL services **and** the court terminated reunification.
4326

4327 Payments can be made directly to the youth or to providers as needed. A CIS case will
4328 be opened in SAFE, which requires a minimal service plan and periodic case notes to
4329 track the progress of youth receiving these services. In order for youth to receive
4330 payments, they must be opened as a provider. Fill out the PR519a-DCFS (top section)
4331 and PR519b to have the youth opened as a provider in USSDS. Submit this form to the
4332 provider entry tech, who will then open the child as a provider. OTP forms are used
4333 when paying for SIL, ILP (N), and TLP services. 520's will print and be sent on the 28th
4334 day of every month for youth who are open as providers and have an ILP placement
4335 open to them in SAFE.
4336
4337 Codes: The codes that are used for youth in the YARN are as follows:
4338 1. The case will be opened in SAFE as CIS.
4339 2. When a youth is participating in the YARN, the payment code that will be
4340 used to make payments to this youth is TLP.
4341 3. Use of any Chafee funds for rent or housing assistance will be tracked
4342 using a TLR payment code.
4343 4. All other means of support have been explored and are utilized in concert
4344 with YARN payments and services.
4345 5. There is a yearly maximum payment of $2,000.
4346
4347 A. ETVs: The purpose of ETVs is to assist foster individuals in making the transition
4348 to self-sufficiency in adulthood. ETVs provide financial resources for
4349 postsecondary education and vocational training necessary to obtain employment
4350 or to support the individual's employment goals. The ETV program is authorized
4351 by Public Law 107-133, which is incorporated by reference. 20 USC 1087kk and
4352 20 USC 108711 are also incorporated by reference.
4353 1. A referral to DWS to enroll the youth in WIA Youth, made within the
4354 semester that the youth will graduation from high school or complete the a
4355 GED, allows ETV funding to be available once the youth becomes eligible.
4356 Caseworkers and TAL coordinators, through Basic Life Skills Classes and
4357 the use of the TAL plan, will work with the youth to develop a viable plan
4358 for the youth to transition into adulthood through educational or
4359 employment goals. Administrative Rule R512-306 gives a detailed
4360 description of the scope of the ETV program.
4361 2. Eligibility for ETV funding is:
4362 a. Age requirements:
4363 (1) An individual in foster care who has not yet attained 21 years
4364 of age, or
4365 (2) An individual who exited foster care, but while in foster care,
4366 after the age of 14, received 12 months of TAL services **and**
4367 the court terminated reunification, or

(3) An individual who reached 18 years of age while in foster care, but has exited foster care and who has not yet attained 21 years of age, or

(4) An individual adopted from foster care after attaining 16 years of age and who has not yet attained 21 years of age;

b. Have an individual educational assessment and individual education plan completed by Child and Family Services or their designee;

c. Submit a completed application for the ETV program;

d. Be accepted to a qualified college, university, or vocational program;

e. Apply for and accept available financial aid from other sources before obtaining funding from the ETV program;

f. Enrollment as a student in the college, university, or vocational program; and

g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

303.7a Youth Access To Technology

Major objectives:

A. Youth in Child and Family Services' custody will be provided the opportunity to have access to technology. This includes access to the internet, and Wi-Fi. This can also include appropriate use of smart phones, tablets, and other wireless devices. For youth who do not have access to technology in their placement, they will be offered opportunities to use technology through use of publicly accessible computers in a public library, school, or other locations.

B. Youth in Child and Family Services' custody will not be restricted access to technology for educational use such as accessing school postings of assignments, research, news, information, and knowledge sources that may be related to homework assignments.

C. Use of technology is a privilege. Violations of this privilege may result in consequences approved by the Child and Family Team and could include a loss of or limits to technology.

Practice Guidelines

A. Roles and Responsibilities:

1. Youth in the custody of Child and Family Services will be allowed (with appropriate supervision) access to technology and will be taught to use it responsibly.

2. Youth must be responsible for his or her own actions, online and otherwise, if the youth is provided access to technology. This includes following all state and federal laws governing the sharing of information.
3. The Child and Family Team will develop, at a minimum, an understanding of the benefits and challenges of technology most used by youth, including social networks, email, and texting. This also includes internet safety and protecting personal information.
4. The Child and Family Team will designate a responsible and knowledgeable adult to discuss internet safety with the youth and assess the youth's ability to use technology in a responsible manner.
5. The level of supervision for using technology is based on a youth's age, maturity, and trustworthiness. Supervision of a youth's online use may fall to many members of the Child and Family Team including teachers and caseworkers, and primary responsibility rests with the out-of-home caregiver.
6. Rules for a particular youth will not be based on the actions of another youth or group of youth. Each youth is to be viewed as an individual and not barred from technology based on the inappropriate actions of others.
7. Caseworkers will check in with out-of-home caregivers and refer them to training on internet safety if needed. Below are links to well-known authoritative guides with advice for safety on the Internet:
   a. http://www.microsoft.com/protect/parents/childsafety/age.aspx
   b. http://www.safetynet.aap.org
   c. http://www.wiredsafety.org

B. Internet Usage Agreement for Out-of-Home Caregivers:
1. Out-of-home caregivers are encouraged to use a written technology usage agreement with youth to establish safe boundaries for the use of the Internet. A sample agreement is available at http://www.protectkids.com/parentsafety/pledge.htm.
2. A copy of the usage agreement will be kept in the Home-to-Home Book and be accessible to the caseworker.

C. Electronic Communication:
1. Youth 14 years of age and older will be permitted to have an email address. This will allow for completion of the Casey Life Skills Assessment and NYTD surveys by the youth but is not limited to this purpose. If there is ever a concern about safety, appropriate supervision needs to be implemented.
2. Electronic communication sent to and received from a caseworker, TAL service provider, GAL, CASA, or therapist is private and will only be read by the youth.

3. An adult approved to screen the youth's private electronic communication needs to be decided by the Child and Family Team. Youth in custody have a reasonable expectation of privacy. In instances where there is reasonable cause to suspect misuse or inappropriate activity, a youth's electronic communication will be checked by the designated adult.
4. Caseworkers will encourage youth who have a likelihood of being in care on their 17th birthday to share their email address with the caseworker so the caseworker can post it in SAFE. This will allow for direct access to the youth for the NYTD surveys.

D. Social Networks:
1. Youth who are involved in social networking sites (SNS) such as Facebook, Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-private to protect against interaction with strangers.
2. If there is ever a concern about safety, appropriate supervision needs to be implemented. Caregivers and caseworkers may make a condition of use of a social networking site to have the youth provide access to them, allowing access to view photos, messages, videos, and other activities.
3. Caseworkers who connect with a youth through a social networking site must maintain professional boundaries.

303.8 Placement Prevention/Disruption Fund (Special Needs Funding)

Major objectives:
Child and Family Services will maintain a placement prevention/disruption fund for the purpose of assisting families in meeting immediate financial needs, when meeting those needs will directly contribute to the goal of maintaining children in their homes.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines
Request for and approval of funding

These processes apply in both emergency and non-emergency situations. The nature of a need and the urgency of a request should be specified when a request is made.

A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an eligible service for the program.

4491 B. The case manager completes the payment authorization form prescribed by Child
4492 and Family Services and obtains the supervisory approval.
4493
4494 C. The supervisor obtains approval from the program manager.
4495
4496 D. The program manager obtains approval from the region director or designee.
4497
4498 E. The program manager may issue a check directly to the vendor of services.
4499 Checks will not be issued to the family.
4500
4501 F. The program manager forwards a copy of the payment authorization to the Child
4502 and Family Services Finance Office.
4503
4504 G. The program manager will conduct a monthly reconciliation of the fund according
4505 to the fiscal Practice Guidelines approved by the Child and Family Services
4506 Finance Office.
4507
4508 Identifying need and eligibility for funding:
4509
4510 A. Caseworkers may intervene when necessary to prevent removal or placement
4511 disruption to provide "allowable" services when the cost does not exceed $500.
4512
4513 B. Child and Family Services will consider requests for fund expenditures defined as
4514 "allowable." Other expenses will be considered on an individual basis.
4515
4516 C. "Allowable services" include the following:
4517 1. Rent.
4518 2. Housing deposit.
4519 3. Utility deposit.
4520 4. Utility bills.
4521 5. Automobile repairs.
4522 6. Gasoline.
4523 7. Food.
4524 8. Clothing.
4525 9. Child care supplies.
4526 10. Household supplies.
4527 11. Child day care.
4528 12. Homemaker services.
4529 13. Language interpreters.
4530 14. Psychotherapy for child and parents.
4531 15. Psychological testing/drug screening for child/parents.
4532 16. Educational fees.

17. Doctor visits and/or prescription drugs.
18. Transportation for educational or medical services.
19. Special short-term counseling or treatment not otherwise available through current contracts.

Payment for other services must be approved by the region director prior to the expenditure.

Service Delivery Guidelines

Generally, caseworkers will be expected to access current contracted sources for child and family needs. When it is determined a need exists for a continuing service that is not available on current Child and Family Services contracts, the caseworker and their supervisor will consult with the regional contract specialist to develop the resource.

A. Immediate need for supplies or services can be obtained by accessing the funding available to the regions for the appropriations or activities listed below.

B. When a contract is available for continuing needs, the source of funding for the contract will be determined by the region director and the Administrative Services manager.

C. Funding is available to regions for special needs payments from the identified funding sources for the identified needs and activities:

1. **KHD -- In home services**
   PIHS – In home services
   Can be used for any special need determined by the caseworker and/or the region director to stabilize a family in their home or to eliminate the need for a child to be brought into Child and Family Services custody.
2. **KHH – Minor grants**
   PFPR – Family Reunification
   Can be used for special needs to assist in reunification of a child with parents and to provide for child and/or family treatment needs.
3. **PFPF – Family Preservation**
   Can be used for special needs required to maintain the family structure and to keep a child with their family.
4. **KHL – Special Needs**
   Can be used for funding for transportation, medical services not covered by Medicaid, or any other needs not otherwise available through established contracted sources for children in the custody of Child and Family Services.

4574 Data Collection and Fund Accounting Processes
4575 A. Each region is responsible for obtaining service data and submitting monthly fiscal
4576 information to the Child and Family Services Director of Finance. Service and
4577 financial data must be submitted in the standard format approved by the Child
4578 and Family Services Director of Finance.
4579
4580 B. Each region will submit a plan for the system delivery of placement
4581 prevention/disruption funds. The plan must be approved by the Child and Family
4582 Services Director of Finance. The funds will be distributed through a special
4583 account based on a local population-served formula. The funds will be disbursed
4584 through a special account with local warrant capability.
4585
4586 C. The Child and Family Services Director of Finance will oversee disbursement of
4587 the funds.
4588

4589 303.9 Federal Benefits And Eligibility

4590 Major objectives:
4591 The caseworker will be responsible to identify and secure financial resources or benefits
4592 for which a child in the custody of Child and Family Services may qualify. This includes,
4593 but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI), Social
4594 Security (SSA), private health insurance, and tribal or private trust funds. These resources
4595 will be used to help support the child's care before state general funds are used, to the
4596 extent allowable by law.
4597
4598 Child and Family Services will be responsible to determine Title IV-E eligibility for foster
4599 children in accordance with federal law and regulations and the state's Title IV-A plan
4600 that was in effect on July 16, 1996, as specified in the Child and Family Services' Title IV-
4601 E Eligibility Manual. The Department of Health delegates responsibility to Child and
4602 Family Services to determine Medicaid eligibility for most foster children in accordance
4603 with established Medicaid major objectives.
4604
4605 The caseworker will be responsible to become payee for a foster child who receives SSI
4606 benefits as a result of the child's own disability or SSA benefits from the death or
4607 disability of the child's parent and to perform payee duties in accordance with
4608 Department client trust account major objectives and Practice Guidelines and Child and
4609 Family Services fiscal client trust account Practice Guidelines.
4610
4611 The regional trust account custodian will be responsible to process and maintain client
4612 trust account records in accordance with Department client trust account major
4613 objectives and Practice Guidelines and Child and Family Services fiscal client trust
4614 account Practice Guidelines.
4615

Applicable Law

Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Title IV-E and Medicaid Eligibility Determination.

1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility caseworker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home for which medical services were provided while in protective custody, even if the child does not remain in custody after the shelter hearing.
2. Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E and Medicaid Eligibility Application. Extension of the application time frame may be justified by circumstances outside of the caseworker's control (such as delay in verification of citizenship from the INS, inability to locate parents to obtain income and asset information, or need for out-of-state birth certificate).
3. The caseworker is responsible to ensure that the eligibility caseworker receives necessary supporting documentation required to complete the application and review process, such as warrant for removal, petition for removal, initial removal court order and subsequent orders with "reasonable efforts to prevent removal" or "reasonable efforts to finalize the permanency plan language," verification of parent income and assets, deprivation in removal home, and completed annual review forms.
4. The caseworker is responsible to notify the eligibility caseworker of changes that may affect a child's ongoing eligibility for Title IV-E or Medicaid benefits, such as changes in placement, change in parental marital status or household composition in the removal home, incarceration of a parent, increase in child income or assets including amount in the child's trust account for which the caseworker is payee, runaway, return home, or trial home placement, and custody end.

B. Title IV-E Benefits.

1. When a child is determined "Title IV-E eligible," the federal government will reimburse a portion of the agency's administrative and training costs applicable to that child. When a child is also "Title IV-E reimbursable," the federal government will reimburse a portion of costs for foster care maintenance payments while the child is placed in a qualified, licensed foster family home, group home, or residential facility.
2. Foster care maintenance payments for a child in foster care may cover the costs of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and

4658 reasonable travel to the child's home for visitation with family or other
4659 caretakers. In the case of group homes or residential facilities, it may also
4660 include the reasonable costs of administration and operation required to
4661 provide for the normal maintenance needs for the child.
4662 3. Foster care maintenance payments made on behalf of a youth placed in
4663 foster care, who is the parent of a child in the same foster home or facility,
4664 may also include supplemental funding to cover costs incurred on behalf of
4665 the foster youth's child who resides in the same placement. If the foster
4666 youth is Title IV-E eligible and reimbursable, the child's supplemental
4667 payment will come from Title IV-E. If the foster youth is not Title IV-E
4668 eligible and reimbursable, the child's supplemental payment will come from
4669 state general funds or another allowable funding source. The Child and
4670 Family Team must determine if it is in the best interests of the foster youth
4671 to cover the child's expenses with supplemental maintenance payments
4672 and whether payments will be paid to the foster youth or foster care
4673 provider. Supplemental funding for costs for the foster youth's child are
4674 paid for through the daily reimbursement code of BAB, which pays at the
4675 basic foster care rate. This code is opened under the name of the foster
4676 youth (mother). Any special needs costs required for the foster youth's
4677 child are also paid under the foster youth.
4678 4. Title IV-E funds will be utilized for allowable expenses for an eligible and
4679 reimbursable foster child prior to state general funds or funds from other
4680 federal grants when the child is placed in a qualified, licensed foster home,
4681 group home, or residential facility. Title IV-E claims will be reduced by
4682 revenue collected from cost of care payments from a child's trust account
4683 or from child support collections.
4684
4685 C. Medicaid Benefits and Coverage for Health Care Needs Through MI706
4686 Authorization.
4687 1. The caseworker is responsible to notify the eligibility caseworker as soon
4688 as a child is placed in protective custody so that the eligibility caseworker
4689 can ensure that the child's health care needs can be covered immediately.
4690 2. The eligibility caseworker will first determine if the child entered care with
4691 Medicaid coverage. If so, documentation of Medicaid eligibility will be
4692 provided to the caseworker and foster care provider to be taken with the
4693 foster child to any medical, dental, or mental health appointments. If the
4694 child is not Medicaid eligible, the eligibility caseworker will generate an
4695 MI706 authorization to establish a payment process for medical expenses
4696 through the Department of Health until Medicaid eligibility can be
4697 determined. Normally, the initial MI706 is authorized for 30 days. The
4698 MI706 form must also be taken with the foster child to any medical, dental,
4699 or mental health appointments.

3. The Medicaid State Plan specifies covered medical, dental, and mental health services for children in foster care. In most areas of Utah, medical needs of a foster child must be provided through a designated Health Maintenance Organization (HMO). The caseworker must ensure that the foster care provider understands the need to have the child's medical services addressed by a provider within the designated HMO and of the importance of taking the child's health history information to all health care appointments.
4. If a Medicaid eligible child needs health care services not normally covered through Medicaid, the foster care provider or caseworker should coordinate with the regional fostering healthy children nurse to request a review through the health care provider and Department of Health to see if the service can be covered through Medicaid under CHEC (Utah's version of the EPSDT program). Through CHEC, medical service needs for children under the age of 21 years that have been diagnosed by a qualified provider should be able to be covered by Medicaid.
5. If it is not possible to get the needed non-Medicaid service covered under CHEC, the regional fostering health children nurse will prepare an MI706 authorization for the needed service. If the costs for the service will exceed $500, the region director must approve the MI706.
6. If a foster child receives medical services that are not covered by Medicaid, or that are provided outside of an HMO or without required pre-authorization, and there is no prior MI706 authorization from the regional fostering health children nurse, the caseworker is responsible to complete the MI706 form and obtain region director authorization for the expense. Either the eligibility caseworker or nurse may submit the completed MI706 form to the Department of Health after completion.
7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a child not meeting citizenship requirements, the eligibility caseworker will continue to issue MI706 authorization periodically throughout the custody episode to ensure continuous health care coverage. If a child loses Medicaid eligibility after entering foster care, such as a child on a trial home placement, the regional fostering healthy children nurse staff will prepare an MI706 authorization for specific medical needs if the child does not have another resource to cover the costs, such as a client trust account or private health insurance.
8. A child leaving a placement that receives a foster care maintenance payment, such as a trial home placement, no longer qualifies for Foster Care Medicaid, but may qualify for another Medicaid program. The Child and Family Team should plan for coverage for the child's health care needs prior to placement changes that affect Medicaid eligibility, including communicating with the eligibility caseworker early so that necessary

4742 information may be obtained from the parents to determine ongoing
4743 eligibility for Medicaid and so that the case may be transferred to eligibility
4744 staff in the Bureau of Eligibility Services if the child's eligibility can
4745 continue.
4746
4747 D. Foster Children with SSI or SSA Income
4748 1. When a child enters foster care, the caseworker must ask the child's parent
4749 or caregiver if the child is receiving SSI or SSA benefits. (SSI is received as
4750 a result of the child's own disability. SSA may be received due to the death
4751 or disability of the child's parent.)
4752 2. The caseworker should also ask the parents about other sources of support
4753 designated for the child that could assist with the child's care such as
4754 Veteran's benefits, Railroad benefits, Indian Trust funds, insurance funds
4755 including health insurance coverage, or other private trust funds.
4756 3. The caseworker is responsible to apply for benefits for a child who may
4757 qualify but is not receiving them. If a child is disabled, application should
4758 be made for SSI benefits. If a child's parent is deceased, application should
4759 be made for SSA benefits. Application is made through the Social Security
4760 Administration.
4761 4. The caseworker is responsible to apply for the Department of Human
4762 Services to become protective payee for a foster child receiving SSI or SSA
4763 benefits. Payee application forms are available through the local Social
4764 Security Office and may also be available in the local Child and Family
4765 Services office. The caseworker should also apply for the Department to
4766 become payee for other regular benefit payments.
4767 5. If a foster child is receiving services from both DSPD and Child and Family
4768 Services, the Child and Family Services caseworker will apply for the
4769 Department of Human Services to be the protective payee for the child.
4770 The DSPD provider will not be the payee (even though that is normal
4771 DSPD practice). In circumstances in which DSPD is paying for the
4772 treatment portion of the placement through Medicaid, such as under a
4773 Medicaid waiver, Child and Family Services must establish a process to pay
4774 for room, board, and special needs costs to the DSPD provider. The
4775 standard practice will be for the out-of-home caseworker to authorize the
4776 full SSI payment to go to the DSPD provider. The DSPD provider will be
4777 required to use the child's SSI funds in accordance with DSPD major
4778 objectives for use of child's SSI. The provider will document use of all
4779 funds in the Home-to-Home record, which the caseworker will review
4780 quarterly. When the annual report to the Social Security Administration is
4781 required to document use of the child's SSI, the caseworker will obtain the
4782 information for the report from the DSPD provider. If circumstances in
4783 which the out-of-home caseworker determines that it is not appropriate to

4784 forward SSI funding to the DSPD provider, an individual provider contract
4785 will be established to pay for room, board, and special needs. The
4786 caseworker will then authorize Child and Family Services to be reimbursed
4787 for cost of care payments from the child's trust account on a monthly basis.
4788
4789 E. Caseworker Responsibility when Protective Payee for SSI or SSA Recipient
4790 1. The caseworker is responsible to provide the regional trust account
4791 custodian with a written request to establish a new client trust account, on
4792 a form provided by the custodian, and a copy of the letter of approval of
4793 benefits from the granting agency, such as the Social Security
4794 Administration.
4795 2. The caseworker is responsible to oversee use of funds in the child's client
4796 trust account and to request and authorize any payments made from the
4797 account on a form provided by the custodian. Caseworkers may not
4798 request payments from a child's client trust account exceeding the amount
4799 of funds available in the account.
4800 3. The caseworker will follow Department client trust account major
4801 objectives and Practice Guidelines and Child and Family Services fiscal
4802 client trust account Practice Guidelines in requesting and authorizing
4803 payments from the trust account.
4804 4. Funds from the account may be used only for the child's support while in
4805 Child and Family Services custody and for the child's personal needs and
4806 incidentals. The caseworker is responsible to request and authorize
4807 payments each month using the following precedence: (1) SSI payment to
4808 DSPD provider, when required; (2) payment for spend-down for Medicaid,
4809 if regional eligibility caseworker had indicated it is required and the child's
4810 medical expenses are in excess of the spend-down amount; or if spend-
4811 down is not justified and child is not Medicaid eligible, payment for the
4812 child's medical expenses; (3) personal needs funds of $35, maintained in
4813 the account until needed; (4) payment for cost of care for costs specified in
4814 fiscal client trust account Practice Guidelines; and (5) any remaining funds
4815 to be maintained in the account for additional client needs allowable by the
4816 funding source and recommended by the Child and Family Team. The
4817 region director or designee will approve in advance any expense from a
4818 client trust account exceeding $500, other than payment for a DSPD
4819 provider, medical bill, Medicaid spend-down, or cost of care payment.
4820 5. The caseworker is responsible to review the client's trust account monthly
4821 to ensure that the balance stays within limits for federal benefits. The child
4822 loses Medicaid eligibility for any month in which the balance exceeds
4823 $2,000. When Medicaid eligibility is lost, in addition to cost of care, any
4824 medical costs or other special needs or incidentals for the child must be
4825 paid from the client trust account until the balance is below $2,000.

6. If casework responsibility or court jurisdiction is being transferred for the foster child, it is the responsibility of the sending office to ensure that the benefits are transferred. A change of address for payee must be submitted to the appropriate agency (e.g., Social Security Administration, Veteran's Administration) notifying the agency of the address to which future checks should be mailed. In addition, funds and records from the existing account must be sent to the new region as specified in fiscal client trust account Practice Guidelines.

F. Trust Account Custodian Responsibility.
1. The regional trust account custodian will open a new client trust account in the Department Trust Accounting System when necessary documentation is received from the caseworker.
2. The custodian will maintain all trust account records and issue checks in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services client trust account fiscal Practice Guidelines.
3. The custodian will provide a monthly report on each foster child's client trust account to the caseworker that is protective payee and to the eligibility caseworker.

303.10 Children In Foster Care Who Are Not U.S. Citizens

Major objectives:
Child and Family Services will seek to meet the support and health care needs of children in foster care and state custody regardless of their citizenship status.

Applicable Law

A. The citizenship status of a child in foster care may affect the child's eligibility for federal benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.

B. A child who is born outside of the United States (U.S.) to parents who are not U.S. citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien requirements in order to receive federal benefits.

C. For certain immigration categories, a child must have lived in the U.S. for five years before qualifying for Medicaid. Health care needs for a child with a five-year waiting period for Medicaid must be covered through MI706 authorization until the five-year requirement is met.

D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who entered the U.S. under an immigration category that does not meet qualified

4868 alien requirements, or who entered this country as an undocumented immigrant
4869 cannot qualify for federal benefits, including Medicaid, while in foster care or
4870 upon adoption, unless lawfully admitted to this country under a qualified alien,
4871 lawful permanent resident category.
4872
4873 E. A child is a citizen if:
4874 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin
4875 Islands, Northern Mariana Islands, American Samoa, or Swain's Islands.
4876 2. The child is also a citizen if born outside of the U.S. to a parent who is a
4877 U.S. citizen.
4878 3. A child is naturalized through the INS after an adoption, or who met
4879 qualified alien (lawful, permanent resident) criteria when adopted by a U.S.
4880 citizen parent after February 27, 2001.
4881
4882 F. U.S. citizenship can be verified by such records as a birth certificate, hospital
4883 records, church records, or tribal records.
4884
4885 Practice Guidelines
4886 A. Citizenship of the child is a factor that must be considered in the eligibility
4887 determination process.
4888
4889 B. The caseworker is responsible to verify a foster child's citizenship upon entry into
4890 foster care.
4891
4892 C. The regional eligibility caseworker will verify if the child meets qualified alien
4893 requirements based upon immigration documentation from Immigration and
4894 Naturalization Services provided by the caseworker.
4895
4896 D. Health care needs must be covered through MI706 authorization for these
4897 children while in foster care.
4898
4899 E. For a child born outside the U.S., the caseworker is responsible to obtain a copy
4900 of immigration documentation from the child's parents or caretakers and to
4901 provide it to the regional eligibility caseworker. The following information is
4902 needed:
4903 1. Copy of both sides of INS Form I-94 (often called green card).
4904 2. Documentation of date of entry into the U.S.
4905
4906 F. For issues pertaining to immigration other than verification of qualified alien
4907 status by regional eligibility caseworkers, contact the Immigration and
4908 Naturalization Service.
4909

303.11 Facilitating Out-Of-State Travel For A Foster Child

Major objectives:
During the time the child is in the custody of the state, Child and Family Services has limited authority to act for the child. Under some circumstances, Child and Family Services must obtain approval from others with authority over the child before authorizing action by the child or their out-of-home care provider.

Out-of-state travel is one such instance. Parents retain limited rights regarding the child's travel, and the court has authority to grant or deny travel regardless of the parents' position. The authority of Child and Family Services with regard to this decision is restricted by the court's and the parent's authority.

Child and Family Services will facilitate appropriate out-of-state travel for children in out-of-home placements with out-of-home caregivers for vacation, visiting relatives, or other group sponsored activities.

Child and Family Services will obtain approval from the child's parents, the Department of Human Services (DHS), and the juvenile court prior to authorizing out-of-state travel.

Applicable Law:
Utah Code Ann. §78A-6-105. Definitions.
Utah Code Ann. §78A-6-118. Period of operation of judgment, decree, or order -- Rights and responsibilities of agency or individual granted legal custody.

Practice Guidelines

A. The caseworker will request that the child's parent sign the Authorization for Out-of-State Travel form (DCFS03, available in SAFE). If the parent refuses to sign, then approval must be obtained from the juvenile court. The caseworker must also fill out the Request for Out of State Travel form (FI5) on behalf of the youth and submit for approval with the Child and Family Services director and the DHS director.

B. If travel is approved by the parent, the Assistant Attorney General, Guardian ad Litem, and juvenile court will be given written notice of the out-of-state travel, which will include the location where the child is traveling and that the parent has been consulted about the child's out-of-state travel.

C. The out-of-home caregiver will take the child's Medicaid card when taking the child out of state to ensure that any urgent medical needs can be met. The out-of-home caregiver should also take an adequate supply of any medications the child needs and the phone numbers for the child's regular or primary care physician.

D. The caseworker will inform the out-of-home caregiver that if the child has an emergency medical need while outside of Utah, the out-of-home caregiver will obtain treatment immediately from a qualified health care provider. Follow Medicaid and HMO rules to notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after the child received the treatment.

E. The caseworker will inform the out-of-home caregiver that if the child has a non-emergency medical need while outside of Utah, the out-of-home caregiver will follow Medicaid and HMO rules to obtain prior authorization for the service from the HMO and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in order for Medicaid to cover the costs.

F. The out-of-home caregiver may request assistance from the Fostering Healthy Children nurse to complete the prior authorization process and identify an appropriate health care provider.

G. The caseworker will inform the out-of home caregiver that the child will not be taken outside of Utah for medical treatment unless the specific treatment has been approved by Medicaid and arranged for by the Fostering Healthy Children nurse.

H. For children who travel outside of the country, the caseworker will follow the same procedure for youth who are only traveling outside of the state, including obtaining parental approval, DCFS03 form approval, FI5 form approval, and juvenile court approval. The caseworker will also follow the same processes to ensure the child has medical coverage while traveling abroad.

I. If a child travels outside of the country, the caseworker or caregiver will also determine if a passport, additional immunizations, or other documentation (e.g., Travel Visa) is needed for the child to travel safely. This can be done by visiting http://travel.state.gov/content/travel/english.html for all up-to-date information regarding travel requirements to foreign countries.

303.12 Transportation

Major objectives:
Children in Child and Family Services custody will be transported in safe, insured vehicles with seat belts and car seats.

Applicable Law
Utah Code Ann. §41-6a-1802. Definitions.

Utah Code Ann. §41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.

Practice Guidelines
If an out-of-home care provider does not have an appropriate restraint device for a child given their age, one may be loaned to them. They may not be allowed to transport a child in the custody of Child and Family Services without an appropriate restraint device.

Before a Child and Family Services caseworker transports a child in a vehicle, they must ensure that the proper restraint device is in the vehicle and is installed correctly.

303.12a Transporting Youth – Safety Of Caseworker And Youth

Major objectives:
To provide guidelines to employees who need to arrange transportation for youth that may display behavior that could result in injury to the caseworker or the youth.

Background Information
Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of transportation may require more caution than other episodes. Transportation has been divided into three categories to assist caseworkers in determining when it might be appropriate to utilize the support of another caseworker or a professional transport agency for the transport of a youth. The Child and Family Team will assist with making these decisions.

Practice Guidelines
A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a youth to visits, medical appointments, or other routine occurrences.

There will be many situations in which a caseworker feels comfortable and appropriate in transporting a youth. When doing so, a caseworker will assure the following:

1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the use of personal vehicles if possible).
2. That the youth is properly restrained in a safety device appropriate for the age of the youth. In addition, appropriate child locks will be utilized.
3. That the youth is not allowed to sit behind the caseworker who is driving the vehicle.
4. That a supervisor or colleague knows where you are going and when you will return as a safety precaution.
5. That you take another caseworker with you if you feel it is appropriate or necessary for any reason.

5036
5037 B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being
5038 transported to a facility or program.
5039
5040 The caseworker should first contact the program to request the program
5041 transport the youth if this service/resource is available.
5042
5043 If a caseworker must transport the youth, it is best practice for two
5044 caseworkers/employees to transport the youth when the youth is going to a
5045 facility; however, the caseworker should use their discretion. Assuming a
5046 caseworker has ruled out the need for a professional transportation service and
5047 the youth does not display behaviors associated with a high risk transportation
5048 need, the caseworker will consider utilizing another person to complete the
5049 transport.
5050 1. The caseworker will review the case thoroughly prior to the transport and
5051 be aware of any potential triggers that may cause the youth to display
5052 volatile or aggressive behavior toward him or herself or others.
5053 2. The caseworker will assure that the vehicle is insured and safe to drive (use
5054 a state vehicle and avoid the use of personal vehicles if possible).
5055 3. Two caseworkers will transport the child; one caseworker will drive and
5056 one caseworker will sit in the backseat with the youth. The youth will not
5057 be allowed to sit behind the caseworker who is driving the vehicle.
5058 4. The youth will be properly restrained in a safety device appropriate for the
5059 age of the youth. In addition, appropriate child locks will be utilized.
5060 5. Neither the youth nor the caseworkers will use a cell phone to make phone
5061 calls or texts while driving unless an emergency situation arises.
5062
5063 C. HIGH RISK TRANSPORTATION – A situation in which a caseworker or youth
5064 may be at risk of injury if the caseworker were to transport the youth.
5065
5066 A situation for high risk transportation may be identified if the youth exhibits any
5067 of the following behaviors:
5068 1. Current assaultive behavior, assaultive history, serious aggression toward
5069 self or others, past history of jumping from a vehicle in motion, a suicide
5070 attempt, serious and current self-mutilization, homicidal thoughts or
5071 behavior, current psychosis, serious inability to regulate emotions, serious
5072 anti-social behavior, current verbal or physical threats of harm to self or
5073 caseworker, or other similar and serious behaviors.
5074
5075 Hint: If the youth rates a 3 on the CANS on any of the following items,
5076 the youth most likely meets the criteria to utilize a professional transport:
5077 a. Suicide risk;

5078 b. Self-mutilization;
5079 c. Other self-harm;
5080 d. Danger to others;
5081 e. Judgment decision-making (make decisions that put them in
5082 dangerous situations);
5083 f. Psychosis;
5084 g. Oppositional (threat of physical harm to others);
5085 h. Conduct (serious crime, aggression, anti-social child, or community
5086 at risk);
5087 i. Anger control.
5088
5089 The process for requesting a professional transport for a high risk transportation
5090 is as follows:
5091 1. Call and ask the facility that you are taking the youth to and ask if they can
5092 transport the youth for you. If they are unable to do so, move to step 2.
5093 2. Contact your local Division of Juvenile Justice Services Office to see if they
5094 can assist you with the transport. If they are unable to do so, move to step
5095 3.
5096 3. Staff the situation with a supervisor and your child welfare (CWA) or
5097 clinical consultant. Review the criteria listed above to assure that the
5098 situation meets the criteria to utilize a professional transportation service
5099 via a DHS contract.
5100 a. Once this case has been staffed with the supervisor and child
5101 welfare administrator (CWA) or clinical consultant, the caseworker
5102 will take the recommendation for professional transportation to the
5103 region director or designee who will contact the liaison at Juvenile
5104 Justice Services for use of their transportation contract.
5105 b. The local contract team will complete the Purchase Services
5106 Authorization (PSA). Juvenile Justice Services will bill the local
5107 office and the contract team will work with the finance person to
5108 complete an interdepartmental transfer payment.
5109 c. The caseworker will notify the child, current placement, receiving
5110 placement, and therapist (as needed) in order to inform and prepare
5111 the youth for the transport. Because law enforcement will be
5112 utilized for professional transportation, the youth will most likely be
5113 transported in handcuffs in the backseat of the police vehicle as per
5114 police guidelines.
5115
5116 D. If a caseworker is unable to utilize the DHS contract for a professional transport,
5117 contact the region director for potential use of further professional transport
5118 services.
5119

303.13 Courtesy Worker And Region-To-Region Case Transfers

Major objectives:
Region-to-region placements will be planned to minimize transition difficulties and prevent a disruption of services.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Courtesy Supervision:
   1. To request courtesy supervision, the caseworker will email the initial request to the sending region's associate region director.
   2. Attach the completed Courtesy Supervision Request Form. Include a brief description of history on the case and the current situation along with other information requested on the form.
   3. The sending region's associate region director will forward the request to the appropriate associate region director in the prospective receiving region for approval.
   4. The receiving region's associate region director will notify the sending region's associate region director of the decision to accept the request for courtesy supervision and provide the name of the courtesy caseworker and supervisor.
   5. The primary caseworker will contact the courtesy caseworker within five working days to provide case information. If the courtesy caseworker needs additional information, the courtesy caseworker may contact the primary caseworker.
   6. The primary caseworker will add the courtesy caseworker to the case on SAFE.
   7. As soon as the case has been assigned to the courtesy caseworker, the primary caseworker will arrange for a Child and Family Team Meeting. Both the primary caseworker and courtesy caseworker will be present at the Child and Family Team Meeting. At this meeting the primary and courtesy caseworker's visitation plan with the child will be arranged. The roles of the primary and courtesy caseworker will also be discussed. [*See:* Section 303.2, Caseworker Visitation With The Child.]
   8. Throughout the duration of the case, the primary and courtesy caseworker will be present at all Child and Family Team Meetings that may be held.
   9. The primary caseworker is responsible for contacting on a monthly basis the courtesy caseworker and out-of-home caregiver as well as other

5161 professional members of the Child and Family Team, such as the child's
5162 mental health therapist and educators.
5163
5164 B. Region-to-Region Case Transfers:
5165 1. The caseworker will email the initial request to the sending region's
5166 associate region director.
5167 2. Attach the completed Case Transfer Request Form. Include a brief
5168 description of history on the case and the current situation along with
5169 other information requested on the form.
5170 3. The sending region's associate region director will forward the request to
5171 the appropriate associate region director in the prospective receiving
5172 region for approval.
5173 4. The receiving region's associate region director will notify the sending
5174 region's associate region director of the decision to accept the request for
5175 case transfer and provide the name of the caseworker and supervisor.
5176 5. A face-to-face transfer meeting between the two caseworkers and their
5177 supervisors will be conducted on all case transfers
5178 6. To assist with a smooth transition from region to region, a Child and Family
5179 Team meeting will be conducted on all case transfers. The sending
5180 caseworker is responsible for arranging this meeting.
5181 7. If possible, the new caseworker will attend the last Child and Family Team
5182 Meeting in the sending region to become acquainted with the existing
5183 team.
5184 8. The caseworker will notify the eligibility caseworker of the transfer in
5185 advance to ensure continuous Medicaid coverage of the child, if eligible.
5186 9. Within 30 days of the case being transferred to the new region, the new
5187 caseworker will arrange for a Child and Family Team Meeting, including
5188 any new team members.
5189 10. The case will be reviewed via the qualitative assurance process (QA) on the
5190 Internet just before the transfer meeting and a printed copy of the QA
5191 form included with the case file. The hard file will be ready to hand off at
5192 the transfer meeting. The sending caseworker is responsible for all case
5193 activities until the transfer is completed and all signatures are in place.
5194 11. The sending region is responsible for ensuring that all work is completed
5195 and up-to-date prior to the case transfer.
5196

5197 303.14 Youth Obtaining A Driver License

5198 Major objectives:
5199 A. Youth in Child and Family Services' custody should be provided the opportunity to
5200 complete driver education and obtain a driver license.
5201
5202 B. Foster parents who are willing to sign a youth's application for a learner permit
and driver license may be reimbursed for the additional cost incurred on their
automobile insurance when they provide insurance coverage for the youth.

5203
5204
5205
5206
5207 **Applicable Law**
5208 Utah Code Ann. §62A-4a-105. Division responsibilities.
5209 Utah Code Ann. §62A-4a-121. Reimbursement of motor vehicle insurance coverage for
5210 foster child.
5211
5212 Practice Guidelines
5213 A. Overview and Preparation
5214 1. Youth in the custody of Child and Family Services should have an
5215 opportunity to complete driver education training while in foster care.
5216 2. Obtaining a driver license may be an objective of the Child and Family Plan
5217 that has been developed for the youth with Transition to Adult Living (TAL)
5218 Services.
5219 a. Youth may be enrolled in driver education at their local high school
5220 when they have reached 15 years of age or older. A parent's
5221 signature is not required for a youth to participate in a driver
5222 education course.
5223 b. Youth, after the age of 17 years and 6 months, should be
5224 encouraged to take driver education whether or not they have an
5225 adult willing to authorize a learner permit or driver license or have
5226 appropriate insurance coverage.
5227 c. Youth who attend a driver education course in public high schools
5228 are eligible for a school fee waiver.
5229 d. A private driving school may be used for youth who are unable to
5230 attend driver education at the local high school due to scheduling
5231 conflicts, lack of availability of classes, or other reasons. Special
5232 Needs Funds or Chafee Funds (TLN or TLP) can be used to pay for
5233 the driver education course ($250.00 maximum).
5234
5235 B. Learner Permit
5236 1. Caseworkers are ***not*** authorized to sign for a learner permit.
5237 2. To obtain a learner permit, a parent, foster parent, or responsible adult's
5238 signature is required for a youth to obtain a driver license. A parent, foster
5239 parent, or responsible adult who is willing to assume the liability of a minor
5240 driver and provide for motor vehicle insurance for the youth may sign the
5241 minor's application for a driver license. Foster parents need to provide
5242 Form Letter TR01: Placement Verification and Medical Authorization
5243 Letter when signing for the driver license.

5244 3. A learner permit allows the youth to drive with a licensed adult and receive
5245 the 40 hours of practice driving required for a license. When a parent or
5246 responsible adult signs the application for the learner permit, they are
5247 assuming joint liability with the youth for damages resulting from the youth
5248 driving a motor vehicle. Those under 18 years of age will be limited to
5249 driving with a licensed parent, legal guardian, driving instructor, or the
5250 adult who signed the application for the learner permit sitting in the
5251 passenger seat.
5252 4. When applying for the learner permit, the youth will need to have their
5253 Social Security card plus two acceptable types of proof of residency. A
5254 $15.00 fee is required to obtain the learner permit from the Department of
5255 Motor Vehicle (DMV), and the learner permit is only valid for one year.
5256 5. Utah requires an applicant 17 years of age or younger to have the learner
5257 permit for six months before applying for a driver license. The six-month
5258 learner permit holding requirement does not apply to an applicant who is
5259 age 18 years or older at the time of application for the learner permit.
5260
5261 C. Driver License
5262 1. Caseworkers are ***not*** authorized to sign for a driver license.
5263 2. To obtain a driver license, a parent, foster parent, or responsible adult's
5264 signature is required for a youth to obtain a driver license. A parent or
5265 responsible adult who is willing to assume the liability of a minor driver and
5266 provide for motor vehicle insurance for the youth may sign the minor's
5267 application for a driver license. Foster parents need to provide Form Letter
5268 TR01: Placement Verification and Medical Authorization Letter when
5269 signing for the driver license.
5270 3. Youth, after the age of 17 years and 6 months, and after completion of a
5271 driver education course, may obtain a driver license without a parent's
5272 signature when they turn age 18 years old. They will need to provide their
5273 own auto insurance.
5274 4. Youth can practice taking the driver license test on the Internet. The 22
5275 questions are typical of the questions asked when obtaining a driver
5276 license. The practice test can be found on the following website:
5277 http://www.dmv.org/practice-permit-test.php.
5278 5. The caseworker will coordinate with the foster parent or responsible adult
5279 to develop a parent-teen driving contract. The contract can help outline
5280 key driving responsibilities, decide on the consequences associated when
5281 those responsibilities are not met, and define the Child and Family Team's
5282 role in helping the youth succeed. There are several insurance websites
5283 that have driving contracts; examples can be found on the following
5284 websites:

5285 a. Allstate Parent-Teen Contract at:
5286 www.allstateteendriver.com/contract
5287 b. AAA Parent-Teen Driving Agreement at:
5288 www.aaaexchange.com/assets/files/2007214956500.parent_teenc
5289 ontract.pdf
5290 c. Safer Child Driving Contract at: www.saferchild.org/driving.htm
5291 d. Lowest Price Teen Driving School Teen Driving Contract at:
5292 www.lowestpricetrafficschool.com/driver-education/teen-driving-
5293 contract/
5294
5295 D. Insurance Requirements
5296 1. Foster parents who provide automobile insurance for youth in foster care
5297 will be required to carry at the minimum requirement of Utah's No-Fault
5298 Law insurance liability limits.
5299
5300 E. Reimbursement Process
5301 1. Reimbursement applies only to Resource Families that are licensed to
5302 provide care for children in Child and Family custody.
5303 2. Foster parents who are willing to sign and authorize a youth's application
5304 for a learner permit and driver license may be reimbursed *only* for the
5305 additional cost at the minimum requirement of Utah's No-Fault Law
5306 insurance liability limits.
5307 3. Foster parents may choose to carry additional automobile insurance at
5308 their own expense, such as liability coverage that exceeds the minimum of
5309 Utah's No-Fault insurance liability limits, collision insurance, or
5310 comprehensive insurance.
5311 4. Foster parents will not be reimbursed for any deductibles associated with
5312 collision or comprehensive insurance in the event of an accident or other
5313 damage to their vehicle.
5314 5. All reimbursements will be coordinated through the Child and Family
5315 Services Administration Office, Financial Analyst II.
5316 6. The caseworker will confirm that the foster parent is willing to exercise
5317 their option to provide youth in their care an opportunity to obtain a
5318 learner permit and driver license, and that the foster parent understands
5319 their responsibility of providing automobile insurance coverage for the
5320 youth.
5321 7. The foster parent will obtain a quote from their automobile insurance
5322 provider for the additional costs of adding a youth to their personal
5323 insurance policy. Reimbursement will ***only*** be for additional costs to the
5324 foster parent's current liability insurance coverage. The foster parent must
5325 provide acceptable documentation from the insurance agent or agency of
5326 increased costs.

8. In order to assist the foster parent in obtaining reimbursement for insurance costs, the caseworker will contact the Child and Family Services State Financial Analyst II and inform them of the foster parent's intention to sign for the driver license.
9. The caseworker will provide the insurance quote from the foster parent to the Child and Family Services Administration Office, State Financial Analyst II.
10. Caseworkers will provide the foster parent with the following:
    a. Information informing them of their option to provide youth in their care an opportunity to obtain a learner permit and driver license by assuming the responsibility of providing automobile insurance coverage for the youth.
    b. Information regarding the liability they assume in authorizing a youth to obtain a learner permit and driver license.
    c. Information how they may qualify for reimbursement for their additional expenses incurred by providing automobile insurance coverage for a youth in their care.
    d. An informed consent, waiver and release for foster parents who provide automobile insurance for youth in foster care.
11. The foster parent will sign the informed consent and waiver document. The caseworker will give a copy to the foster parent, place a copy in the youth's file under "correspondence," and send a copy to the Child and Family Services State Financial Analyst II.
12. The foster parent must provide acceptable insurance documentation every three months in order to receive reimbursement.

F. Cancellation or Termination of Driver License

1. A parent, foster parent, or responsible adult who has signed and authorization for a learner permit or driver license will notify the Department of Motor Vehicles (DMV) **in writing** and send a copy to Child and Family Service if they decide that they are no longer willing to assume responsibility <u>and</u> insurance coverage for the youth. The written request will be placed in the youth's case file under "correspondence".
2. The parent, foster parent, or responsible adult will receive **in writing** notification from the DMV that the youth learner permit or driver license has been cancelled and send a copy of the official cancellation to the Child and Family Services caseworker. The letter will be placed in the youth's case file under "correspondence."
3. The caseworker will verify **in writing** to the parent, foster parent, or responsible adult that they have received verification of the cancellation of the learner permit or driver license for the youth and that they are aware that the parent, foster parent, or responsible adult are relieved from

liability for that youth operating a motor vehicle subsequent to the cancellation.

303.15 Casey Life Skills Assessment

Major objectives:
All youth over age 14 years and their caregiver will complete a Casey Life Skills Assessment (CLSA) annually to measure the skills and knowledge needed to prepare the youth to transition to adulthood.

Applicable Law
Administrative Rule R512-305. Out of Home Services, Transition to Adult Living Services.

Purpose
The purpose of Transition to Adult Living (TAL) services is to help youth, age 14 years and older, who are receiving services acquire the skills needed to successfully transition to adulthood.

Practice Guidelines

A. The CLSA tool is intended to assist in the planning of services for youth as they transition from childhood to adulthood.

B. Results from the CLSA tool will be used to evaluate the youth's strengths, needs, and current functioning in areas of life skills. After the CLSA is completed by a youth, the areas identified on the CLSA where the youth may need instruction and personal growth will be used to focus and guide the Child and Family Team in the case planning process with the youth. The case planning decisions developed by the team will then be included in the Child and Family Plan.

C. The caseworker will ensure that the following is accomplished:
   1. The CLSA is completed by the youth and the caregiver, at a minimum. The CLSA may also be completed by additional individuals who are familiar with the youth.
   2. Meet with the youth to review the youth and caregiver's assessments, choose the areas to work on, identify individualized goals, and outline strategies for the growth and improvement of the youth.
   3. Convene the Child and Family Team to review the CLSA results, update the Child and Family Assessment, and develop or update the TAL section of the youth's Child and Family Plan.

D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:

5411 1. When a youth 14 years of age and older enters out-of-home care, the
5412 CLSA will be completed by the youth and the caregiver within 45 days, in
5413 conjunction with the development of the Child and Family Plan.
5414 2. When a youth turns 14 years old in foster care, the first CLSA must be
5415 completed when the next Child and Family Plan is due. If the next plan is
5416 due in less than 90 days after the youth's 14th birthdate, the CLSA will not
5417 be required until the following plan.
5418 3. An annual CLSA is due within a year of the previous one. The caseworker
5419 will be prompted 90 days prior to the due date to give the youth and
5420 caregiver ample time to complete the assessment.
5421 4. The caregiver's assessment and youth's assessment must be completed
5422 and entered on the CLSA website within 30 days of each other. The CLSA
5423 can be completed electronically via the Internet at:
5424 http://www.caseylifeskills.org.
5425 5. The caseworker has the following options for assisting the youth in taking
5426 the CLSA:
5427 a. The youth can take the assessment on the caseworker's computer.
5428 b. The caseworker can send a link to the youth via the youth's email
5429 address inviting them to take the assessment.
5430 c. The caseworker can give the youth a printed assessment. The
5431 caseworker will need to enter the answers of the assessment into
5432 the website.
5433 d. The youth can create his or her own profile on the website. This
5434 option will only work if the youth has already taken an assessment
5435 using option a or b.
5436 6. The caseworker has the following options to assist the caregiver in taking
5437 the assessment:
5438 a. The caregiver can take the assessment on the caseworker's
5439 computer.
5440 b. The caseworker can send a link to the caregiver via email inviting
5441 them to take to the assessment.
5442 c. The caseworker can give the caregiver a printed assessment. The
5443 caseworker will need to enter the answers of the assessment into
5444 the website.
5445 7. The caseworker will provide the youth and the caregiver with a copy of
5446 both the youth and caregiver's reports from the CLSA.
5447 8. The original CLSA assessment will be placed in the assessment section of
5448 each youth's case file.
5449
5450 E. Each caseworker will convene the Child and Family Team to review the youth and
5451 caregiver(s) assessments, identify areas of strengths and opportunities for
5452 improvement, share feedback on the youth's chosen areas on which to work, and

5453 look for ways to support the individualized goals of the youth. The team will then
5454 outline strategies to implement the plan.
5455
5456 F. The goals, services, and needs identified by the youth, caregiver, and Child and
5457 Family Team will be used to develop and update the TAL portion of the youth's
5458 Child and Family Plan. The TAL portion of the plan requires each youth to have at
5459 least one area of focus determined by the CLSA and Child and Family Team to
5460 enhance their life skills. The regional TAL coordinator or a TAL supervisor will
5461 attend the Child and Family Team Meeting when possible. If the regional TAL
5462 coordinator or a TAL supervisor is not able to attend the Child Family Team
5463 Meeting, they should attempt to be available for consultation with members of
5464 the Child and Family Team prior to or following the meeting.
5465

5466 303.16 Foster Child Representative Payee Accounts

5467 Major objectives:
5468 A. The Department of Human Services (DHS)/Division of Child and Family Services
5469 will act as representative payee for each foster child receiving unearned income,
5470 such as Social Security Dependent (SSD) Benefits, Supplemental Security Income
5471 (SSI), and other income sources while the child is in agency custody.
5472 B. Unearned income from a foster child will be used to offset costs of care and for
5473 the child's personal needs, as allowable.
5474 C. Representative payee functions and use of a child's income will comply with
5475 established policies, procedures, and guidelines pertaining to the unearned income
5476 source, Medicaid, and DHS and Child and Family Services representative payee
5477 account requirements.
5478
5479

5480 **1. Child and Family Services Philosophy on Use of Unearned Income for a Foster Child**
5481 A. When a child is in the custody of Child and Family Services or in the custody of
5482 the DHS with Child and Family Services acting as primary case manager,
5483 responsibility for payment for the costs for the child's care in priority order
5484 belongs to:
5485 (1) Parents through child support paid to the Office of Recovery Services
5486 (OSR), as required by state and federal law.
5487 (2) The child's unearned income, designated for the child's care, maintenance,
5488 and/or medical needs, within the allowable framework of the income
5489 source.
5490 (3) Other source of funds designated for the child's care, maintenance, and/or
5491 medical needs, within the allowable framework of the funding source.
5492 (4) Federal revenue available to Child and Family Services for foster care
5493 services.

5494 (5) State revenue available to Child and Family Services for foster care
5495 services.
5496
5497 B. Any child entering foster care is entitled to services and goods necessary to meet
5498 the child's basic needs. A child entering state custody with unearned income
5499 should generally not receive any goods or services that a child without unearned
5500 income would not also receive while in foster care.
5501
5502 **2. What is a Foster Child Representative Payee Account?**
5503 A foster child representative payee account is a financial account established on behalf
5504 of a child in Child and Family Services custody or in DHS custody when Child and Family
5505 Services is designated as the primary case manager. Child and Family Services must
5506 receive authorization from the funding agency, such as the Social Security
5507 Administration, to serve as representative payee. The Child and Family Services
5508 caseworker acts as representative payee for the client.
5509
5510 **3. Sources of Unearned Income**
5511 The most common types of federal unearned income received by foster children are SSI
5512 and SSD benefits. The Social Security Administration administers both of these income
5513 sources, and use of these funds for a foster child must be in accordance with Social
5514 Security Administration requirements.
5515
5516 A. SSI Benefits for Children. SSI benefits are payable to blind or disabled children
5517 under age 18 who have limited or no income and resources or who come from
5518 homes with limited or no income and resources. A review is conducted when an
5519 individual reaches age 18 to determine if benefits may continue into adulthood.
5520 SSI checks are generally distributed the first day of the month (or the preceding
5521 bank day if a weekend or holiday) for benefits due for the current month.
5522
5523 B. SSD Benefits (*may also be referred to as SSA*). SSD benefits may be paid to a
5524 dependent child under age 18 through the Retirement, Survivors and Disability
5525 Insurance Program based upon the work record of a child's parent. For example,
5526 a child may receive these dependent benefits as a result of a parent's disability or
5527 death. Benefits may be extended beyond age 18 for full-time students. SSD
5528 benefit checks are generally distributed the third week of the month for benefits
5529 due for the prior month.
5530
5531 C. Other Sources. Foster children may also receive other sources of unearned
5532 income, such as Veteran's benefits, Railroad Retirement benefits, Tribal benefits,
5533 or insurance settlement funds. All unearned income sources must be used in
5534 accordance with purposes for which the funding is provided and in conjunction

5535 with established policies, procedures, and guidelines pertaining to the unearned
5536 income source.
5537
5538 **4. Roles and Responsibilities Pertaining To Representative Payee Accounts**
5539 A. General Region Responsibilities. Regional staff are responsible for oversight,
5540 supervision, and implementation of the representative payee account process for
5541 foster children under the jurisdiction of the region. Key regional responsibilities
5542 include:
5543 (1) Applying for unearned income benefits for children who may qualify.
5544 (2) Applying for DHS to be designated as representative payee.
5545 (3) Complying with funding agency requirements.
5546 (4) Managing fiscal accounts in accordance with DHS fiscal procedures.
5547 (5) Ensuring separation of duties as required by DHS for check receipting,
5548 deposits, payment authorization, and check preparation.
5549 (6) Authorizing allowable payments and issuing checks.
5550 (7) Calculating cost of care.
5551 (8) Maintaining required records and reporting.
5552 (9) Completing bi-annual internal representative payee account audit and
5553 other quality assurance processes.
5554 (10) Coordinating with other regions, divisions, and providers on representative
5555 payee process.
5556
5557 B. Child and Family Services State Office Responsibilities. Primary Child and Family
5558 Services state office staff responsibilities in the foster child representative payee
5559 process include:
5560 (1) Overseeing process statewide for consistency and compliance.
5561 (2) Maintaining written Practice Guidelines.
5562 (3) Providing resources, training, technical assistance, and support to regional
5563 staff.
5564 (4) Identifying services and costs to be included in cost of care calculation.
5565 (5) Assisting regions in developing and implementing internal quality assurance
5566 processes.
5567 (6) Coordinating and acting as liaison with DHS finance staff.
5568 (7) Assisting in doing research on requirements for funding agencies and
5569 incorporating requirements into Child and Family Services Practice
5570 Guidelines.
5571
5572 C. DHS Fiscal Operations Responsibilities. DHS finance staff responsibilities in the
5573 foster child representative payee process include:
5574 (1) Ensuring that state fiscal procedures are followed.
5575 (2) Reconciling payee accounts statewide and posting to financial system.
5576 (3) Providing software for financial tracking system.

5577 (4) Providing training and technical support on State Finance and DHS
5578 requirements and on use of fiscal tracking system.
5579 (5) Completing independent review of account records.
5580
5581 D. Initial Caseworker Responsibilities.
5582 (1) When a child enters foster care, the caseworker is responsible to ask the
5583 child's parent or caregiver if the child is receiving SSD or SSI benefits.
5584 (2) The caseworker should also ask the parents about other sources of support
5585 designated for the child that could assist with the child's care such as
5586 Veteran's benefits, Railroad benefits, Indian Trust funds, insurance funds
5587 including health insurance coverage, or other private trust funds.
5588 (3) The caseworker is responsible to apply for benefits for a child who may
5589 qualify but is not receiving them. For example, if a child is blind or
5590 disabled, application should be made for SSI benefits. If a child's parent is
5591 deceased, application should be made for SSD benefits. Application is
5592 made through the Social Security Administration.
5593 (4) The caseworker is responsible to apply for the DHS to become
5594 representative payee for a foster child receiving SSI or SSD benefits.
5595 Payee application forms are available through the local Social Security
5596 Office and may also be available in the local Child and Family Services
5597 office. The caseworker should also apply for DHS to become payee for
5598 other regular benefit payments.
5599
5600 E. Caseworker Responsibility After Representative Payee Has Been Established.
5601 (1) The caseworker is responsible to provide the regional representative payee
5602 account custodian with a written request to establish a new representative
5603 payee account, on a form provided by the custodian, and a copy of the
5604 letter of approval of benefits from the granting agency, such as the Social
5605 Security Administration.
5606 (2) The caseworker is responsible to oversee use of funds in the child's
5607 representative payee account and to request and authorize any payments
5608 made from the account through the 'funds request' link located in the trust
5609 account list within the SAFE Trust Account module. The caseworker's
5610 supervisor must approve any fund requests over $499.99. The caseworker
5611 is responsible to obtain receipts for all expenditures from the child's payee
5612 account, excluding Cost of Care.
5613 (3) The caseworker will follow DHS representative payee account policies and
5614 Child and Family Services representative payee account Practice
5615 Guidelines in requesting and authorizing payments from the representative
5616 payee account.
5617 (4) The caseworker is responsible to review an SSI client's representative
5618 payee account monthly to ensure that the balance stays within limits for

5619 federal benefits. The child becomes ineligible for SSI for any month in
5620 which the balance exceeds $2,000.
5621 (5) The caseworker may not request payments from a child's representative
5622 payee account exceeding the amount of funds available in the account and
5623 will not request the regional account custodian to issue a check for
5624 unallowable expenses or to inappropriate recipients.
5625 (6) The caseworker is responsible to obtain the written approval of his or her
5626 supervisor for any representative payee account expense that is $500 or
5627 higher and is responsible to obtain region director or designee approval for
5628 any expense that is $500 or higher from the client's personal needs
5629 allotment. (See Section 5.E.)
5630 (7) The caseworker is responsible to notify the regional account custodian in
5631 advance when custody termination is being requested from the court for a
5632 foster child.
5633
5634 F. Representative Payee Account Custodian and Supervisor Responsibilities.
5635 (1) The regional account custodian will open a new representative payee
5636 account in the SAFE Trust Accounting System when necessary
5637 documentation is received from the caseworker and notify DHS Finance
5638 representative of the new account.
5639 (2) The account custodian will accurately maintain all account records and
5640 issue checks in accordance with DHS representative payee account
5641 policies and Child and Family Services representative payee account
5642 Practice Guidelines.
5643 (3) The account custodian will assist the caseworker and eligibility worker in
5644 viewing the monthly report in SAFE on each foster child's representative
5645 payee account as needed
5646 (4) The account custodian will alert the caseworker when the representative
5647 payee account approaches $2,000 to avoid loss of SSI eligibility.
5648 (5) The account custodian's supervisor will review and sign monthly
5649 reconciliation statements.
5650 (6) The account custodian will not issue a check for unallowable expenses or
5651 to inappropriate payees.
5652 (7) The account custodian will maintain separate records on each child's
5653 representative payee account.
5654 (8) The representative payee is responsible to provide expenditure reports to
5655 the responsible funding agency, as required by the funding agency.
5656
5657 **5. Use of a Foster Child's Unearned Income**
5658 A. Appropriate Use of Funds. A child's unearned income must be used as designated
5659 by the funding agency and within the scope of what a "prudent person" would do.
5660 Social Security Administration policies state that SSI and SSD benefits are

5661 provided first to meet the child's day-to-day needs for food and housing. Benefits
5662 may also be used for clothing, medical care not covered by Medicaid or personal
5663 insurance (such as eyeglasses and hearing aids), recreation, personal incidentals,
5664 and comfort items. In addition, funds may be used for training programs, school
5665 tuition, or daily school expenses if other needs have been met. The Social
5666 Security Administration may require treatment for a disabling condition for a child
5667 receiving SSI.
5668
5669 B. Precedence for Use of Foster Child Unearned Income. The caseworker is
5670 responsible to request and authorize payments each month using the following
5671 precedence:
5672 (1) Payment for spenddown for Medicaid, when determined appropriate. (See
5673 Section 5.C.)
5674 (2) Personal needs funds of $35, maintained in the account for current or
5675 future needs.
5676 (3) Cost of care payment to Child and Family Services for current maintenance
5677 costs (food, housing, and personal needs). (See Section 5.D.)
5678 (4) Reimbursement for medical costs paid by Child and Family Services for
5679 medical costs not covered by Medicaid, when allowed by the funding
5680 source.
5681 (5) Any remaining funds to be maintained in the account for additional child
5682 needs as allowed by the funding agency and recommended by the Child
5683 and Family Team.
5684
5685 C. Medicaid Spenddown. When a regional eligibility caseworker determines that a
5686 foster child's monthly unearned income exceeds the amount allowable for
5687 Medicaid eligibility, the caseworker, nurse, eligibility caseworker, and others as
5688 appropriate will review the child's anticipated medical costs to determine if a
5689 spenddown is appropriate. If the child's medical expenses are expected to exceed
5690 the spenddown amount, the spenddown amount will be paid prior to the cost of
5691 care calculation according to eligibility team procedures and Medicaid
5692 requirements.
5693
5694 The spenddown should be paid no later than the 20th of the month for which the
5695 Medicaid card is being issued. In no event may the spenddown be made after the
5696 10th of the following month. Medicaid requires that any case requiring a
5697 spenddown be closed if the spenddown has not been cleared by the 10th of the
5698 following month. If the case is closed, a new Medicaid application is required to
5699 reopen Medicaid.
5700
5701 SSD benefits from one month may be used to pay the spenddown for the
5702 following month.

5703
5704 D. Cost of Care. The amount of the child's unearned income that is allowable for
5705 food, housing, and personal needs is considered cost of care. The amount of the
5706 cost of care to be paid from a child's representative payee account is calculated
5707 and paid to Child and Family Services at the regional level under the supervision
5708 of the regional finance unit.
5709 (1) *Costs included in calculating costs of care.* The state office revenue team is
5710 responsible to identify which services and what portion of costs is included
5711 in the calculation of cost of care. Service code and applicable rate table
5712 identify these services.
5713 (2) *When cost of care is processed.* Cost of care is processed for children for
5714 whom Child and Family Services has received unearned income as the
5715 child's representative payee. The cost of care amount should be calculated
5716 and paid as soon as possible after costs have been incurred for a given
5717 month. If there is a significant delay in receipt of a billing from a provider
5718 and a child is at risk of losing benefits due to excess resources in the
5719 representative payee account, cost of care may be estimated based upon
5720 the child's known placement. Cost of care that was estimated must be
5721 reconciled and any adjustments made within 30 days after receipt of actual
5722 billing from provider. Regional finance staff must review and approve all
5723 estimated costs of care prior to payment and verify accuracy of
5724 reconciliations and payment adjustments.
5725 (3) *How Cost of Care is Calculated.* Cost of Care is determined in the SAFE
5726 Trust Account Module by calculations specified by Department/Agency
5727 policy.
5728 a. SAFE will determine the unearned income applicable for a given
5729 month. Regional rep payee account custodian will enter into SAFE
5730 the spenddown paid from the monthly amount, if applicable.
5731 b. Compare cost of care total to unearned income received (or
5732 available after spenddown) and document.
5733 c. If total cost of care is greater than unearned income received,
5734 authorize preparation of check(s) to Child and Family Services for
5735 total unearned income amount, minus personal needs allowance.
5736 d. If cost of care is less than unearned income amount, authorize
5737 preparation of check(s) to Child and Family Services for cost of care,
5738 leaving personal needs allotment and any additional remaining
5739 unearned income in account to be used for current and future needs
5740 of the child.
5741 e. When applicable, adjust cost of care for prior months when there is
5742 retroactive unearned income or when additional costs are incurred
5743 for prior months that may not have already been included in cost of
5744 care calculation.

5745 (4) *How Cost of Care is Deposited and Credited*. The following procedures apply
5746 when depositing cost of care reimbursements and other funds from foster
5747 child representative payee accounts.
5748 a. After cost of care reimbursements have been identified, identify
5749 costs that were reimbursed by Title IV-E and non IV-E. (Note:
5750 Payments with corresponding eligibility code of FT were reimbursed
5751 by Title IV-E. Payments with corresponding eligibility code of FB
5752 were not reimbursed by Title IV-E.) (See Service Code List.)
5753 b. Identify the Finet Activities that costs were originally charged to (for
5754 both IV-E and non IV-E cost of care reimbursements).
5755 c. Deposit funds from client trust accounts (including special needs
5756 and cost of care reimbursements) as a refund of expenditures.
5757 (These funds should be credited to the Finet Activities identified in
5758 b. above.) This will ensure claims for FFP are net of applicable
5759 credits.
5760
5761 F. Personal Needs. Funds set aside for a child's personal needs and any additional
5762 unearned income remaining after payment of cost of care may be used for
5763 additional needs of the child, as allowed by the funding agency.
5764
5765 The caseworker will initiate a Personal Needs fund request from the Trust
5766 Account List within the SAFE Trust Account module. When appropriate, the
5767 Child and Family Team will be consulted about use of personal needs funds. The
5768 region director or designee will approve in advance any expense from a
5769 representative payee account that is $500 or over, other than payment for a
5770 medical bill, Medicaid spenddown, cost of care payment, or reimbursement check
5771 to the funding agency when the account is being closed.
5772
5773 G. Lump Sum Payments. The Social Security Administration or other funding agency
5774 may make a lump sum payment for a child to cover benefit payments for multiple
5775 previous months. The lump sum may or may not be designated as requiring a
5776 dedicated account. The representative payee is responsible to follow the
5777 instructions of the funding agency for use of the lump sum payment. Child and
5778 Family Services should request approval to apply the funds to cost of care for the
5779 months for which the funding was granted.
5780
5781 When approved, the lump sum payment will be applied to costs of care for the
5782 months for which the funding was granted.
5783
5784 If the representative payee is instructed that the lump sum must be placed in a
5785 dedicated account, the funds will be placed in an account separate from the
5786 child's current representative payee account. These dedicated funds may only be

5787 used for costs authorized by the Social Security Administration and may only be
5788 used for past cost of care when approval is specifically granted by the Social
5789 Security Administration.
5790
5791 **6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits**
5792 Federal and state law and policies require a foster child's income and assets to be
5793 considered when determining eligibility for Title IV-E and income only when determining
5794 Medicaid benefits. Unearned income benefits are considered income in the month
5795 received. Any funds remaining in the representative payee account carried over into the
5796 following month must be counted as an asset.
5797
5798 *(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility*
5799 *policies. Consult with eligibility caseworker for questions regarding lump sum payments and*
5800 *impact on eligibility.)*
5801
5802 For an SSI recipient, the balance in the account must remain below $2,000 or the child is
5803 at risk of losing SSI eligibility. If an SSI recipient's account exceeds $2,000, the Social
5804 Security Administration must be notified for review of continuing eligibility.
5805
5806
5807 The account custodian is responsible to provide monthly reports on account balances to
5808 caseworkers and regional eligibility caseworkers to ensure children receive benefits only
5809 when eligible.
5810
5811 **7. Foster Child Placement or Living Arrangement and Payee Accounts**
5812 A. Services through Division of Services for People with Disabilities (DSPD)
5813 Providers. When a foster child receiving unearned income is placed with a DSPD
5814 provider, Child and Family Services will remain the representative payee as long
5815 and the child remains in Child and Family Services custody (even though normal
5816 DSPD practice is to have the provider become the representative payee).
5817
5818 In circumstances in which DSPD is paying for the treatment portion of the
5819 placement through Medicaid, such as under a Medicaid waiver, Child and Family
5820 Services must pay for food, housing, and special needs costs to the DSPD
5821 provider through a maintenance payment contract using a designated, unique
5822 placement and service code. The caseworker will then authorize Child and Family
5823 Services to be reimbursed for cost of care payments from the child's account on a
5824 monthly basis.
5825
5826 If the primary caseworker is a DSPD employee, that caseworker may request
5827 special needs funds on behalf of the child following Child and Family Services

5828 procedures. The regional account custodian will not issue a check for unallowable
5829 expenses or to inappropriate payees if requested by the DSPD caseworker.
5830
5831 B. Trial Home Placement. When a foster child receiving unearned income is placed
5832 at home on a trial home placement, Child and Family Services will remain the
5833 representative payee as long and the child remains in Child and Family Services
5834 custody. As part of the transition plan home, the Child and Family Team should
5835 determine the amount of the child's unearned income to be provided to the
5836 parent for the child's current maintenance while in the trial home placement.
5837 Each time funds are provided from the child's account, the parent is required to
5838 report to Child and Family Services how funds were used so that expenditures
5839 may be reported to the Social Security Administration, when required. The parent
5840 may apply to become representative payee after the court has returned custody
5841 to them.
5842
5843 C. Runaway. When a foster child receiving unearned income runs away, no cost of
5844 care payment will be made to Child and Family Services or provider from the
5845 child's account. The caseworker is responsible to notify the Social Security
5846 Administration that the child's whereabouts are unknown, after a reasonable
5847 period of time, so that any necessary action to defer payments may be made.
5848
5849 D. Independent Living/Transition to Adult Living. A foster child preparing for the
5850 transition to adult living should be made aware of unearned income being
5851 received on the child's behalf and included in decisions about use of funds (in
5852 excess of cost of care) when deemed appropriate by the Child and Family Team as
5853 part of mentoring for successful adult living. In addition, the child's transition plan
5854 should include plans for use of the funding to help prepare for moving to an
5855 independent living setting or consulting with the funding agency regarding how to
5856 transition any balance in the account to the youth after custody is terminated.
5857 When approved by regional administration, a portion of the benefits for a youth
5858 age 17 or older may be saved to help with the transition to adulthood; however,
5859 the representative payee account must be maintained at a level that enables the
5860 child to continue to receive Medicaid and SSI benefits.
5861
5862 For an older blind or disabled child receiving SSI, a disability review will be
5863 conducted by the Social Security Administration to determine eligibility to
5864 continue receiving funds after age 18. The transition to adult living plan should
5865 include plans for the child to become recipient of the funds after age 18 or
5866 transfer to an appropriate representative payee after leaving Child and Family
5867 Services custody if funding will continue.
5868
5869 For a child receiving SSD benefits, funding may continue after age 18 if the child

5870 is a full-time student.
5871
5872 When a child in custody reaches age 18, the Social Security Administration will
5873 begin sending the benefit checks directly to the youth. If Child and Family
5874 Services believes it is in the youth's best interest for Child and Family Services to
5875 continue as representative payee, justification will need to be provided to the
5876 Social Security Administration. Otherwise, the caseworker and Child and Family
5877 Team should work with the youth to appropriately plan for the use of the funds to
5878 help prepare for the transition to adulthood.
5879
5880 *(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be*
5881 *managed through a representative payee account. Youth should be selected to receive*
5882 *ILP payments only when they are ready to learn to maintain their own checking or*
5883 *savings account, with the support of the caseworker, foster parent, or other*
5884 *appropriate mentor, in preparation for successful adult living.)*
5885
5886 E. Adoption. When a foster child receiving unearned income is placed for adoption,
5887 Child and Family Services will remain the representative payee as long and the
5888 child remains in Child and Family Services custody. As part of the transition plan,
5889 the child's unearned income (remaining after any monthly cost of care payment)
5890 may be provided for the child's needs in the pre-adoptive home. Each time funds
5891 are provided from the child's account, the adoptive parent is required to report to
5892 Child and Family Services how funds were used so that expenditures may be
5893 reported to the Social Security Administration, when required.
5894
5895 The funding agency must be notified of the adoption. If funding will continue
5896 after the adoption, the child's unearned income is also considered when assessing
5897 need and determining the amount for a monthly subsidy.
5898
5899 When custody is terminated, representative payee account closure procedures
5900 will be followed. Any funds remaining in the child's account at case closure will
5901 be returned to the funding agency and not sent to the adoptive parents.
5902
5903 The adoptive parent may apply to become representative payee after the
5904 adoption has been finalized.
5905
5906 *(Note: A child who is receiving SSD benefits will generally continue to receive those*
5907 *benefits after the adoption is finalized until age 18. Funding may extend beyond age*
5908 *18 if the child is a full-time student. SSI benefits are based upon the child's disability*
5909 *and also the income and assets of the child's family. In most cases, SSI benefits will be*
5910 *discontinued after the adoption is finalized because the adoptive family's income and*
5911 *assets will be too high.)*

5912
5913 F. Guardianship. When Child and Family Services is requesting the court to grant
5914 custody of a foster child receiving unearned income to a guardian, Child and
5915 Family Services will remain the representative payee until custody is terminated.
5916 The funding agency must be notified of the termination of foster care.
5917
5918 If the unearned income will continue after custody is given to a guardian, the
5919 child's unearned income must also be considered when assessing the
5920 appropriateness and amount of a guardianship subsidy. In many cases, the
5921 availability of unearned income may make a guardianship subsidy unnecessary or
5922 inappropriate.
5923
5924 *(Note: A child who is receiving SSD benefits will generally continue to receive those*
5925 *benefits while in a guardianship placement until age 18. Funding may extend beyond*
5926 *age 18 if the child is a full-time student. SSI benefits will generally be reduced by the*
5927 *amount of a guardianship subsidy provided for the child, because the guardianship*
5928 *payment is considered income for the child. This may result in loss of the SSI funding,*
5929 *which could have been available to the child into adulthood; therefore, a guardianship*
5930 *subsidy is generally not recommended for a child receiving SSI.)*
5931
5932 Representative payee account closure procedures will be followed when Child
5933 and Family Services custody has been terminated. Any funds remaining in the
5934 child's account will be returned to the funding agency and not sent to the
5935 guardian.
5936
5937 The guardian may apply to become representative payee after custody has been
5938 obtained.
5939
5940 **8. Record-keeping and Reporting**
5941 A. Representative Payee Account Record. The regional account custodian must
5942 keep a record of all actions taken with the representative payee account,
5943 including income received, authorization for payments, checks issued, cost of care
5944 monthly records, correspondence, reports, internal audits, and monthly and final
5945 account reconciliation.
5946
5947 B. Reporting Use of Funds to Funding Agency. The representative payee is
5948 responsible to provide expenditure reports to the responsible funding agency, as
5949 required by the funding agency.
5950
5951 For funds received from the Social Security Administration, an annual report must
5952 be submitted when requested. Child and Family Services will report funds

5953 received and expenditures as requested by the Social Security Administration,
5954 traditionally in the following three categories:
5955 (1) Food and housing.
5956 (2) Needs. Clothing, education, medical/dental not covered by Medicaid,
5957 personal items, recreation, and miscellaneous
5958 (3) Savings.
5959
5960 If the caseworker authorizes payment from the account for the child's current
5961 maintenance needs directly to a foster parent, or parent or guardian during a trial
5962 home placement, documentation must be obtained from the recipient detailing
5963 use of the funds for inclusion in the report to the Social Security Administration.
5964
5965 C. Reporting of Events or Changes in Circumstances to Funding Agency. The
5966 caseworker is responsible to ensure that the funding agency is notified of any
5967 events or changes in circumstances that may affect the child's receipt of funding
5968 or Child and Family Service' ability to continue as representative payee, according
5969 to reporting requirements provided by the funding agency. Notification may be
5970 made by telephone, mail, or in person, as allowed by the funding agency.
5971
5972 Examples of events or changes in circumstances that may need to be reported
5973 include:
5974 (1) Child leaves Child and Family Services or DHS custody.
5975 (2) Change of address of representative payee (including transfer to another
5976 region).
5977 (3) Change of address of the child, when required by funding agency.
5978 (4) Death of a foster child.
5979 (5) School attendance changes, if age 18 or over and entitled to child's
5980 benefits as a full-time student.
5981 (6) Child is confined to a public institution by court order in connection with a
5982 crime.
5983 (7) Child is confined to jail, prison, penal institution, or correctional facility for
5984 conviction of a crime or is in violation of a condition of probation or parole.
5985 (8) A disabled child's medical condition improves.
5986 (9) A disabled child starts working.
5987 (10) A blind child's vision improves.
5988 (11) Child is discharged from or enters a hospital, skilled nursing facility, nursing
5989 home, intermediate care facility, or other institution.
5990 (12) The income or assets of an SSI recipient changes.
5991 (13) The representative payee account level of an SSI recipient is above $2,000
5992 after all expenses have been paid at the end of a month.
5993

5994 D. Record Retention. The representative payee account records are part of the
5995 child's permanent record. After the account has been closed, representative
5996 payee account records are placed in the child's family file under the SSI tab and
5997 will be archived with the full case record in accordance with the foster child file
5998 retention schedule. The electronic account record will be maintained in
5999 accordance with DHS fiscal requirements.
6000
6001 **9. Account Transfer and Closure**
6002 A. Cross-Region Placement. If a foster child receiving unearned income is placed in
6003 another region, but jurisdiction remains with the original region, no change is
6004 made in the representative payee process. However, if jurisdiction is transferred,
6005 the representative payee responsibilities are also transferred. *(Note: DHS*
6006 *continues as payee, but the payment address changes.)*
6007
6008 The new region caseworker is responsible to submit a representative payee
6009 change of address form to the Social Security Administration or other funding
6010 agency. The account will be closed in the originating region in accordance with
6011 DHS account closure procedures, and any remaining funds sent by check to the
6012 new region. The entire representative payee account record will also be sent to
6013 the new region along with the family file.
6014
6015 B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers
6016 custody of a child between Child and Family Services and the Division of Juvenile
6017 Justice Services (JJS), Child and Family Services will treat the representative
6018 payee case as with any other foster care case. If the child is leaving Child and
6019 Family Services care, any funds remaining in the account when the case is closed
6020 will be returned to the applicable funding agency. The original account records
6021 will be filed under the SSI tab in the family file. JJS will be responsible to apply for
6022 representative payee status.
6023
6024 If the court transfers custody from JJS to Child and Family Services, treat the case
6025 the same as any other new foster care case.
6026
6027 C. Transfer of Benefits to Parent or Guardian. Child and Family Services will remain
6028 the representative payee as long as the child remains in Child and Family Services
6029 custody. Except as described in Section 7.B., Trial Home Placement, funds in the
6030 child's account will not be transferred to the parent or guardian. The parent or
6031 guardian must apply directly to the Social Security Administration to become
6032 representative payee after Child and Family Services custody is terminated.
6033
6034 D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in Child
6035 and Family Services custody, any remaining funds in the child's account belong to

his or her estate. After any outstanding cost of care payments have been made, the remaining funds should be given to the legal representative of the estate or otherwise handled according to state law. (Probate court or an attorney may provide guidance about provisions of state law.) Funds from the child's account are not returned to the Social Security Administration.

When a person who receives Social Security dies, no check is payable for the month of death, even if he or she dies on the last day of the month. Return any check received for the month of death or later to Social Security.

An SSI check is payable for the month of death. Return any SSI checks that come after the month of death to the Social Security Administration.

If a child receiving other types of unearned income dies while in Child and Family Services custody, contact the funding agency for guidance about use of any remaining funds in the child's account.

E. Representative Payee Account Closure Process. The caseworker is responsible to notify the regional account custodian in advance when custody termination is being requested from the court for a foster child. A copy of the court order terminating custody must be provided to the account custodian. (If the court is transferring custody of the child to JJS, follow procedures described in Section 9.B.)

Outstanding cost of care payments should be processed as soon as possible following cost of care procedures. The account must then be audited and reconciled according to DHS procedures.

If the child's unearned income is SSD or SSI benefits, the Social Security Administration must be notified that the child is no longer in DHS/Child and Family Services custody. Any remaining funds in the child's account must be returned to the Social Security Administration. The remaining funds may not be sent to a parent or guardian to whom custody has been granted by the courts.

If the child is receiving other types of unearned income, contact the funding agency for guidance for returning remaining funds in the child's account.

After the representative payee account is closed and the final audit is completed, account records must be filed in the child's family file under the SSI tab.

303.17 Permanency Round Table (PRT) Process

Major objectives:
A Permanency Round Table or PRT is a tool to work out-of-home care cases that are "stuck" in regards to the achievement of enduring safety and permanency. These children have a greater likelihood of emancipating from the system and not achieving legal permanency or permanent connections.

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6089 Practice Guidelines
6090 A. Selecting cases for PRT: Cases involving children who are likely to remain in out-
6091 of-home care until the age of majority should be considered for a PRT.
6092 Characteristics of cases that could be prioritized for PRTs might include cases
6093 open of longer duration, cases with primary and concurrent goals of Independent
6094 Permanency, and cases with older youth.
6095
6096 B. Training: All participants in a PRT must complete both Permanency Values
6097 training and Permanency Skills training.
6098
6099 C. PRT documents to be used in the PRT process:
6100 1. Case Summary Sheet.
6101 2. Oral case presentation.
6102 3. Action Plan, which concludes at 90 days.
6103 4. Picture of youth.
6104 5. Genogram (optional).
6105 6. Timeline (optional).
6106
6107 D. PRT participants and definition of roles: Limiting participation is intended to
6108 engender an environment of openness without reprisal (applicable exceptions are
6109 allowed under the role of Other).
6110 1. Caseworker: The caseworker assigned to the case. The caseworker is
6111 responsible to be prepared with the oral case presentation and answer
6112 questions from the group.
6113 2. Supervisor: The supervisor of the caseworker attends the PRT and may
6114 also be asked to provide case history and information.
6115 3. Master practitioner: The master practitioner is an expert in permanency
6116 work and/or an expert in navigating unique challenges that may exist in
6117 specific types of cases. There can be more than one master practitioner
6118 involved in a PRT.

4. Neutral facilitator: A person outside of the administrative chain of command for the case selected for a PRT. The facilitator will not lead the discussion in a particular direction but will take an active role in establishing an environment that stimulates and promotes the free exchange of ideas. The facilitator is responsible to make sure that all parties are focused on looking for solutions rather than getting caught up in the past. The facilitator is also responsible for keeping the PRT team on schedule, following the structure of the PRT process, and ensuring that an Action Plan is developed. The facilitator may enlist another member of the PRT team to be a time keeper.
5. External permanency consultant: A person who is outside of the administrative chain of command for the case selected. It is preferred that the consultant be outside of the region where the case management is conducted. The consultant is primarily responsible to provide suggestions during brainstorming and action planning.
6. Scribe: The scribe manages all the record keeping for the PRT process, which includes completing the PRT Action Plan documents.
7. Others: On rare occasions, the situation may require a specialist from outside of the agency to provide specific knowledge, skills, and expertise, which will assist the work of permanency. In these situations, the participant should have completed the Values training. Others may also be Child and Family Services staff not otherwise designated in any of the other PRT roles.

E. PRT process:
1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing rules for the PRT. Some rules that should be considered include no electronics and maintain permanency focus.
2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral Case Presentation outline. The caseworker's presentation is uninterrupted. At the conclusion, the supervisor may also be given an opportunity to add information to the presentation. No questions from the group are allowed in this portion of the PRT.
3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team members to ask questions that will add clarity to the presentation. No brainstorming or solution finding is allowed in this portion of the PRT.
4. Brainstorm Session (25 Minutes): Free-flowing generation of ideas.
5. Action Planning (35 Minutes): Group brainstorm into key strategic themes, develop measureable action steps, identify barriers and solutions for barriers, assign responsible parties, and establish deadlines. Responsibility of Action Steps should be shared by all participants of the PRT team.

6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the implementation of the Action Plan, lessons learned, etc.

F. Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided money to assist caseworkers in overcoming barriers to achieving permanency.

1. All approved requests must comply with rules for procurement.
2. Requests for money for services and resources should be accompanied by a request form (TBD).
3. All requests must include a rationale for how this will promote legal permanency or permanent connections for the youth.
4. All requests exceeding $500 (excluding travel, lodging, or per diem) must be screened by the Program and Practice Improvement Team (PPIT).

304 Services To Family

Major objectives:
Child and Family Services provides services to parents or guardians to facilitate the child's return home or placement with a permanent family. These services will be designed to maintain and enhance parental functioning, care, and familial connections.

304.1 Initial Contact With Parents

Major objectives:
During the initial contact with the parents, the out-of-home caseworker will explain the process of working with the parent while the child is in out-of-home care. This includes explaining the parent's residual rights, the rights of visitation or parent-time with the child, the Child and Family Team, the functional assessment, the Child and Family Plan, the transition plan, concurrent goals, long-term view, and non-negotiables. The out-of-home caseworker will also explain to the parents the role of the agency, the caseworker, the out-of-home caregiver, the team, and the court process.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines
The caseworker will contact the parents within five working days of receiving the case. While the child is in Child and Family Services custody, beginning when the child first comes into care, information will be provided to the child's parents which includes:

A. Orientation to the out-of-home service and the child's need for a permanent, stable home.

B. The importance of parental involvement and contact with the child and Child and Family Services.

C. Expectations and time lines associated with participation or non-participation in service.

D. Parental rights and responsibilities while the child is in care, including financial support.

When applying the above major objectives and Practice Guidelines, the following definitions should be kept in mind:

Child and Family Team Meeting: A Child and Family Team Meeting is a gathering of family members, friends, community specialists, agency staff, and other interested people who join together to strengthen a family and protect its children.

Teaming: The process of developing, having, and maintaining a Child and Family Team with families, resource systems, and agencies to assist families in solving their problems and addressing their challenges through a strengths-based program.

Functional Assessment: The definition taken from the Qualitative Review Protocol is: Assess current, obvious, and substantial strengths and needs of the child and family that are identified through existing assessments, both formal and informal. This collection of information should form a big picture understanding of the child and family and how to provide effective services for them. A functional assessment also identifies critical underlying issues that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home.

Permanency Plan: A permanency plan is a written guide to obtaining specific outcomes and objectives for a child and family. A permanency plan assembles supports, services, and interventions into a holistic and coherent service process that provides a mix of elements uniquely matched to the child and family situation and preferences.

Transition Plan: A transition plan documents the process to achieve the Child and Family Plan's long-term view, anticipate transitions, and consider the necessary steps to achieve successful change. Transitions are internal processes that a family experiences and must manage in order to be successful as they move through the process of change. Examples of typical transitions include: removal, change in placement, change in school, change in caseworker, change in therapist, reunification, case closure, graduation, independent living, agency transfers, loss of family, and adoption.

Concurrent Permanency Goal: Utah statute requires a concurrent permanency goal for the child, and the reason for selecting that goal in every "treatment plan" when the child enters the temporary custody of Child and Family Services. Specifically, Utah Code Ann. §78A-6-312 states that the concurrent permanency goal "shall include a representative list of the conditions under which the primary permanency goal will be abandoned in favor of the concurrent permanency goal and an explanation of the effect of abandoning or modifying the primary permanency goal."

Long-Term View: Long-term view is looking at the current situation and seeing how it will affect the whole picture now and in the future. It includes considering how the current picture needs to be changed or altered to achieve the future circumstances that are needed or desired.

Non-negotiables: Those issues dealing with the child's safety and well-being, orders from the court or statutes that prescribe specific actions by Child and Family Services.

304.2 Child And Family Contact

Major objectives:
Child and Family Services will make efforts to engage parents in continuing contacts with their child, whether through visitation, phone, or written correspondence. This will include efforts to engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child and Family Services staff will recognize child and family contact as a right for both the parent and the child.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Refer to Section 303.1, Visitation With Familial Connections.

B. Exceptions to contact are limited to:
   1. When contraindicated by the law, court finding, the child's safety, or the child's best interests.
   2. When parental rights are terminated.
   3. When the biological parent's declining health precludes such efforts in the case of a terminally ill, unresponsive parent. However, engagement of the parents is to occur whenever possible and may still occur in some cases where the parents are in declining health or when rights have been terminated.

304.3 Ongoing Contact Between Parents And caseworker

(This section has been replaced with Section 302.2.)

304.4 Wrap-Around Services

Major objectives:
Wrap-around services will be provided to the child and family and will be crafted by the Child and Family Team based on the assessed needs and resources.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

6298
6299 Practice Guidelines
6300 The Child and Family Team will explore with the family different levels of support such
6301 as informal, formal, and use of flexible funding to craft and meet the needs of the family.
6302 Examples of wrap-around services are:
6303
6304 A. Peer parenting. [*See:* Section 309, Peer Parenting Services.]
6305
6306 B. Child care.
6307
6308 C. Home health aide services.
6309
6310 D. Parenting education.
6311
6312 E. Respite care.
6313
6314 F. Transportation services for visitation.
6315
6316 G. Vocational or educational assistance.
6317
6318 H. Mental health and/or substance abuse assessment and treatment.
6319
6320 I. Housing referral and assistance.
6321

6322 304.5 Financial Support For Children In Out-Of-Home 6323 Care

6324
6325 Major objectives:
6326 To encourage parental responsibility and involvement, families are expected contribute
6327 financially to the support of their children while in out-of-home care as required by state
6328 and federal law [USC 671(a)(17)].
6329
6330 **Applicable Law**
6331 Utah Code Ann. §78A-6-1106. Child support obligation when custody of a minor is
6332 vested in an individual or institution.
6333 Utah Code Ann. §62A-4a-114. Financial reimbursement by parent or legal guardian.
6334
6335 Practice Guidelines
6336 A. Utah law mandates that all parents are responsible for the support of their minor
6337 children.
6338

B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of the shelter hearing to begin the process of providing financial support while their child is in out-of-home care.

C. The caseworker should verify that this occurs.

D. In cases where the court has permanently terminated the parent's rights to their children, the parents have no obligation to pay child support.

304.6 Good Cause Deferral/Waiver Process

Major objectives:
In situations in which the present family has been encumbered by an unpreventable loss of income or extraordinary and necessary expenses not considered at the time the order of child support was established, the caseworker may join with the family to request the Office of Recovery Services to postpone or waive collection of current or past-due child support.

Applicable Law
Utah Code Ann. §62A-11-404. Office procedures for income withholding for orders issued or modified on or after October 13, 1990.

Practice Guidelines
Please refer to SAFE form OH63 for instructions on how to complete this process.

305 Child and Family Services Relationship With Out-Of-Home Caregivers

Major objectives:
Out-of-home caregivers have the responsibility of providing daily care, supervision, protection, and experiences that enhance the child's development. Individuals approved and selected to provide out-of-home care will have the experience, personal characteristics, and temperament necessary to work with children and their biological families.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the health, well-being, and safety of children in their home, out-of-home caregivers will:
   1. Integrate children into their household as equal members by providing a pleasant, safe, and nurturing family atmosphere.
   2. Provide activities that enhance physical, cognitive, social, and emotional development; teach problem solving skills; and act as positive role models.
   3. Commit to keep the child without disruption until permanency has been accomplished by using available supports to prevent disruption.
   4. Use constructive discipline as approved by the Child and Family Team. Use of corporal punishment, physical or chemical restraint, infliction of bodily harm or discomfort, deprivation of meals, rest, or visits with family, or humiliating or frightening methods to control the actions of children is never allowed.
   5. Maintain confidential information that is disclosed within the Child and Family Team. Out-of-home caregivers may share information with team members providing services to the child such as medical professionals, therapists, school personnel, etc.
   6. Out-of-home care providers who participate in cluster support groups must also abide by the cluster confidentiality agreement. Violation of confidentiality may result in corrective action, suspension, or revocation of foster care licensure.
   7. Furnish nutritious meals and snacks.
   8. Plan orderly daily schedules that promote positive participation in appropriate developmental, school, and community activities.
   9. Provide the opportunity for religious observance in the faith of the child and family's choice.

10. Arrange culturally responsive opportunities for participation in activities consistent with the child's ethnic and cultural heritage.
11. Actively participate in the development and the implementation of the Child and Family Plan.
12. Make the child available for parent-child visits and/or sibling visits with the schedule negotiated by the Child and Family Team. Visitation may not be contingent upon the child's behavior.
13. Encourage children to maintain and develop positive relationships and connections with parents as determined by the permanency goal and help prepare children for their court-ordered permanency goal.
14. Keep informed of all pertinent information regarding the child's current medical or dental status, mental health, educational progress, and social skills, and observe and document information regarding the child's behavior, problems, feelings, and adjustment in the foster home. All information will be kept in the Home-to-Home Binder.
15. Keep records of dates of placement, billings, payments, any receipts for items and services purchased for the child, and other financial matters.
16. Maintain and keep current the Home-to-Home Book and take medical records from the book for medical appointments to assure continuity of health care.
17. In conjunction with the caseworker and health care team, see that medical treatment is properly provided, accompany the child to all medical examinations, encourage the child's parent to attend health care visits, consult with health care providers, and ensure that health care, treatment, and follow-up care are provided according to the schedule recommended by the child's health care providers.
18. Secure, administer, and maintain medications for the child.
19. Document the use of medication including when it is administered and by whom, missed doses, and appointments related to medication management, including missed or cancelled visits, in the Home-to-Home Book.
20. Keep prescribed and over-the-counter medication locked and properly labeled (name of person, dosage, name of medication, physician, expiration date, and prescription number).
21. Document the effects of medications and share with the child's doctor and family team.
22. Follow universal precautions when dealing with blood, urine, saliva, and feces and follow written instructions for the disposal of medication, syringes, or medical waste.
23. Be involved in the planning and monitoring of the child's mental health treatment.
24. Be responsible for monitoring and assisting in children's educational process including helping with homework, attending parent/teacher

6448 conferences, participating in the development of Individual Education Plans
6449 (IEPs), and alert the caseworker to any unmet educational needs.
6450 25. Give input, attend and participate in the Child and Family Team, reviews
6451 and other important meetings; *or* provide written comments prior to the
6452 review date or participate by telephone if unable to attend reviews or
6453 meetings.
6454 26. Provide transportation to school and related activities, medical and dental
6455 appointments, mental health therapy, visitations, court hearings, reviews,
6456 religious activities, and other routine personal or family activities as
6457 negotiated by the Child and Family Team.
6458 27. Use clothing allowance and monthly out-of-home payments as allocated
6459 for new and gently used clothing or new diapers. It is acceptable for an
6460 out-of-home caregiver to sew the child's clothing if there is no charge for
6461 the labor. A child's wardrobe may be supplemented with previously worn
6462 clothing if in good repair and it is purchased through a used clothing store
6463 and a receipt is provided.
6464 28. Be an advocate for children in their care.
6465 29. Alert the caseworker of any special or unmet needs of the child.
6466 30. Report any significant change in the child or parent's circumstances, or of
6467 any serious or repeated behavioral problems of the child.
6468 31. Immediately report any accidents, injuries, criminal and delinquent
6469 activities, or other emergency situations.
6470 32. Report substantial changes in the home composition to the caseworker
6471 and Office of Licensing.
6472 33. Actively seek in-service training opportunities that promote the
6473 development of parenting skills and keep a record of in-service training
6474 attended.
6475
6476 B. Out-of-Home Caregiver Training Requirements.
6477 1. An out-of-home caregiver will successfully complete:
6478 a. An initial consultation to orient out-of-home caregivers prior to
6479 participation in the pre-service training program through the Contractor
6480 that Child and Family Services utilizes for the Training, Recruitment, and
6481 Retention Services of Foster Parents.
6482 b. For initial licensure, completion of the pre-service training required
6483 by Child and Family Services for all prospective out-of-home
6484 caregivers prior to licensure Any pre-service training hours completed
6485 within the previous 24 months of an individual seeking licensure may be
6486 accepted as long as there is no documentation or evidence that there
6487 were concerns regarding the caregiver. Child and Family Services reserves
6488 the right to require any caregiver to re-take part or all of pre-service
6489 classes if deemed necessary. Special situations:

6490 (1) If a prospective caregiver applying for either a Licensed
6491 Foster Care (LFC) or Licensed Specific Child (LSC) license has
6492 completed comparable training (with another state or
6493 agency), a request for an exception to complete the training
6494 will be submitted in writing by the Resource Family
6495 Consultant (RFC) to the foster care program administrator or
6496 other designated staff at the State Office. The foster care
6497 program administrator or other designated staff will assess
6498 the training completed by the prospective caregiver and the
6499 specific case information (if applicable), and will provide a
6500 decision in writing to the RFC as to whether or not the
6501 training can be accepted within 30 working days of receiving
6502 the request.
6503 (2) If a caregiver applying for an LSC license is deemed unable to
6504 complete the Child and Family Services approved pre-service
6505 training within the required timeframe of the probationary
6506 license, the RFC and the potential foster parent will work
6507 with the current Child and Family Services Contractor for
6508 Training, Recruitment, and Retention Services of Foster
6509 Parents on alternative ways to complete the pre-service
6510 training. A request for an exception will be submitted in
6511 writing by the RFC (or KFC) to the foster care program
6512 administrator or other designated staff at the Child and
6513 Family Services State Office. The request for training
6514 exception must include the reason that the caregiver is
6515 unable to complete the training in the required timeframe;
6516 what attempts were made, if any, to complete the training;
6517 and what the alternative plan (including timeframes) is for the
6518 caregiver to complete the pre-service training. The foster
6519 care program administrator or other designated staff will
6520 assess the information and will provide a decision in writing
6521 to the RFC as to whether or not the alternative plan is
6522 accepted within 30 working days of receiving the request.
6523
6524 c. Pre-service classes include information about:
6525 (1) Orientation and Team Building; Child and Family Services
6526 Major objectives and Procedure, Licensing Rules, and Medical
6527 Requirements for Children in Out-of-Home Care; Abuse and
6528 Neglect, Child Sexual Abuse; Impacts of Abuse on the Child
6529 Development; Attachment, Separation, Grief, and Loss;
6530 Discipline & Effects of Caregiving on the Family; Cultural
6531 Issues, Primary Families; and Adoption Issues;

6532 (2) Rights and responsibilities as caregivers and the partnership
6533 role with Child and Family Services in providing services to
6534 the child and family;
6535 (3) Responding to the individual needs of children placed in their
6536 home, including the needs of abused and neglected children
6537 and the importance of the cultural and ethnic contexts for
6538 service;
6539 (4) Sensitive and responsive practices to use with the biological
6540 parents, which address issues such as involving them in
6541 decisions about their children's lives, encouraging visits, and
6542 ways to maintain the parent-child relationship (unless
6543 contraindicated by the service plan);
6544 (5) The use of out-of-home care as a temporary intervention,
6545 except when planned alternative living arrangements have
6546 been clearly determined to be the appropriate plan for
6547 therapeutic reasons, or when adoption or guardianship by the
6548 kin or out-of-home caregivers has become the plan;
6549 (6) Circumstances that terminate the caregiving relationship and
6550 informs them regarding appeal Practice Guidelines, which
6551 gives them notice and opportunity to be heard in any review
6552 or hearing regarding the child;
6553 (7) Accessing, via the Child and Family Services eligibility process
6554 and staff, government payments on behalf of the child,
6555 including Medicaid cards, social security, and other public
6556 assistance; and
6557 (8) The organization's major objectives on compensation for
6558 damages done by children placed in their care.
6559 (9) Other training topics deemed appropriate by Child and Family
6560 Services.
6561 d. For on-going licensure, completion of 16 hours of in-service training
6562 hours annually prior to re-licensure is required. If there are two
6563 caregivers in the household, the 16 hours is the total number of in-
6564 service training hours required for both caregivers combined, with
6565 neither caregiver having less than four hours.
6566 (1) In-service training hours may be completed through the
6567 current Child and Family Services Contractor for Training,
6568 Recruitment, and Retention Services of Foster Parents. If a
6569 foster parent repeats any amount of pre-service training, the
6570 full amount will count towards the in-service training
6571 requirement. Training completed through the Contractor will
6572 be entered into the SAFE database by the Contractor. Foster
6573 parents should also maintain copies of verification

6574 (attendance rolls, certificates, etc.) that they have attended
6575 training through the Contractor.
6576 (2) Training hours may also be completed through foster parent
6577 attendance and participation in any classes or trainings
6578 offered to out-of-home caregivers by Child and Family
6579 Services.
6580 (3) Other in-service training hours may be completed by the out-
6581 of-home caregiver through the following process:
6582 (a) Community-based trainings and conferences: The
6583 Child and Family Services State Office will maintain a
6584 list of pre-approved community-based trainings or
6585 conferences for in-service training credit. Any other
6586 trainings or conferences not on the pre-approved list
6587 must be pre-approved by the RFC or other designated
6588 Child and Family Services staff in order for the
6589 caregiver to receive in-service training hours.
6590 Community-based training and conferences must be
6591 provided by well renowned institutions or
6592 collaborations and/or should be based on evidence-
6593 based practices that will increase the knowledge and
6594 skills of the caregivers. The training/conference may
6595 cover general topics that can be related to parenting
6596 children in foster care, or it may be specific to the
6597 needs of a particular child being cared for by the
6598 caregiver. The caregiver must obtain verification of
6599 attendance in order to receive credit for in-service
6600 training hours. The caregiver will keep a copy of the
6601 verification of attendance and will provide a copy to
6602 the RFC or other designated staff.
6603 (b) The RFC will forward the verification of training to the
6604 designated person with the Child and Family Services
6605 Contractor for Training, Recruitment, and Retention
6606 Services of Foster Parents for entry into the SAFE
6607 database. The designated person will enter completed
6608 trainings attended by out-of-home caregivers into the
6609 SAFE database within 10 business days of receiving
6610 the training documentation.
6611 (c) Training through on-line courses, parenting
6612 instructional videos, or other publications (such as
6613 books): Out-of-home caregivers may complete a
6614 portion of their in-service training hours through pre-
6615 approved online courses (not provided through the

6616 Child and Family Services Contractor for Training,
6617 Recruitment, and Retention Services of Foster
6618 Parents) parenting instructional videos, or other
6619 publications. In-service training through these
6620 methods may not comprise more than 25 percent of
6621 the total in-service training hours for each caregiver.
6622 The training may be general or it may be specific to
6623 the needs of a particular child, and should be based on
6624 evidence-based practices. The Child and Family
6625 Services State Office will maintain a list of pre-
6626 approved sources for in-service training credit through
6627 these methods. The list of pre-approved resources
6628 will also outline how many hours of training credit may
6629 be received from each source.
6630 (d) In order for out-of-home caregivers to receive in-
6631 service training credit from completion of an online
6632 course, parenting instructional video, or other
6633 publications, the caregiver must provide a typed
6634 summary of the training to the RFC or other
6635 designated Child and Family Services staff. A
6636 standardized form can be obtained from the RFC for
6637 the summary. The summary will include knowledge
6638 and skills that the caregiver gained from the training
6639 and how the caregiver will apply the knowledge and
6640 skills when parenting children in care. If an online
6641 course has a post-test component that tests the
6642 knowledge of the caregiver following course
6643 completion, the caregiver may provide verification of
6644 passing the post-test for training credit rather than the
6645 summary. The RFC or designated staff will review the
6646 summary or documentation provided by the caregiver
6647 and determine whether the information meets the
6648 requirements for in-service training. If it meets the
6649 requirements for in-service training, the information
6650 will be forwarded to the designated staff member at
6651 the current Child and Family Services Contractor for
6652 Training, Recruitment, and Retention Services of
6653 Foster Parents for entry into SAFE.
6654 (e) The designated staff member at the Child and Family
6655 Services Contractor for Training, Recruitment, and
6656 Retention Services of Foster Parents will enter

6657 completed trainings into the SAFE database within 10
6658 business days of receiving the training documentation.
6659 (f) Any person wanting to add a source to the pre-
6660 approved list of in-service training sources will
6661 forward a request to the Child and Family Services
6662 foster care program administrator or other designated
6663 staff at the Child and Family Services State Office.
6664 The request will provide any relevant information
6665 regarding the source, including a summary of the
6666 information covered along with any indication that it is
6667 evidence-based practice (if known).
6668 (4) Tracking annual in-service training hours:
6669 (a) One hundred and twenty days prior to foster care
6670 licensure renewal for an out-of-home caregiver, the
6671 RFC assigned to the caregiver or other designated
6672 Child and Family Services staff will review the
6673 completed in-service training hours in SAFE and
6674 determine whether the caregiver has the required
6675 amount of in-service training hours.
6676 (b) If the caregiver has already received credit for the
6677 required number of training hours, no further action is
6678 required.
6679 (c) If the caregiver has a deficiency in the number of in-
6680 service training hours needed for re-licensure, the RFC
6681 or staff will contact the caregiver to determine if they
6682 will be renewing their foster care licensure. If the
6683 caregiver will be renewing, the RFC or staff will do the
6684 following:
6685 i. Provide written notification to the caregiver
6686 regarding the number of hours still needed
6687 prior to re-licensure, including what will happen
6688 if they do not obtain the required number of
6689 training hours.
6690 ii. Coordinate with the caregiver to determine if
6691 there are hours of in-service training that they
6692 have not yet been credited and assist them in
6693 the process of ensuring those hours are
6694 entered into SAFE.
6695 iii. Assist the caregiver in identifying potential
6696 training sources to help them obtain the
6697 required number of training hours.

6698 iv. Make monthly contact with the caregiver to
6699 determine their progress on completing in-
6700 service training. The RFC or designated staff
6701 will document monthly contacts in the provider
6702 notes in SAFE.
6703 v. If the caregiver is unable to obtain the required
6704 number of hours needed for in-service training
6705 and still desires to maintain licensure, the RFC
6706 or staff will help them identify what steps they
6707 must take in order to obtain re-licensure.
6708 (d) If the caregiver informs the RFC or designated staff
6709 that they will not be pursuing re-licensure, this
6710 information will be documented in the provider notes
6711 in SAFE.
6712 e. An affirmation of compliance with Administrative Rule R512-302.
6713 f. Child and Family Services may identify or require a specific training for
6714 all foster parents. Child and Family Services may also require a specific
6715 training for an individual foster parent to help them provide for the needs
6716 of a particular child.
6717
6718 C. All other licensing requirements for the home must be met and maintained. Refer
6719 to the Office of Licensing Rules, Child Foster Care R501-12. Requirements for
6720 licensure may include but are not limited to:
6721 1. A BCI criminal records check and a check of the state's child abuse registry
6722 for all adults, 18 years or older, residing in the home.
6723 2. A Resource Family Assessment and/or homestudy will be completed by
6724 the Office of Licensing or other approved contractor using the
6725 standardized family assessment format. This includes references, a medical
6726 reference letter completed by a licensed health care professional, and a
6727 mental health evaluation if needed.
6728
6729 D. Reimbursement for services commensurate with the cost of maintaining the child
6730 will be provided to the out-of-home caregiver at the rate established by the Utah
6731 State Legislature, and also based on the needs of the child.
6732
6733 E. Foster Care Agreement:
6734 1. The Foster Care Agreement (Form 638A) found in SAFE must be signed
6735 annually by each licensed out-of-home caregiver. If there are two licensed
6736 out-of-home caregivers in a home, they may sign on the same form. For
6737 kincaregivers, the Foster Care Agreement will be signed at the time of
6738 licensure and will replace the Kinship Caregiver Preliminary Placement
6739 Agreement (KBS04).

6740 2. The RFC assigned to the foster parent, or other assigned Child and Family
6741 Services staff will review the Foster Care Agreement and address any
6742 concerns with the out-of-home caregiver. The RFC will obtain a signed
6743 Foster Care Agreement from the licensed out-of-home caregiver annually.
6744 a. Once signed, the Foster Care Agreement is effective until the end of
6745 the licensure period or one year from the time of signing the
6746 agreement, whichever is sooner.
6747 b. For newly licensed foster parents, the Foster Care Agreement
6748 should be obtained within 30 days of receiving the home study,
6749 unless the Child and Family Services region has made the
6750 determination that the home will not be used for placements.
6751 c. For foster parents who have been licensed more than a year, a
6752 signed copy of the Foster Care Agreement should be obtained
6753 within the 30 days prior to expiration of the former Foster Care
6754 Agreement. This can be done in person, through the mail, or
6755 through electronic methods (such as a scanned version of the signed
6756 agreement sent through email).
6757 d. Copies of the signed Foster Care Agreement will be kept in the Out-
6758 of-Home Caregiver's file.
6759
6760 F. Placement Agreement:
6761 1. The Placement Agreement (Form 638B) found in SAFE must be signed
6762 each time a child is placed in the home of an out-of-home caregiver. If
6763 there are two licensed out-of-home caregivers in a home, they may sign on
6764 the same form.
6765 2. The caseworker or supervisor assigned to the child will review the Foster
6766 Care Agreement and address any concerns with the out-of-home
6767 caregiver, and obtain a signed copy from the caregiver. The RFC assigned
6768 to oversee the home may assist in obtaining the signed Placement
6769 Agreement, if necessary.
6770 3. A signed copy of the Placement Agreement should be obtained within 30
6771 days of placing the child in the home. This can be done in person, through
6772 the mail, or through electronic methods (such as a scanned version of the
6773 signed agreement sent through email).
6774 4. Once signed, the Placement Agreement is effective for the duration of the
6775 child's placement of the child with the out-of-home caregiver, or until Child
6776 and Family Services custody of the child ends.
6777

305.1 Services To Out-Of-Home Caregivers

Major objectives:
Child and Family Services will provide support to the out-of-home caregiver to ensure that the child(s) needs are met, prevent unnecessary placement disruption, and address needs of the out-of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. (This section has been replaced with Section 302.2.)

B. Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home caregiver in developing and maintaining a working relationship with the child(s) parents, in accordance with the Child and Family Plan and permanency goals.
   1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a private face-to-face meeting within the first two weeks of placement and at least once a month thereafter or as needed to build the relationship.
   2. The caseworker will encourage the out-of-home caregiver to initiate and maintain contact with the child(s) parents to share information about the child and facilitate familial connections.

C. Access to Major objectives and Practice Guidelines. Out-of-home caregivers will have access to review the Child Welfare Manual and have any relevant major objectives explained by agency personnel.
   1. During pre-service training, all families will receive a Resource Family Major objectives and Practice Guidelines.
   2. Annually, to renew their license, all resource families will participate in a major objectives "refresher" course and receive a current Resource Family Major objectives and Practice Guidelines.
   3. Child and Family Services will make available, in any office, the Child Welfare Manual, and offer an explanation of any major objectives requested.
   4. The Child and Family Services Child Welfare Manual will be available over the Department of Human Services Internet web page.

D. Mileage Reimbursement. Licensed out-of-home caregivers will be reimbursed for the mileage incurred for the following activities:

1. Visitation: Mileage will be reimbursed to transport a child in out-of-home care to and from visits with parents, siblings, or other relatives/ caregivers.
2. Case-Related Activities: Mileage will be reimbursed to and from Child and Family Team meetings, reviews, court activities, case planning, staffings, and placement transitions.
3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a friend's house, the school, or to recreational activities.
4. If transporting more than one child at the same time, mileage will only be submitted for one child.
5. Medical and Other Essential Activities: Reimbursement is also available for mileage to and from caseworker approved essential, extraordinary activities such as school attendance outside of neighborhood boundaries, for youth bus pass, and for agency payments to parents to visit their child in foster care. Mileage will be reimbursed to transport the child to and from medical, dental, and mental health appointments.

The out-of-home caregiver will document all reimbursable mileage claims on the appropriate Child and Family Services form that includes odometer readings, purpose of travel, and destination.

Mileage claims will be submitted monthly for reimbursement.

305.2 Respite, Child Care, And Babysitting For Children In Out-Of-Home Care

Major objectives:
Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities of the child placed in their care to prevent placement disruption and/or burnout. Options for temporary relief include paid respite, non-paid respite, child care, and babysitting.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Definitions:
A. Babysitting: Incidental care for a child for a few hours at a time, not on a regular basis, that does not require an overnight stay. For example, babysitting would occur when the out-of-home caregivers leave for the evening or for a few hours during the day. Babysitting does not have to take place in the out-of-home caregiver's home.

6861 B. Child care: Ongoing care to the child on a continual, regular basis, such as when
6862 the out-of-home caregiver is at work.
6863
6864 C. Respite care: Any arrangement that requires the individual caring for the child to
6865 stay with the child overnight. It may also be for multiple overnight stays. A
6866 person providing respite care in their own home for a child in foster care must be
6867 a licensed foster care provider and may not exceed the capacity they are licensed
6868 for. However, an unlicensed person may provide respite care for a child in foster
6869 care in the home of the out-of-home caregiver, as long as the requirements
6870 outlined below are met.
6871
6872 Practice Guidelines
6873 A. Respite care is used to provide short-term relief for the out-of-home caregiver
6874 from the responsibilities of caring for a child in foster care. It may include
6875 multiple occurrences of overnight care. Respite care may be paid or non-paid and
6876 may be provided for any child who is in the custody of Child and Family Services.
6877 1. For children placed with contracted providers, the contract agency is
6878 responsible for making arrangements for respite care and to comply with
6879 respite care requirements outlined in their contract.
6880 2. Prior approval must be obtained from the caseworker or Resource Family
6881 Consultant (RFC) when an out-of-home caregiver chooses to make
6882 arrangements for respite care.
6883 3. The respite caregiver must meet the qualifications of a respite provider
6884 (outlined below) in order to provide respite care for children in care.
6885
6886 B. Respite care may be provided in the following ways:
6887 1. The temporary placement of a foster child with another licensed out-of-
6888 home provider that is not the primary out-of-home caregiver for the child.
6889 The licensed home must be pre-approved by the RFC. A placement made
6890 for respite purposes is meant to be short term (12 days or less) with the
6891 intent that the child will return to the current foster home and does not
6892 count as a placement change for the child.
6893 2. Temporary placement of a foster child in a licensed facility, with the intent
6894 that the child will return to the current foster home.
6895 3. Overnight care in the home of the out-of-home caregiver by an individual
6896 certified by Child and Family Services as an In-home Respite caregiver (see
6897 requirements in paragraph F below).
6898 4. Temporary care in the home of a state licensed child care provider. The
6899 licensed daycare provider must be licensed through the Department of
6900 Health, Child Care Licensing Program.
6901 5. Child and Family Services Paid Respite Care: Respite providers that will be
6902 paid by Child and Family Services will be opened under the RE code that

6903 corresponds with the level of care that the child is currently placed at for
6904 payment.
6905 6. If a licensed out-of-home caregiver will be used for respite care but is not
6906 approved to provide the level of care that the child is placed at, then the
6907 case must be staffed by the RFC or through another regionally approved
6908 process prior to the respite occurring, in order to ensure that the provider
6909 has the skills necessary to care for that child. If approved to provide
6910 respite, the staffing and approval must be documented in the provider
6911 notes in SAFE and the required payment approvals (under the
6912 corresponding RE codes) will be opened in order to pay the respite
6913 provider the correct amount. The payment will be made using the One
6914 Time Payment Form (Form 295).
6915 7. Respite care not paid by Child and Family Services: Licensed out-of-home
6916 providers may make arrangements to exchange children with another
6917 licensed out-of-home caregiver for short periods of time for respite
6918 purposes after obtaining approval from the RFC or the child's caseworker.
6919 An out-of-home caregiver may directly pay for those services if they
6920 desire.
6921
6922 C. Accrual of Child and Family Services Paid Respite Days:
6923 1. All licensed out-of-home caregivers will receive one paid respite day per
6924 calendar month for every month they have a child placed in the home.
6925 Out-of-home caregivers must have at least one foster child/youth in their
6926 home for a period of 15 days during a calendar month to accrue one
6927 respite day.
6928 2. Regardless of the number of children placed in the home, a maximum of 12
6929 respite days can be accrued by a licensed out-of-home caregiver at any
6930 given time. The accrued respite days do not expire and can be used at any
6931 time. After accrued respite days have been used, the out-of-home
6932 caregiver must re-accrue respite days through the process described in
6933 C.1.
6934 3. The RFC will document in the provider notes in SAFE the number of paid
6935 respite days accrued and used by the out-of-home caregiver a minimum of
6936 once every six months. The documentation will coincide with the required
6937 RFC face-to-face home visits and at any other time the RFC deems
6938 necessary or appropriate.
6939
6940 D. Respite Extenuating Circumstances: The region director or designee may approve
6941 more Child and Family Services paid respite days in extenuating circumstances. It
6942 is up to the region to staff these circumstances and ensure that the situation and
6943 approval of respite are documented in the provider notes.
6944

6945 E. Qualifications of a Respite Caregiver:
6946 1. A licensed foster home with openings, or a licensed respite care
6947 home/facility. The licensed home is limited to the amount of children they
6948 are approved to provide care for on their foster care license. The total
6949 number of children in their home, including those they are providing
6950 respite for, may not exceed the amount of children they are licensed for
6951 unless the home is granted a variance. The licensed home must also be
6952 able to meet the child's needs.
6953 2. A state-licensed day care provider. The day care provider must be in
6954 compliance with the ratios specified on their child care license.
6955 3. In-Home Respite provider. A respite caregiver who is qualified by Child
6956 and Family Services to provide care in the out-of-home caregiver's home.
6957 An In-Home Respite provider must meet the following requirements:
6958 a. Will be at least 18 years of age or older.
6959 b. Will be approved by the RFC to provide respite in the home of the
6960 out-of-home caregiver.
6961 c. Will not be on probation, parole, or under indictment for a criminal
6962 offense and will have not have a history of crimes against children,
6963 which will be verified by background checks as described below in
6964 F.
6965 4. A respite provider is subject to the same confidentiality requirements as
6966 other foster care providers and will keep verbal or written information
6967 shared with them confidential.
6968 5. The out-of-home caregiver will provide the respite caregiver with medical
6969 and other critical information about the child and specific instructions for
6970 the care and supervision of the child on a completed Respite Care Fact
6971 Sheet (SAFE form PR 21). If the child is going to be with a respite caregiver
6972 for more than one day, the out-of-home caregiver will also provide the
6973 respite caregiver with a copy of the Medicaid card.
6974
6975 F. Process for approving an In-Home Respite provider:
6976 1. The individual will complete an In-Home Respite provider packet (available
6977 in SAFE) which includes the following:
6978 a. Office of Licensing Background screening application: The
6979 following background screenings are required on an annual basis for
6980 all In-Home Respite providers before being allowed unsupervised
6981 access to the child in foster care:
6982 (1) Utah Criminal History Bureau of Criminal Identification (BCI):
6983 A non- fingerprint-based Utah BCI criminal history check.
6984 (2) Child and Adult Abuse and Neglect History Checks through
6985 SAFE (LIS): SAFE background checks for child and adult
6986 abuse and neglect must be approved.

6987 (3) Federal Bureau of Investigation (FBI) Fingerprint-Based
6988 Criminal History: An FBI fingerprint-based criminal history
6989 check must also be approved if the individual has resided
6990 outside of Utah at any point in the previous five years or if
6991 they currently reside outside of Utah.
6992 b. A Department of Human Services (DHS) Provider Code of Conduct
6993 must be read and signed.
6994 c. An Out-of-home Caregiver Confidentiality Form must be read and
6995 signed.
6996 d. A Safety and Behavioral Intervention Fact Sheet must be read and
6997 signed.
6998 2. The RFC, out-of home caregiver, or the prospective In-Home Respite
6999 provider will provide the respite packet to the licensor assigned to the out-
7000 of-home caregiver. Copies of the forms must be kept by the RFC. The
7001 Office of Licensing (OL) licensor will provide the BCI form to the
7002 background screening unit within OL to complete the background
7003 screening.
7004 3. Once the licensor indicates that the In-Home Respite provider has an
7005 approved background screening application, the following must also be
7006 completed for each child in out-of-home care, prior to the individual
7007 providing respite care:
7008 a. The RFC will conduct a further check of SAFE to determine if there
7009 is any history of child abuse or neglect. If information is found in
7010 SAFE, the RFC must staff the circumstances with a supervisor to
7011 determine whether the individual may be approved for In-Home
7012 Respite care.
7013 b. The out-of-home caregiver will fill out the Respite Care Fact Sheet
7014 (PR21) and provide it to the In-Home Respite provider. The out-of-
7015 home caregiver will inform the In-Home Respite provider where the
7016 Medicaid card for each child is located.
7017 c. When possible and if appropriate, the respite arrangements and all
7018 relevant issues will be discussed in a Child and Family Team Meeting
7019 so that all parties are aware of the arrangement.
7020
7021 G. Requesting Planned Respite:
7022 1. To facilitate continuity of care and minimize disruption for the child,
7023 whenever possible respite care is to be planned in advance using providers
7024 known to the child and family.
7025 2. Each out-of-home caregiver for Child and Family Services will identify at
7026 least two individuals who agree to provide respite when needed. The
7027 names should include at least one In-Home Respite provider. The names
7028 of the potential respite providers will be provided to the RFC, who will

7029 then assist the out-of-home caregiver in the process to obtain approval for
7030 any In-Home Respite provider. The RFC will document the names of the
7031 respite providers in the SAFE provider module notes for the out-of-home
7032 caregiver.
7033 3. The out-of-home caregiver may not place a child in respite care without
7034 first informing the RFC and the child's caseworker at least 72 hours in
7035 advance and receiving approval.
7036 4. If the out-of-home caregiver is unable to find a respite provider, they may
7037 contact the RFC for assistance in finding a respite provider. The out-of-
7038 home caregiver will request assistance from the RFC at least 72 hours in
7039 advance unless an emergency situation exists (as described below in L).
7040
7041 H. Responsibilities of Respite Providers:
7042 1. The respite provider will ensure that the child attends all necessary
7043 appointments while in respite care such as school, visitation with parents,
7044 court, and medical and mental health appointments.
7045 2. The respite provider will inform the primary out-of-home caregiver and the
7046 caseworker of any issues or concerns relating to the child. If the child has
7047 a medical or other emergency, the respite provider will contact the out-of-
7048 home caregiver and the caseworker immediately.
7049 3. The respite provider will ensure that they have a copy of and have
7050 reviewed the Respite Care Fact Sheet.
7051 4. The skills of the respite provider will match the needs of the child that is in
7052 their care, including medical, transportation, and behavioral needs.
7053
7054 I. Responsibilities of Child and Family Services:
7055 1. In situations where out-of-home caregivers are unable to identify their
7056 own respite provider, the RFC will assist in identifying an appropriate
7057 respite option upon receipt of a written or verbal request.
7058 2. The RFC will ensure that the respite caregiver is licensed or meets
7059 standards and requirements as outlined above.
7060 3. It is best practice for the respite caregivers to be introduced to the child
7061 prior to placing the child in respite. If respite is to take place outside the
7062 child's current placement, then the child should be given the opportunity to
7063 take a tour of the respite home and ask questions prior to the respite
7064 experience.
7065 4. The RFC will verify that the out-of-home caregiver provides instruction
7066 and information to the respite caregiver.
7067
7068 J. Responsibilities of the Out-Of-Home Caregiver:
7069 1. Obtain approval from the RFC and caseworker to utilize respite and/or
7070 inform them of the respite plans. The out-of-home caregiver will provide

7071 written or verbal notification to the RFC at least 72 hours in advance.
7072 Notification not given at least 72 hours in advance may result in respite not
7073 being approved.
7074 2. Provide the respite provider with the Respite Care Fact Sheet (PR21),
7075 including ensuring that the respite provider has emergency contact
7076 information for the out-of-home caregiver, caseworker, and any other
7077 relevant staff.
7078 3. Ensure that the caseworker has the contact information for the respite
7079 provider and emergency contact information for the out-of-home
7080 caregiver.
7081 4. If utilizing an In-Home Respite provider, ensure that they have an
7082 approved BCI prior to utilizing them for In-Home Respite.
7083 5 Provide a copy of the Medicaid card to the respite provider.
7084
7085 K. Each Child and Family Services region is responsible to track the use of respite
7086 care and expenditures.
7087
7088 L. Emergency Care:
7089 1. At times, it may be necessary for the out-of-home caregiver to utilize
7090 emergency care for a child placed in their home in order to enable the out-
7091 of-home caregiver to respond to an urgent situation. In these situations, it
7092 is preferable for the caregiver to utilize an identified and pre-approved
7093 respite or child care provider to care for the children; however, it may not
7094 always be possible. Emergency care may only be used in situations where
7095 there is a death, hospitalization, or serious illness of the out-of-home
7096 caregiver or anyone in the caregiver's immediate family; or when another
7097 child placed in the caregiver's home has attempted or succeeded in
7098 seriously harming themselves or others.
7099 2. If one of the approved respite or child care providers is not available,
7100 emergency care can be provided by anyone with whom the out-of-home
7101 caregiver feels the child would be safe for a short period of time, until the
7102 emergency can be mediated and/or the caregiver, caseworker, or RFC has
7103 the ability to make another approved arrangement for the care of the child.
7104 3. If an out-of-home caregiver has to utilize emergency care, the caregiver
7105 will contact the RFC and inform them of the situation as soon as possible
7106 and not longer than 24 hours after the child is placed in emergency care.
7107 Upon receiving information that the child is in emergency care, the RFC is
7108 responsible for ensuring that the caseworker is informed. The caseworker
7109 and RFC will work together to ensure that the child is placed in an
7110 approved respite placement.
7111 4. If the emergency occurs after normal business hours and the out-of-home
7112 caregiver is not able to contact the RFC or caseworker, the out-of-home

7113 caregiver will contact the Child Protective Services (CPS) Intake number
7114 and inform them of where the child is placed. Intake will contact the
7115 regional designee when these situations arise.
7116 5. In emergency situations, it is allowable for the out-of-home caregiver or
7117 Child and Family Services to place with an out-of-home caregiver that may
7118 be over capacity of their license. The RFC and/or caseworker will then
7119 ensure that the child is placed in another allowable and approved respite
7120 placement by the end of the next business day.
7121
7122 M. Child Care and Babysitting:
7123 1. Child and Family Services does not pay for child care or babysitting for
7124 children in an out-of-home placement. Out-of-home caregivers are
7125 responsible for the cost of child care or babysitting for the children placed
7126 in their home.
7127 2. In special circumstances and if funding is available, region directors may
7128 grant approval to pay for child care and/or babysitting, when a written
7129 request is made by the caseworker or the RFC.
7130 3. As with respite care, out-of-home caregivers will provide specific
7131 instructions to any babysitter or child care provider on how to care for the
7132 child's specific needs prior to the child care or babysitting being utilized.
7133 Sharing information regarding the child's needs is particularly critical in
7134 cases where the foster child is medically fragile, on medication, or
7135 experiencing behavioral or emotional problems that require special care
7136 and supervision.
7137 4. Babysitting: Out-of-home caregivers are responsible to ensure that
7138 children in their care are always under proper supervision. They may hire
7139 responsible babysitters for short periods of time.
7140 a. It is best practice to ensure that the RFC and the child's caseworker
7141 are aware of and approve of babysitting arrangements.
7142 b. Babysitting provided by a youth under the age of 18 years may be
7143 approved on a case-by-case basis and should be discussed and
7144 approved at minimum by the RFC and caseworker, as well as the
7145 Child and Family Team, when possible and appropriate.
7146 c. It is best practice for the caseworker or RFC to assess whether a
7147 babysitter has the ability and skills to care for the needs of the child
7148 5. Child Care:
7149 a. Child care providers who are licensed through the Utah Department
7150 of Health Child Care Licensing Program are approved to provide
7151 ongoing child care to children in out-of-home care. The out-of-
7152 home caregiver, caseworker, or RFC should verify that the license is
7153 current by asking to review a copy of the child care provider's
7154 license.

b. Child care providers who are not licensed through the Department of Health and who will be providing child care on a continual, regular basis (such as when the foster parent is working) must have an approved background check and a home safety walkthrough of their home to ensure they can safely care for the child. The home safety walkthrough will be completed by the caseworker or RFC using the KBS16 Limited Home Inspection form.

c. The background check for a potential child care provider (not licensed through the Department of Health) will be completed by the regional Terminal Agency Coordinator (TAC). The regional TAC will provide the applicant with a KBS02 form to obtain the information for the background check. Using the information obtained from the KBS02 form, the background check includes:

(1) Utah Criminal History BCI: A non-fingerprint-based Utah BCI criminal history check.

(2) Child and Adult Abuse and Neglect History Checks through SAFE: SAFE background checks for child and adult abuse and neglect must be approved.

(3) FBI Fingerprint-Based Criminal History: An FBI fingerprint-based criminal history check must also be approved if the individual has resided outside of Utah at any point in the previous five years or if they currently reside outside of Utah. The regional TAC will provide the applicant with the required paperwork so the applicant can obtain their own FBI fingerprint-based criminal history check. The results of the FBI fingerprint-based check will be sent back to the regional TAC. The regional TAC will ensure that they notify the applicant, the out-of-home caregiver, and the RFC when the results have returned.

d. The RFC will document in the provider notes when a child care provider has been approved.

305.3 Rights Of Out-Of-Home Caregivers

Major objectives:
As described in Utah Code Ann. §62A-4a-206, an out-of-home caregiver has a right to due process when a decision is made to remove a child from an out-of-home care home if the out-of-home caregiver disagrees with the decision, except:

A. If the child is being returned to the parent or legal guardian.

B. The child is removed for immediate placement in an approved adoptive home.

C. The child is placed with a relative as defined in Utah Code Ann. §78A-6-307 who obtained custody or asserted an interest in the child within the 120-day preference period in Utah Code Ann. §78A-6-307.

D. A Native American child placed in accordance with U.S. Code 25 Chapter 21 Subchapter 1915 Placement of Indian Children.

Applicable Law
Utah Code Ann. §62A-4a-206. Process for removal of a child from foster family -- Procedural due process.
Administrative Rule R512-31. Foster Parent Due Process.

305.4 Confidentiality And The Use Of Foster Child Information And Images In Social Networking Mediums And Public Forums

Major objectives:
Child and Family Services and all out-of-home care providers will strive to maintain the confidentiality of the families and children being served. Information regarding the Department of Human Services (DHS) clients, including verbal and written information, as well as images and digital information (such as digital photographs and video clips, etc.) is confidential and will be safeguarded. This includes release of information in social networking mediums and other public forums.

Practice Guidelines

A. Need for confidentiality: Confidentiality is essential when working with sensitive information in the form of verbal communication, written communication, and the general use of data. This adherence to confidentiality protects against identification, exploitation, or embarrassment that could result from the release of information which would identify individuals or families as having applied for or

7226 having received services or assistance from Child and Family
7227 Services. Unauthorized release of information could have a detrimental effect on
7228 the relationship with the child and/or family.
7229 1. The DHS Code of Ethics, which all DHS employees and out-of-home care
7230 providers are required to review and sign in order to provide services,
7231 requires ethical behavior and protection of the confidentiality of
7232 clients. (DHS Code of Ethics can be found in the DHS Policies located at
7233 http://www.hspolicy.utah.gov.)
7234
7235 B. Use of information and images of a client in social networking mediums or other
7236 public forums:
7237 1. Social networking mediums and other public forums include, but are not
7238 limited to blogs; email; Facebook, MySpace, and other social networking
7239 sites; letters and newsletters; video clips; etc.
7240 2. Out-of-home care providers, such as foster parents, proctor parents, and
7241 contract agency staff may use images and other general information
7242 regarding the child in public forums when the following protocol is
7243 followed:
7244 a. If a parent retains parental rights in regards to the child, any form of
7245 written parental permission will be obtained prior to any images or
7246 information regarding the child client being used in social
7247 networking mediums or other public forums. If the parent's
7248 whereabouts are unknown, contact with the parent cannot be
7249 made, or if parent does not retain parental rights, approval to use
7250 images or other information regarding the child in a social
7251 networking or other public forum will be sought from
7252 the caseworker and should also be discussed with members of the
7253 Child and Family Team.
7254 b. Permission to use the child's information and/or image must also be
7255 obtained from the child, if the client is over the age of eight years
7256 and has the capacity to understand what they are agreeing to.
7257 c. Permission from the child, parent, and/or caseworker will be
7258 documented in the SAFE activity logs and/or the Child and Family
7259 Team Meeting minutes.
7260 d. When parental permission is obtained and/or the decision is made
7261 to allow the out-of-home care provider to use information or images
7262 in a public forum, the information or images will only use client's
7263 first names and will NOT identify them as a DHS client or foster
7264 child.
7265 e. In accordance with the DHS Code of Ethics, out-of-home care
7266 providers will use caution in public forums and will refer to the child
7267 as a child currently living with them or with whom they are working

with. Only general information regarding the child may be shared. No information may be shared that is case specific or that informs other parties with regard to DHS involvement or the child's treatment issues or history.

305.5 Process For Approving, Limiting, Or Denying Licensed Out-Of-Home Caregivers For Placement

Major objectives:
Families are licensed for foster care through the Utah Department of Human Services, Office of Licensing (OL). Child and Family Services subsequently receives and reviews the information regarding the family from OL. However, at times OL may license a family for foster care that Child and Family Services, through the authority given to Child and Family Services as a child placing agency, may decide not to utilize for placement of a child in foster care. Child and Family Services will have a process in place for approving or denying a foster family for placement of a child and informing a licensed resource family when Child and Family Services makes a decision not to utilize them as a placement for children in foster care.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. The identified committee in the region that reviews home studies will review each home study provided by OL, and any other detailed information regarding the foster family. As a result of the review, the region committee will determine if the foster family is approved to receive placements, if the foster family is denied for placements, or if more information is needed from the foster family.

B. Approved families: If the foster family is approved for placement, the committee (or region designee) will send a letter to the foster family to let them know that they are approved for placement. They will also give them the name of their assigned Resource Family Consultant (RFC) and identify the role of the RFC, including a phone number the foster family may call. The letter will also inform the foster family that the RFC will be contacting them to schedule a time to visit.

C. When Child and Family Services determines through the region committee not to use a foster family who is licensed for placement of a child in foster care:
   1. The RFC will record the Placement Status in the provider record of the foster family in SAFE as being "On-Hold – Agency decision".

7308 2. The region committee will provide their concerns in writing to the RFC or
7309 other designated region staff. The concerns will include any steps a foster
7310 family may take in order remedy concerns.
7311 3. Two designated region staff members will meet with the foster family and
7312 review the concerns outlined by the region committee, including whether
7313 the concerns can be resolved.
7314 4. The region designees will take clarifying information and/or steps that the
7315 foster family has taken to remedy concerns back to the region home study
7316 committee.
7317 5. If the foster family has been able to remedy the concerns to the
7318 satisfaction of the region committee, the region committee will approve
7319 the foster family to receive placements and the RFC will document the
7320 action taken and the committee decision in the Provider notes in SAFE.
7321 The RFC will also change the Placement status in SAFE to "No restrictions"
7322 and follow the process outlined in 'B' above.
7323 6. If the foster family is unable or unwilling to remedy the concerns, a formal,
7324 written letter will be sent to the foster family explaining that Child and
7325 Family Services will not be placing with them. The letter must include
7326 language that states that although they are licensed to provide foster care
7327 in Utah, the region committee has decided that significant enough
7328 concerns exist that Child and Family Services will not be placing with the
7329 family at this time.
7330 7. If at any time after the letter is sent to the foster family informing them
7331 that Child and Family Services will not be placing with them, Child and
7332 Family Services would like to re-evaluate the foster family for the
7333 placement of a child in foster care, the information leading to the decision
7334 to place the foster family "on hold" will be reviewed by the Child and
7335 Family Services region director, who will make the decision on whether the
7336 "on-hold" decision will be overturned. Only the Child and Family Services
7337 region director may then edit or change the placement status in SAFE.
7338
7339 D. A family that has been denied for placement of a child in foster care in one region
7340 will be denied in all Child and Family Services regions.
7341
7342 E. The RFC will include documentation about why the family was denied for
7343 placement, along with a copy of the denial letter in the Provider module in SAFE
7344 in the Provider notes.
7345
7346 F. The RFC may also assess a foster family and decide to limit the types of
7347 placement that a licensed out-of-home caregiver may receive, such as respite care
7348 only or adoption only, or to limit the number of children that can be placed with a
7349 caregiver. The decision to place a limit on a foster family must be staffed and

7350 approved with a supervisor. Child and Family Services will send a letter to the
7351 foster family to inform them that the decision has been made to limit the types of
7352 placements and/or number of children that the foster family may receive. The
7353 foster parent may request to meet with the RFC and supervisor to discuss the
7354 rationale for the limitation. If requested, the RFC and supervisor will meet with
7355 the foster parent within 14 business days and will assist the foster parent in
7356 understanding whether any steps can be made to address the concerns that led to
7357 the limitation.
7358
7359 G. A licensed out-of-home caregiver may contact the RFC and request that their
7360 home be placed "on hold" or "limited" due to family circumstances, because they
7361 have recently adopted, or due to out-of-home caregiver concerns. The RFC has
7362 two weeks from the time the licensed out-of-home caregiver contacts them to
7363 record the licensed out-of-home caregiver request in SAFE. [*See:* Administrative
7364 Guidelines Section 080.4.]
7365 1. If the Placement Status is "on hold" or "limited" due to a foster family's own
7366 request, they may contact the RFC at any time and request that the status
7367 be changed back to "no restrictions".
7368 2. Within two weeks of the request, the RFC will assess the foster family's
7369 situation and make a determination if the change is appropriate. If the RFC
7370 determines that the foster family may take further placements, they will
7371 create a new placement status of "no restrictions" in SAFE.
7372
7373 H. If the foster family is approved for placements without limits, the RFC will ensure
7374 that the Placement Status for the foster family in SAFE is recorded as "No
7375 Restrictions".
7376
7377 I. If concerns arise regarding a foster family that has been previously approved by
7378 the region committee for placement of a child, and the RFC or other Child and
7379 Family Services staff determine that the concerns may be significant enough to
7380 preclude the foster family from receiving further placements, the RFC that
7381 oversees the home, a supervisor, or other Child and Family Services administrator
7382 will record the Placement Status in the provider record of the foster family in
7383 SAFE as being "On-Hold – Agency decision". The RFC will then staff the concerns
7384 with the region committee that reviews home studies.
7385 1. Caseworkers and/or other Child and Family Services staff that have
7386 identified concerns with the foster family will be invited by the committee
7387 to provide input regarding their concerns in person, by phone, or in writing
7388 if they desire.
7389 2. The region committee will consider the information presented and will
7390 determine whether the foster family is still approved to receive children
7391 into the home for placement.

3. If the region committee determines that the foster family is not approved, Child and Family Services will follow the steps outlined in 'C' above.
4. If a region places a child in a different region and subsequently identifies concerns with the foster family and would like the foster family to be reviewed by the region committee, the Associate Region Director (ARD) of that region will communicate the concerns about the foster family to the ARD of the region where the foster family resides. The ARD where the foster family resides will then ensure that the concerns are communicated to the RFC that oversees the foster family. The RFC will follow through with the process of having the foster family reviewed by the region committee.

J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to a certain type of placement, the RFC or designated region staff must choose the following indicator in SAFE on the "Placement Status" indicator that applies:
1. For "on hold" the RFC will select 1) Agency Decision, 2) Foster Parent Request, or 3) Recently Adopted.
2. For "limited", the RFC will select 1) Respite only, 2) Adoption only, 3) Foster only.

K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and that there is only one active placement status per licensed out-of-home caregiver. If the placement status must change, the RFC will add an end date to the current placement status and create a new placement status.

306 Emergencies And Serious Situations

Major objectives:
Serious and potentially dangerous situations require an appropriate and timely response to protect children and ensure the safety of all parties involved.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines
The caseworker will take the following actions for all emergency or serious situations:

A. Notify and staff the situation with the supervisor and regional administration.

B. Notify parents/guardians of the situation immediately.

D. Notify Constituent Services at the state office regarding the situation as soon as possible

E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as possible.

F. If calls from the media are received, refer them to the Public Relations Officer for the Department. The caseworker will not give information about the situation to the press.

G. Advise out-of-home caregivers that they may also refer the media to the Public Relation's Officer for the Department.

H. Record all details of the emergency situation and action taken in the child's case record to meet best practice standards and reduce liability.

306.1 Pregnancy Of Youth In Out-Of-Home Care

Major objectives:
If a youth in out-of-home care becomes pregnant while in out-of-home care, Child and Family Services will coordinate and facilitate all necessary medical care, counseling, and services. This includes services to youth who are the mother or father of an unborn child. [*See:* Section 303.5, Health Care.]

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

306.2 Immediate Removal Of A Child From A Placement

Major objectives:
When there is a need to immediately remove a child from an out-of-home placement, in emergency situations, if there is reasonable basis to believe that the child is in danger or that there is substantial threat of danger to the health or welfare of the child, notification to the out-of-home caregiver may occur after removal of the child (R512-31-3D). [*See:* Section 700, General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and Section 305.3, Rights Of Out-Of-Home Caregivers.]

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Notification will be provided through personal communication on the day of removal.

B. The Notice of Agency Action will be sent by certified mail, return receipt requested, within three working days of removal of the child.

306.3 Allegations Of Abuse Against Out-Of-Home Caregiver

Major objectives:
Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services, will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists between the caregiver and Child and Family Services. [*See:* Section 700, General Practice Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]

Applicable Law
Utah Code Ann. §62A-4a-202.6. Child protective services investigators within attorney general's office -- Authority.

306.4 Death Or Serious Illness Of A Parent Or Sibling Of A Child In Out-Of-Home Care

Major objectives:
In the event of a death or serious illness or injury of a parent, sibling, extended family member, or close friend of a child in out-of-home care, the caseworker will notify immediately in person the out-of-home caregiver and child of these events.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. The caseworker will consult with the out-of-home caregiver and the child's family to plan how the information will be shared with the child. The contact will always be made in person. If the child has a therapist, it may be helpful to have the therapist assist with the situation.

B. The caseworker will offer support to the out-of-home caregiver and child to assist with grief and loss issues.

C. The caseworker will arrange counseling for the child as appropriate.

306.5 Death And Burial Of A Child In Out-Of-Home Care

Major objectives:
Child and Family Services staff will take the necessary steps to ensure the death of a child in out-of-home care is handled in an appropriate manner and will be sensitive to the feelings of the family members and out-of-home caregivers of the child.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Notify the supervisor, regional and state administration, Assistant Attorney General, Constituent Services representative, juvenile court judge, and the Guardian ad Litem.

B. Immediately notify the parents/guardian in person.

7535 C. The parents/guardians will be contacted and requested to arrange the funeral
7536 and, if possible, to pay the burial expenses. If the parents' whereabouts are
7537 unknown, parental rights have been terminated, or parents are unable to
7538 financially provide for the burial, then other resources will be contacted (i.e.,
7539 relatives, church, insurance, community, or county). The county their parents
7540 reside in may provide cremation or burial free of charge if the parents are
7541 indigent.
7542
7543 D. If funds are not available from resources as listed above, the burial expense will
7544 come from the regional foster care budget. Consult with the supervisor and
7545 regional administrators regarding expenses.
7546
7547 E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The
7548 burial expenses may be paid for from the State of Utah Office of Crime
7549 Reparation. A police report will have been filed within seven days of the
7550 occurrence. Claim forms can be obtained at the Office of Crime Victims
7551 Reparation.
7552
7553 F. Child and Family Services staff will attend the funeral whenever possible.
7554
7555 G. Notify the Fatality Review Coordinator within three days of the death. Complete
7556 the Deceased Client Report form and send it to the Fatality Review Coordinator.
7557
7558 H. Contact the physician to determine the cause of death.
7559
7560 I. Notify police to investigate the foster care home/facility if the cause of death
7561 seems suspicious or other factors such as the child's age, health, and mental
7562 conditions played a role in the child's death, or the circumstances surrounding the
7563 death are suspicious.
7564
7565 J. Notify the Office of Recovery Services using the appropriate form.
7566
7567 K. Notify Social Security Administration, Veterans' Administration, or other source of
7568 entitlement benefits.
7569
7570 L. Obtain a copy of the death certificate and place in the child's case record and
7571 close the case. The case must have a QA form completed prior to closure.
7572
7573 M. Acknowledge the need for ongoing support to the family, out-of-home caregivers,
7574 and caseworkers. Seek assistance from other resources as needed. Child and
7575 Family Services employees may seek assistance from the following: region

administration, clinical consultants, resource family consultants, and the Employee Assistance Program.

306.6 Children In Out-Of-Home Care On Runaway Status

Major objectives:
As soon as Child and Family Services staff become aware that a child in out-of-home care has run away from their placement, they will make diligent efforts to locate the child. Every effort will be made to help the child "problem-solve" to remedy solutions that contributed to the run.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. When a child in out-of-home care runs away from their placement, the caseworker will notify the parents/legal guardian and Guardian ad Litem as well as other members of the Child and Family Team who may need to know.

B. Contact the Assistant Attorney General to have a pickup order filed with the juvenile court.

C. Contact local police departments and file an "attempt to locate and runaway report." Inform the police that there is a pickup order on file.

D. Inform the child's school and request they contact Child and Family Services if the child contacts or arrives at school.

E. Diligently follow-up on any possible leads regarding the child's whereabouts.

F. Offer support to the family and out-of-home caregivers.

G. When a runaway is located and picked up, a Child and Family Team Meeting needs to be held. If it is determined to be in the best interest of the child to return to their prior out-of-home placement, the caseworker will place the child back with their former out-of-home caregiver. If the child is unable to return to the former out-of-home caregiver, emergency foster care placement or another appropriate facility may be used.

H. A runaway child may be placed in detention in accordance with the Detention Admission Practice Guidelines or by order of the court.

7618
7619 I. Every effort will be made to help the child "problem-solve" to remedy solutions
7620 that contributed to the run.
7621
7622 J. Based on the type of search conducted, Child and Family Services staff, with
7623 regional administrative approval, will develop a working agreement with the out-
7624 of-home caregivers to determine how many days the out-of-home care provider
7625 will be paid--not to exceed 10 days.
7626
7627 K. After the child has been on the run for approximately three months, the
7628 caseworker will facilitate a Child and Family Team Meeting. Members of the
7629 Child and Family Team will make decisions as to what is in the best interest of the
7630 child, such as petitioning the court to terminate Child and Family Services custody
7631 and guardianship or to reconvene again at a later time.
7632
7633 L. All the reasonable efforts of Child and Family Services to locate the child will be
7634 documented in the child's case record.
7635

7636 306.7 Law Enforcement Interviews Of Children In State 7637 Custody

7638 Major objectives:
7639 Requests for interviews by law enforcement of children in the custody of Child and
7640 Family Services will be referred to the Guardian ad Litem (GAL) assigned to the child. If
7641 there is no GAL appointed for the child, the caseworker will refer the request to region
7642 administration.
7643
7644
7645 **Applicable Law**
7646 Utah Code Ann. §62A-4a-415. Law enforcement interviews of children in state custody.
7647
7648 Practice Guidelines
7649 A. The caseworker or other Child and Family Services staff is prohibited by Utah
7650 statute from providing consent when law enforcement identifies the need to
7651 interview a child in the custody of Child and Family Services.
7652 1. If a GAL is appointed for the child, the caseworker will contact the GAL
7653 and notify him or her that law enforcement has requested an interview
7654 with the child. The GAL will ask for the following information:
7655 a. Name of the child.
7656 b. Name, agency, and phone number(s) of the requesting officer.
7657 c. Brief reason why the interview is being requested. It is important to
7658 explain if the client is being viewed as a victim or a perpetrator. If a

7659 victim, be prepared to give information on the alleged perpetrator
7660 including if they are an adult or child.
7661 d. How soon the anticipated interview is to take place.
7662 2. Once the GAL is notified, he or she will be the point of contact for law
7663 enforcement.
7664
7665 B. If there is no GAL appointed for the child, the caseworker will contact region
7666 administration for instructions.
7667
7668 C. Region administration must keep the child's best interest a priority. If there is
7669 concern that the interview is not in the child's best interest, the request should be
7670 denied. The following information is important to remember:
7671 1. If the child is believed to be the perpetrator, a public defender must be
7672 secured as quickly as possible. Until the public defender can be appointed
7673 and meet with the child, the request for the interview should be denied.
7674 2. If the child is believed to be the victim of an adult perpetrator and law
7675 enforcement is attempting to set up a CJC interview, this type of request
7676 can normally be granted.
7677 3. If there are both victim and perpetrator issues, or more than one child is
7678 involved (whether or not both they are in state's custody), the request for
7679 an interview should be denied and a public defender requested.
7680 4. A limited consent for an interview may also be given by region
7681 administration, and law enforcement will be instructed that if the victim
7682 interview turns into a perpetrator interview, the consent for the interview
7683 is withdrawn and the interview must be stopped.
7684

7685 ## 306.8 Dually Involved Youth

7686 Major objectives:
7687 A dually involved youth is a minor in the custody of Child and Family Services who has
7688 also been charged with a delinquent offense. This requires communication and
7689 collaboration between the Child and Family Services caseworker and a probation
7690 officer employed with the Juvenile Court.
7691
7692 Child and Family Services staff will assist the child in navigating through the juvenile
7693 justice system by assuring that the child completes dispositional requirements in the
7694 time frame allotted. This will be accomplished through collaboration with the
7695 probation officer in an effort to address the youth's risk to re-offend and to access
7696 programs that will decrease recidivism.
7697
7698

7699 Practice Guidelines
7700 A. When the youth in custody has been cited for delinquency, a Juvenile Court
7701 probation officer will contact the Child and Family Services caseworker.
7702
7703 B. A "preliminary inquiry" (PI) will be set. The PI is a meeting set by the probation
7704 officer to explain the court process and assess the risk of the youth to re-offend.
7705 The Child and Family Services caseworker and youth are required to attend. The
7706 biological parents should be encouraged to attend. Anyone from the Child and
7707 Family Team may be invited to attend including, but not limited to foster parents,
7708 Guardian ad Litem, or anyone else deemed appropriate by the Child and Family
7709 Services caseworker. The PI will result in the decision to either handle the charge
7710 non-judicially or to have the youth appear before the judge for an arraignment.
7711 1. Diversion (Non Judicial):
7712 a. If the delinquency offense is diverted and not sent directly to court,
7713 the Child and Family Services caseworker and probation officer will
7714 outline sanctions such as classes, community service hours, etc. for
7715 the youth to complete in a non-judicial diversion agreement. This is
7716 called Diversion. If a caseworker is not offered Diversion for the
7717 youth, the caseworker can contact the probation worker to ask
7718 about this option. Diversion is offered in every court district. The
7719 probation officer will determine if the youth qualifies for Diversion.
7720 b. The Child and Family Services caseworker is responsible for
7721 ensuring the youth's compliance with the non-judicial diversion
7722 agreement.
7723 c. At the next child welfare review hearing, the Child and Family
7724 Services caseworker will report that the youth received a
7725 delinquency offense, what decisions were made regarding the
7726 youth, and progress made on the diversion agreement.
7727 d. If the youth completes the diversion process, the delinquency
7728 offense will not be reflected as an adjudication on the youth's
7729 juvenile record.
7730 e. If the youth fails to follow through with the non-judicial diversion
7731 agreement, the Child and Family Services caseworker will
7732 communicate with the probation officer about the non-compliance.
7733 The probation officer may file a petition with the youth's judge,
7734 causing the delinquent offense to be heard by the court.
7735 f. Examples of delinquency offenses that could be eligible for Diversion
7736 depending on prior charges may be smoking, a first alcohol ticket, simple
7737 assault, disorderly conduct, shoplifting, etc.
7738 2. Appearance Before the Judge (Judicial):
7739 a. If the youth must appear before the judge on a delinquent offense,
7740 the Child and Family Services caseworker and probation officer will

collaborate on recommendations to the court regarding community service hours, restitution, placement of youth, etc.

b. If the judge finds the allegation to be true, it will appear as an adjudication on the child's juvenile record. The child will not be eligible for Diversion.

c. The Child and Family Services caseworker will continue to be responsible to address abuse, neglect, and safety issues.

d. The probation officer will make recommendations regarding accountability for the juvenile's delinquent offense.

e. The Child and Family Services caseworker and probation officer will follow progress of compliance with court orders and both will report progress to the judge at each review hearing.

C. Child and Family Services caseworkers should ensure that the probation officer is part of the Child and Family Team.

D. Child and Family Services' involvement can be terminated once child welfare issues have been resolved and prior to completion of delinquency sanctions. The probation/intake officer will follow through with compliance on delinquency matters once Child and Family Services has terminated their case.

E. The delinquency portion of the case can be terminated once all delinquency sanctions have been completed and prior to resolution of child welfare issues. The Child and Family Services caseworker will continue to follow compliance with the child welfare service plan and court orders once the delinquency case has been closed.

F. Court jurisdiction is only terminated when all delinquency and child welfare matters are concluded.

306.9 Notification Related To Student Safety

Major objectives:
Pursuant to Utah Code Ann. §53A-11a-203, a school must notify a parent or guardian when a student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

Applicable Law
Utah Code Ann. §53A-11a-203. Parental notification of certain incidents and threats required.

7782 Practice Guidelines
7783 Caseworkers will refer to Section 303.4 Educational Services when the caseworker is
7784 notified by a school or foster parent that a child they are working with has threatened to
7785 commit suicide and/or the child is involved in an incident of bullying, cyber-bullying,
7786 harassment, hazing, or retaliation.
7787

307 Court And Case Reviews

Major objectives:
Child and Family Services will seek to ensure that each child in out-of-home care has timely and effective case reviews and that the case review process:

A. Expedites permanency for children placed in out-of-home care.

B. Assures that the permanency goal, Child and Family Plan, and services are appropriate.

C. Promotes accountability of the parties involved in the treatment planning process.

D. Monitors the care for children in out-of-home care.

Applicable Law
Utah Code Ann. §78A-6-306. Shelter hearing.
Utah Code Ann. §78A-6-309. Pretrial and adjudication hearing -- Time deadlines.
Utah Code Ann. §78A-6-311. Adjudication -- Dispositional hearing -- Time deadlines.
Utah Code Ann. §78A-6-312. Dispositional hearing -- Reunification services -- Exceptions.
Utah Code Ann. §78A-6-315. Periodic review hearings.

[*See also:* CPS Major objectives Section 205.6.]

Practice Guidelines

A. Reunification timeframes and services will incorporate the requirements of the court order and be documented in the family services plan.

B. Child and Family Services Responsibilities for Case Reviews:
   1. Court Reviews: The caseworker will ensure that a court review has been scheduled. If a court review has not been scheduled, contact the Assistant Attorney General.
   2. Seek input from Child and Family Team members prior to preparation for every review.
   3. The caseworker will develop a court report, outlining the current situation, progress towards the permanency goal, and recommendations in regards to the future direction of the case. The court report will be signed by both the caseworker and supervisor and will be provided to the Assistant Attorney General 10 working days prior to the court review. It is then the responsibility of the Assistant Attorney General to review the court report and distribute it to all legal parties.

4. Keep the court updated with the names and addresses of members of the Child and Family Team who need to be in attendance.
5. Encourage members of the Child and Family Team to attend the review. If a team member cannot attend, he/she may participate by written correspondence or by telephone.
6. Child and Family Services will be responsible for ensuring that the orders from court reviews are implemented and the Child and Family Team is updated.

307.1 Voluntary Relinquishment

Major objectives:
When it is determined to not be in the child's best interest to be reunified with his/her parents, Child and Family Services will explore with the parents the option of voluntary relinquishment.

Applicable Law
Utah Code Ann. §78A-6-514. Voluntary relinquishment -- Irrevocable.

Practice Guidelines

A. Voluntary Relinquishment
1. The caseworker should provide information to the parents regarding the voluntary relinquishment process. However, the parents should be referred to their attorney for legal questions regarding the petition.
2. If the child is Native American, refer to General Major objectives and the Indian Child Welfare Act.
3. An adoption cannot take place unless both parents' rights have been terminated.
4. If one parent decides to relinquish his/her parental rights, the caseworker must notify the other parent and discuss permanency options for the child with that parent before any relinquishment can be done. If the whereabouts of the other parent is unknown, the caseworker will contact the Assistant Attorney General to arrange to publish a notification for the missing parent.
5. If the parent relinquishing her parental rights is an unmarried woman, the caseworker must contact the following agencies to attempt to locate the father of the child:
   a. Bureau of Health Statistics and Vital Records to find out if the father has registered and has claimed paternity rights;
   b. The Office of Recovery Services to find out if there is a record of a father paying child support and claiming paternity through the Office of Recovery Services;

7872 c. Federal Parent Locator Service to search for the absent parent;
7873 d. The Assistant Attorney General to consult on termination of
7874 parental rights of the missing parent.
7875
7876 B. Preparing for the court hearing for voluntary relinquishments:
7877 1. A petition must be filed with the court to initiate termination proceedings.
7878 The caseworker, Assistant Attorney General, Guardian ad Litem, or other
7879 legal counsel may assist in the preparation of the petition. The caseworker
7880 should discuss the relinquishment with the Assistant Attorney General and
7881 request that a petition be filed with the court and a hearing be scheduled
7882 in a timely manner.
7883 2. Under Utah Code Ann. §78A-6-514, voluntary relinquishments or consent
7884 for termination of parental rights will be signed or confirmed under oath
7885 before a judge of any court that has jurisdiction over proceedings for
7886 termination of parental rights.
7887 3. The court will certify that the person executing the consent or
7888 relinquishment has read and understands the consent or relinquishment
7889 and has signed it freely and voluntarily.
7890 4. A voluntary relinquishment or consent for termination of parental rights is
7891 effective when it is signed by the parent and approved by the court and
7892 may not be revoked.
7893 5. Before the court can grant a voluntary relinquishment of parental rights,
7894 the court must find that the termination is in the best interest of the child.
7895
7896 C. Child and Family Services will ensure that the rights of the father to a child born
7897 outside of marriage are considered prior to the relinquishment of all parental
7898 rights.
7899 1. A person who is the father or claims to be the father of a child born outside
7900 of marriage must file a notice of his claim of paternity and of his willingness
7901 and intent to support the child with the state registrar of vital statistics at
7902 the Department of Health. This notice must be filed prior to the time the
7903 child is relinquished to a licensed child placing agency or prior to the filing
7904 of a petition by a person with whom the mother has placed the child for
7905 adoption.
7906 2. Any putative father who fails to file his notice of paternity is barred from
7907 thereafter bringing or maintaining any action to assert any interest in the
7908 child unless he proves by clear and convincing evidence that: it was not
7909 possible for him to file a notice of paternity within the period of time
7910 specified above, his failure to file a notice was through no fault of his own,
7911 and he filed a notice of paternity within 10 days after it became possible
7912 for him to file a notice.

3. Except as provided above, failure to file a timely notice of paternity will be deemed to be a waiver and surrender of any right to notice of any hearing in any judicial proceeding for adoption of the child and the consent of that person to the adoption of the child is not required.
4. If there is no showing that a putative father has consented to or waived his rights regarding the proposed adoption, it will be necessary to file a certificate from the Department of Health, signed by the state registrar of vital statistics, stating that a diligent search has been made of the registry of notices from putative fathers and that no filing has been found pertaining to the father of the child in question. This certificate must be filed prior to the entering of a final decree of adoption.
5. When a child is conceived or born during a marriage, termination of the parental rights of the married woman's husband must be obtained even if he is not the biological father of the child, before the child is legally available for adoption. This can be accomplished by the voluntary relinquishment of his parental rights or by court action that results in the court terminating his parental rights.
6. If the putative father cannot be located, the caseworker will contact the Assistant Attorney General and discuss further attempts to locate the father, which can include publishing in the local newspaper.

307.2 Termination Of Parental Rights

Major objectives:
A petition for termination of parental rights will be filed when the parameters of state statute are met, when compelling reasons exist that the child may not be safely returned home, when a child is not being cared for by kin, and when reunification services have been adequately provided.

Applicable Law
Utah Code Ann. §78A-6-507. Grounds for termination of parental rights -- Findings regarding reasonable efforts.

Practice Guidelines

A. In calculating when to file a petition for the termination of parental rights, the caseworker will:
   1. Calculate the 15 out of the most recent 22-month period from the date the child was removed.
   2. Include periods of time in care if there have been multiple entrances and exits into out-of-home care.
   3. Will not include trial home visits or runaway episodes in calculating the 15 months in out-of-home care.

B. This requirement only applies once for a specific child if Child and Family Services does not file a petition because an exception to this requirement applies.

C. The caseworker will discuss termination of parental rights with the Assistant Attorney General and request a petition be filed with the court and a hearing date be set. The petition will include all necessary legal information related to the case along with the reasons for termination of parental rights, which are:

1. The child has been abandoned by the parent or parents.
2. The parent or parents have neglected or abused the child.
3. The parent or parents are unfit or incompetent.
4. The child is being cared for in an out-of-home placement under the supervision of the court and/or Child and Family Services and Child and Family Services or another responsible agency has made diligent efforts to provide appropriate services and the parent has substantially neglected, willfully refused, or has been unable or unwilling to remedy the circumstances that caused the child to be in an out-of-home placement, and there is a substantial likelihood that the parent will not be capable of exercising proper and effective parental care in the near future.
5. Failure of parental adjustment as defined in Utah Code Ann. §78A-6-502, that parent or parents are unable or unwilling within a reasonable time to substantially correct the circumstances, conduct, or conditions that led to placement of their child outside the home, notwithstanding reasonable and appropriate efforts made by Child and Family Services to return the child to that home.
6. That only token efforts have been made by the parent or parents to support or communicate with the child, prevent neglect of the child, to eliminate the risk of serious physical, mental, or emotional abuse of the child, or to avoid being an unfit parent.
7. The parent or parents have voluntarily relinquished their parental rights to the child and the court finds that relinquishment is in the child's best interest.
8. The parent or parents, after a period of trial during which the child was returned to live in his/her own home, substantially and continuously or repeatedly refused or failed to give the child proper parental care or protection.
9. The terms and conditions of safe relinquishment of a newborn child have been complied with pursuant to Utah Code Ann. §62A-4a-802, safe relinquishment of a newborn child.
10. As referenced in Utah Code Ann. §78A-6-504, any interested party including an out-of-home caregiver may file a petition of the parent-child relationship with regard to a child. The Assistant Attorney General will file

7997 a petition for termination of parental rights under this part on behalf of
7998 Child and Family Services.
7999
8000 D. In order to be appropriately prepare for the court hearing to terminate parental
8001 rights, the caseworker should:
8002 1. Determine that permanent termination of parental rights is in the child's
8003 best interest and that there is evidence on which to file the petition. The
8004 caseworker should facilitate a Child and Family Team Meeting to assist in
8005 the decision-making process and permanency planning.
8006 2. The caseworker will review the case with the Assistant Attorney General
8007 to determine if the case meets the legal grounds for termination.
8008 3. If it is determined that there are sufficient grounds under the law for
8009 terminating parental rights and it is in the child's best interest, the
8010 caseworker will request that the Assistant Attorney General prepare a
8011 petition to terminate the parental rights and file the petition with the court.
8012 4. The caseworker will assist the Assistant Attorney General's office in
8013 collecting and presenting the evidence to the juvenile court judge as
8014 defined in above.
8015 5. The caseworker will collect the names and addresses of witnesses and the
8016 allegations to which the witnesses can and will testify to. This may include
8017 therapists, out-of-home caregivers, medical providers, school personnel,
8018 etc. This information will be given to the Assistant Attorney General.
8019 Examples of needed information include: medical and/or psychological
8020 information regarding the parents and/or child, police reports,
8021 documentation of efforts and services to rehabilitate the parents and to
8022 facilitate a reunion with the child, the physical, mental, or emotional
8023 condition of the child and his or her desires regarding termination of
8024 parental rights, the effort the parents have made to adjust their
8025 circumstances, conduct, or conditions to make it in the child's best interest
8026 to return the child home, contact/visits between parents and child,
8027 emotional ties between the child and parents, the child's ties with the out-
8028 of-home care provider, etc.
8029
8030 E. Termination of parental rights may be ordered by the court only after a hearing is
8031 held specifically on the question of terminating the rights of the parents. The
8032 grounds for termination of parental rights include (*see:* Utah Code Ann. §78A-6-
8033 508):
8034 1. In determining whether a parent or parents have abandoned a child there
8035 must be evidence that:
8036 a. The parent or parents had legal custody of the child but surrendered
8037 physical custody and for a period of six months have not manifested

8038 a firm intention to resume physical custody or to make
8039 arrangements for the care of the child.
8040 b. The parent or parents failed to communicate with the child by mail,
8041 telephone, or otherwise for six months.
8042 c. The parent or parents have failed to show the normal interest of a
8043 natural parent without just cause.
8044 d. The parent or parents have abandoned an infant, as described in
8045 Utah Code Ann. §78A-6-316.
8046 2. Determining whether a parent or parents are unfit or have neglected a
8047 child, the court will consider but is not limited to the following,
8048 a. Emotional illness, mental illness, or mental deficiency of the parent
8049 that renders him/her unable to care for the immediate and
8050 continuing physical or emotional needs of the child for extended
8051 periods of time.
8052 b. Conduct toward a child of a physically, emotionally, or sexually cruel
8053 or abuse nature.
8054 c. Habitual or excessive use of intoxicating liquors, controlled
8055 substances, or dangerous drugs that render the parents unable to
8056 care for the child.
8057 d. Repeated or continuous failure to provide the child with adequate
8058 food, clothing, shelter, education, or other care necessary for
8059 his/her physical, mental, and emotional health and development by
8060 parents who are capable of providing that care. However, a parent
8061 who is legitimately practicing his/her religious beliefs does not
8062 provide specified medical treatment for child is not for that reason
8063 alone a negligent or unfit parent.
8064 e. With regard to a child who is in the custody of Child and Family
8065 Services, if the parent is incarcerated as a result of conviction of a
8066 felony and the sentence is of such length that the child will be
8067 deprived of a normal home for more than one year.
8068 f. Evidence of a conviction of a felony, if the facts of the crime are of
8069 such a nature as to indicate the unfitness of the parents to provide
8070 adequate care to the extent necessary for the child's physical,
8071 mental, or emotional health and development
8072 g. Evidence of a history of violent behavior.
8073 h. The parent intentionally, knowingly, or recklessly causes the death
8074 of another parent of the child, without legal justification. [See: Utah
8075 Code Ann. §78A-6-508.]
8076 3. If a child has been placed in the custody of Child and Family Services and
8077 the parent or parents fail to comply substantially with the terms and
8078 conditions of a plan within six months after the date the child was placed

or the plan was commenced, whichever occurs later. That failure to comply is evidence of failure of parental adjustment.

4. The following circumstances constitute evidence of unfitness:
   a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due to known or substantiated abuse or neglect by the parent or parents.
   b. Conviction of a crime, if the facts surrounding the crime are of such a nature as to indicate the unfitness of the parent to provide adequate care to the extent necessary for the child's physical, emotional, mental, health, and development.
   c. A single incident of life threatening or gravely disabling injury to or disfigurement of the child.
   d. The parent has committed, aided, abetted, attempted, conspired, or solicited to commit murder or manslaughter of a child or child abuse homicide.

F. At the conclusion of the hearing in which the court orders termination of the parent/child relationship, the court will order that a review hearing be held within 90 days following the date of termination if the child has not been placed in a permanent adoptive home. At that review hearing, Child and Family Services or the individual vested with custody of the child will report to the court regarding the plan for permanent placement for the child. The Guardian ad Litem will also submit to the court a written report with recommendations, based on an independent investigation, for disposition meeting the best interest of the child. The court may order Child and Family Services or individual vested with custody of the child to report, at appropriate intervals, on the status of the child until the plan for a permanent placement of the child has been accomplished. [*See:* Utah Code Ann. §78A-6-512.]

307.2a Exceptions And Compelling Reasons Not To Terminate Parental Rights

Major objectives:
When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child and Family Team will determine whether or not it is in the child's best interest for parental rights to be terminated. If it is not in the best interest of the child, the team will determine the exception or "compelling reason" that makes termination of parental rights contrary to the best interests of the child. The caseworker must document in the case plan the exact nature of the circumstances that make termination of parental rights not in the child's best interest.

8119 **Applicable Law**
8120 Utah Code Ann. §78A-6-507. Grounds for termination of parental rights -- Findings
8121 regarding reasonable efforts.
8122 Utah Code Ann. §62A-4a-203.5. Mandatory petition for termination of parental rights.
8123 Utah Code Ann. §78A-6-316. Mandatory petition for termination of parental rights.
8124
8125 Practice Guidelines
8126 A. In calculating when to file a motion not to terminate parental rights, the
8127 caseworker will:
8128 1. Calculate 15 months out of the most recent 22-month period from the
8129 date the child was removed.
8130 2. Include periods of time in care if there have been multiple entrances and
8131 exits into out-of-home care.
8132 3. Not include trial home visits or runaway episodes in calculating the 15
8133 months in out-of-home care.
8134
8135 B. Upon calculating the 15 months out of the most recent 22 months, the
8136 caseworker will coordinate with the Child and Family Team to determine whether
8137 or not it is in the child's best interest for parental rights to be terminated. If the
8138 team determines that it is contrary to the child's best interest, the team will
8139 identify the exception or "compelling reason" to justify not terminating parental
8140 rights.
8141
8142 C. Once the Child and Family Team identifies the exception or "compelling reason,"
8143 the caseworker will discuss not terminating parental rights with the Assistant
8144 Attorney General. The Assistant Attorney General will follow through with
8145 notifying the court as well as addressing all necessary legal proceedings related to
8146 the case.
8147
8148 D. According to §62A-4a-203.5 and §78A-6-316, Child and Family Services is not
8149 required to file a petition for termination of parental rights if:
8150 1. The child is being cared for by a relative.
8151 2. The court has previously determined that Child and Family Services has not
8152 provided, within the time period specified in the Child and Family Plan,
8153 services that had been determined to be necessary for the safe return
8154 home of the child.
8155 3. Documented in the Child and Family Plan is a "compelling reason" for
8156 determining that filing a motion for termination of parental rights is not in
8157 the child's best interest; and the Child and Family Plan is made available for
8158 the court to review. The "compelling reason" may be one of the following,
8159 but is not limited to:
8160 Adoption is not the appropriate permanency goal for the child,

Child is 12 or older and objects to being adopted,

a. An older adolescent who has requested staying in the system and participating in the Transition to Adult Living Services Program.
b. The child has severe emotional or behavioral problems or a serious medical condition, and reunification remains an appropriate goal.
c. The parent is terminally ill, does not want parental rights terminated, and has designated the child's present caregiver, with the caregiver's agreement, as the child's permanent caregiver.
d. The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11, which is a child who is not yet 18 years of age who entered the United States unaccompanied by and not destined to a parent or a close adult relative who is willing and able to care for the child or an adult with a clear and court-verifiable claim to custody of the child and who has no parents in the United States.
e. Insufficient grounds exist for termination of parental rights.
f. There are international legal obligations or compelling foreign policy reasons that would preclude termination of parental rights, such as the foreign country in which the parents are citizens does not support termination of parental rights.
g. If the child is an Indian child under the Indian Child Welfare Act (ICWA), and the child's tribe is opposed to adoption and has another permanency plan for the child (in accordance with ICWA).
h. Other compelling reasons documented for determining that filing for termination of parental rights is not in the child's best interest.

E. Since the child is not able to safely return home and adoption is not a permanency option at this time due to the fact that parental rights are not being terminated, the Child and Family Team will determine the next best permanency and concurrent plan for the child, such as guardianship with a relative, guardianship with a non-relative, or individualized permanency. Even though parental rights have not been terminated, continue to explore and support positive connections for the child that will endure, and continue to keep them connected to their past, present, and future.

F. In order to appropriately prepare for the court hearing to not terminate parental rights, the caseworker should:

1. Determine that terminating parental rights is not in the child's best interest and that there is evidence on which to file the motion.
2. Facilitate a Child and Family Team Meeting to assist in the decision-making process and permanency planning.

3. Review the case with the Assistant Attorney General to determine if the case meets the legal grounds to not terminate parental rights. The caseworker will also inform the Assistant Attorney General of the child's permanency and concurrent plan. If it is determined that there are sufficient grounds under the law for not terminating parental rights and it is in the child's best interest, the caseworker will request that the Assistant Attorney General prepare a motion and file it with the court to not terminate parental rights as well as to change the child's permanency and concurrent plan.
4. Assist the Assistant Attorney General in collecting and presenting the evidence to the juvenile court judge as defined in above.

G. After the court has ordered that termination of parental rights is not in the child's best interest, the caseworker must document in the Child and Family Plan the exception or "compelling reason" as well as the exact nature of the circumstances that make termination of parental rights not in the child's best interest

H. Once the court has approved the child's new permanency and concurrent plan, the caseworker will update the Child and Family Plan in SAFE to reflect the new goals and permanency planning.

307.3 Appeal For Termination Of Parental Rights

Major objectives:
Child and Family Services will not give approval to finalize an adoption until the period to appeal the termination of parental rights has expired.

Applicable Law
Parents have 15 days from the date of final judgment and order to file an appeal to the termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)

Practice Guidelines
A. During the appeal period, the child may be placed in a foster/adoptive placement and remain in that placement.

B. The appeal process can take over one year. Parents do not retain residual parental rights while the case is on appeal unless the juvenile court stays the decision terminating parental rights.

C. Child and Family Services, through the Assistant Attorney General or the Guardian ad Litem, has the authority to petition the juvenile court to restrict

parents' residual rights during the time the termination decision is being appealed. The residual rights includes visitation.

307.4 Request For A New Hearing

Major objectives:
A caseworker or some other person may request a new hearing as specified in Utah Code Ann. §78A-6-1108.

Applicable Law
Utah Code Ann. §78A-6-1108. New hearings authorized -- Grounds and procedure.

Practice Guidelines

A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter, or any adult affected by a decree in a child's proceeding under this chapter may at any time petition the court for a new hearing on the grounds that new evidence that was not known and could not, with due diligence, have been made available at the original hearing and which might affect the decree, has been discovered.

B. This request will be made by a Child and Family Services caseworker only after consultation with an Assistant Attorney General.

307.5 Petition To Restore Parental Rights

Major objectives:

A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of Child and Family Services or the Department of Human Services by court order for whom restoration of parental rights is a viable option.

B. To create or recreate an enduring and self-sustaining relationship for the child with their biological family, when safe and appropriate.

C. To normalize and stabilize family life for the child.

D. To transfer legal responsibility for the child from Child and Family Services to the child's former parent(s) when it is safe and in the best interests of the child.

E. To provide for a thorough assessment of the viability of restoration of parental rights.

Applicable Law

Utah Code Ann. §78A-6-1403. Petition to restore parental rights – Duties of the division.

Guiding Principles

A parent may have their parental rights restored in one of two ways: Either by the child who is 12 years of age or older, or an authorized representative acting on behalf of a child of any age; or by the request of the former parent.

A. A child's need for a normal family life in a permanent home, and for positive, nurturing family relationships is usually best met by the child's natural parents.

B. If, 24 months after termination of parental rights, a child is still in out-of--home care and there is no prospective adoptive placement; or, if an adoption fails and the child returns to out-of-home care, the child or a representative for the child may file for restoration of parental rights.

Practice Guidelines

A. Utah statute states that a child who is 12 years of age or older, or an authorized representative acting on behalf of a child of any age, may file a petition to restore parental rights if:
   [~~1. The child is 12 years of age or older; and~~]
   [~~2~~]1. Twenty-four months have passed since the court ordered termination of the parent-child legal relationship; and
   [~~3~~]2. The child has not been adopted and is not in an adoptive placement, or is unlikely to be adopted before the child is 18 years of age.
   3. The child was previously adopted following a termination of a parent-child legal relationship, but the adoption failed and the child was returned to the custody of Child and Family Services.

B. When any child in the custody of Child and Family Services fits the criteria above, the caseworker will notify and inform the child that they are eligible to petition the court for restoration of parental rights.
   1. The caseworker will work with the Child and Family Team to decide how and when to discuss the option of restoring parental rights with the child. If the parent's whereabouts are known and the parent can be located, the parent will be invited to participate in the discussion with the Child and Family Team.
   2. The Child and Family Team will assess the following:
      a. Can the former parent be located through the kinship locator process?

8324 b. What significant changes have occurred in the former parent's
8325 circumstances and/or behavior since the termination of parental
8326 rights?
8327 c. What is the willingness of the former parent to resume contact with
8328 the child and have parental rights restored?
8329 d. What is the former parent's ability to be involved in the life of the
8330 child and accept physical custody of and responsibility for the child?
8331 e. What are the child's feelings and thoughts about restoration of
8332 parental rights?
8333 f. Any other information the caseworker or Child and Family Team
8334 considers appropriate and determinative, such as the extended
8335 family support for the former parent and the extent to which the
8336 former parent has rehabilitated from the behavior that resulted in
8337 the termination of parental rights.
8338
8339 C. A former parent who remedies the circumstances that resulted in the termination
8340 of the former parent's rights and who is capable of exercising proper and effective
8341 parental care will notify the region director or designee. The region director or
8342 designee will staff the case with the current caseworker to determine if the
8343 current caseworker should be the person to assess whether or not the parent has
8344 met the criteria for the restoration of parental rights. Once the decision has been
8345 made regarding who will complete the assessment, the caseworker will assess the
8346 following information:
8347 1. Twenty-four months have passed since the court-ordered termination of
8348 the parent-child legal relationship.
8349 2. The child has not been adopted and is not in an adoptive placement, or is
8350 unlikely to be adopted before the child is 18 years of age.
8351 3. The child was previously adopted following a termination of a parent-child
8352 legal relationship, but the adoption failed and the child was returned to the
8353 custody of Child and Family Services.
8354
8355 If the above criteria have been met, the caseworker will open an IHS case and
8356 asses the following information:
8357 1. What significant changes have occurred in the former parent's
8358 circumstances and/or behavior since the termination of parental rights?
8359 2. What is the willingness of the former parent to resume contact with the
8360 child and have parental rights restored?
8361 3. Does the former parent have the ability to be involved in the life of the
8362 child and accept physical custody of and responsibility for the child?
8363 4. What are the child's feelings and thoughts about restoration of parental
8364 rights?

5. Any other information the caseworker or Child and Family Team considers appropriate and determinative, such as the extended family support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

After the assessment, the caseworker will staff the case with the region director or designee, as well as the Child and Family Team, to determine if filing for a petition for a restoration of parental rights is in the best interest of the child. Once that determination is made, a full home study will be completed on the parent who desires to have their parental rights restored. Once the home study is completed, the caseworker will consult with the Assistant Attorney General (AAG) to file the petition for the restoration of parental rights.

[~~C. The Child and Family Team will assess the following:~~
~~1. Is the location of the former parent known?~~
~~2. Have significant changes occurred in the former parent's circumstances and/or behavior since the termination of parental rights?~~
~~3. How willing is the former parent to resume contact with the child and have parental rights restored?~~
~~4. Does the former parent have the ability to be involved in the life of the child and accept physical custody of and responsibility for the child?~~
~~5. Is there other information that should be considered before or as plans are being made to restore parental rights?~~
~~6. What are the child's feelings and thoughts about restoration of parental rights?~~

~~D. If the child has a sibling or siblings who are younger than 12 years of age, the petition for restoration of parental rights may include the younger sibling(s).~~]

[~~E~~]D. After Child and Family Services receives or is served with a petition to restore parental rights, filed by a child or an authorized representative, or when the Child and Family Team have determined that filing a petition for the restoration of parental rights is in the best interest of the child, the caseworker will consult with the AAG to file the petition.

[~~F~~]E. [~~After the petition is filed in the juvenile court that previously terminated the parent-child relationship, it will be served on Child and Family Services. Upon receipt of a petition to restore parental rights the caseworker will:~~]After Child and Family Services receives or is served with a petition to restore parental rights, filed by a child or an authorized representative, the caseworker will:

8405 1. Contact the Assistant Attorney General (AAG) assigned to the case to
8406 notify them that Child and Family Services has received a petition to
8407 restore parental rights.
8408 [~~1~~]2. Use existing processes to locate the former parent if the former parent's
8409 whereabouts are not known. This will include web searches, social media,
8410 former contact information, and asking other known family members for
8411 the contact information of the parent. The effort to locate the parent must
8412 constitute a diligent effort.
8413 [~~2~~]3. If the former parent is found, notify the former parent of the legal effects
8414 of restoration of parental rights and the time and date of the hearing on
8415 the petition.
8416
8417 [~~G~~]F. The court will set a hearing on the petition at least 30 days but no more than 60
8418 days after the day on which the petition was filed with the court.
8419 1. Before the hearing, the caseworker [~~will complete the written report~~]may
8420 submit a confidential report to the court containing the following
8421 information:
8422 a. Material changes in circumstances since the termination of parental
8423 rights;
8424 b. Summary of the reasons why parental rights were terminated;
8425 c. The date on which parental rights were terminated;
8426 d. The willingness of the former parent to resume contact with the
8427 child and have parental rights restored;
8428 e. The ability of the former parent to be involved in the life of the child
8429 and accept physical custody of, and responsibility for, the child; and
8430 f. Any other information the caseworker or Child and Family Team
8431 considers appropriate and determinative such as the extended
8432 family support for the former parent and the extent to which the
8433 former parent has rehabilitated from the behavior that resulted in
8434 the termination of parental rights.
8435
8436 [~~H~~]G. The hearing for the restoration of parental rights may have one or more of the
8437 following results:
8438 1. Continue status quo.
8439 a. The caseworker will continue to search for other permanency
8440 options for the child.
8441 2. Allow contact between the former parent and the child and describe
8442 conditions under which contact may take place.
8443 a. The caseworker will facilitate the contact pursuant to the court
8444 order and monitor the effect of contact between the child and the
8445 former parent. The caseworker, in consultation with the Child and
8446 Family Team, will provide a report to the court with

8447 recommendations as to whether the contact should continue and
8448 increase in frequency and duration, or whether the contact should
8449 discontinue.
8450 3. Order that the child be placed with the former parent in a temporary
8451 custody and guardianship relationship to be reevaluated six months from
8452 the day on which the child is placed.
8453 a. The caseworker will open a PSS case and provide services to the
8454 family to assist in achieving permanency and will provide court
8455 reports evaluating the family's progress.
8456 4. Restore parental rights to the parent.
8457 a. The caseworker will close the out-of-home care case.
8458

308 Transitions From Child and Family Services Custody

Major objectives:
The Child and Family Team will determine what plan for transition is in the child's best interest. The transition from Child and Family Services custody will seek to ensure that:

A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.

B. The child and his/her caregivers will have access to services and resources that will sustain permanency.

C. The child has connections to their past, present, and future.

308.01 Temporary Medicaid Eligibility For Children Living In A Home Where A Foster Child Is Returning To Live

Major objectives:

A. When a foster child is leaving foster care to the home of a parent, relative or guardian and other children reside in the home, the caseworker will notify the parent or guardian of the opportunity to apply for presumptive (temporary) Medicaid or CHIP for the other children and will provide required application materials.

B. The parent or guardian may apply for temporary Medicaid or CHIP coverage if children in their home do not have health care coverage through private insurance or are not already covered under Medicaid or CHIP.

C. Presumptive Eligibility (PE) allows low income children to receive immediate, temporary medical assistance using simplified criteria while the Department of Workforce Services (DWS) determines their eligibility for ongoing Medicaid or CHIP.

Practice Guidelines

A. As part of the transition planning process when a child is leaving foster care, the Child and Family Services caseworker will notify the family with whom the foster child is going to reside of the opportunity to apply for Presumptive (temporary) Medicaid/CHIP for other children residing in the home who do not have health insurance coverage through private insurance, Medicaid, or CHIP.
   1. The caseworker or senior assistant caseworker will provide the family with application materials that include:
      a. DCFS Cover Letter,

8501 b. Presumptive Medicaid Application (61MED-PE), and
8502 c. Return envelope addressed to the eligibility worker for the foster
8503 child.
8504 2. The application materials will be provided to the family prior to the foster
8505 child's placement in the home for a trial home placement or when state
8506 custody ends, whichever occurs first.
8507 a. Ideally, the application materials would be provided to the family at
8508 the time of a Child and Family Team Meeting during which planning
8509 for transition home is being discussed.
8510 b. The application materials may also be provided during a home visit
8511 or by mail.
8512 3. If the home the foster child is returning to has more than one family unit
8513 living in the home (e.g., two unmarried adults with children that are not
8514 related to both adults), application materials should be provided for each
8515 family unit residing in the home in order for presumptive eligibility to be
8516 considered for every child living in the home.
8517 4. Families are not required to accept the application or to apply for
8518 presumptive eligibility.
8519 5. Actions will be documented in the foster child's activity log.
8520 a. The caseworker (or senior assistant caseworker, if applicable) will
8521 enter an activity log in SAFE when the application is given to the
8522 family, specifying the following policy attachment: "Transition Home
8523 – Temp Medicaid application given to family."
8524 b. If the application is offered and not accepted, the caseworker (or
8525 senior assistant caseworker, if applicable) will document this in an
8526 activity log.
8527
8528 B. The family may return the completed application to Child and Family Services in
8529 the envelope provided or may return it in person to the local Child and Family
8530 Services office.
8531 1. The completed application will be forwarded to the eligibility worker within
8532 one business day.
8533 2. If the eligibility worker is not located in the local office, the application may
8534 be scanned and emailed to the eligibility worker or sent by mail to the
8535 eligibility worker.
8536
8537 C. Once the application has been given to the Child and Family Services eligibility
8538 worker, all questions regarding Medicaid or CHIP eligibility should be referred to
8539 DWS helpline at 1-866-435-7414.
8540

308.1 Trial Home Placement And Return Of The Child Home

Major objectives:
When a child and family's safety needs have been met in that the original reasons and risks have been reduced or eliminated, the child can return home.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Facilitate a Child and Family Team Meeting to review the Child and Family Plan to ensure that the child and family's safety needs have been successfully met in that the original placement reasons and risks have been reduced or eliminated in order for the child to be safely returned home.

B. Consider the recommendations of the Child and Family Team. The objection of any one person should not automatically prevent the child from being returned home.

C. Complete a risk assessment to help determine if the child can be safely returned home. A risk assessment is required only if the child is being returned to the same home removed from.

D. Update the functional assessment.

E. Give consideration to the child's feelings and desires.

F. Contact the Assistant Attorney General and determine whether a review hearing is needed prior to the child's return home. If a review hearing is needed, request that the Assistant Attorney General contact the juvenile court for a date. If a review hearing is not needed, request the Assistant Attorney General to notify the juvenile in accordance with the original court order that the child is returning home.

G. Based on the determinations of the court, facilitate a Child and Family Team Meeting to discuss the transitions, return home plan, and the recommendations prior to the child being returned home.

H. Provide reasonable notice, at least two weeks (unless otherwise ordered by the court), of the date child will be returning home to all pertinent parties such as child, parents, Guardian ad Litem, foster care provider, school staff, and therapists

8582 so all parties can be adequately prepared for the return home. Also inform the
8583 Department of Workforce Services and the Office of Recovery Services.
8584
8585 I. Notify the regional eligibility caseworker of the plan to return the child home at
8586 least two weeks prior to the return home. Provide the eligibility caseworker with
8587 information from the parents required to determine if the child can continue
8588 Medicaid coverage after the return home and in time for case transfer to BES or
8589 DWS.
8590
8591 J. Prior to and when the child is returned home, the Child and Family Services
8592 caseworker will provide services directed at assisting the child and family with the
8593 transition back into the home. During this time, the caseworker should contact
8594 school personnel, therapists, day care providers, etc. who have knowledge and/or
8595 contact with the child to ensure no further abuse or neglect is occurring.
8596 1. If it is determined that the child and family require more intensive services
8597 to ensure successful reunification, intensive family reunification services
8598 (PFR) may be utilized.
8599 2. Once the child is returned home and it is determined that the child and
8600 family is still in need of services and supervision, in-home services will be
8601 provided based on the needs of the family. The services may be either by
8602 court order (PSS) or on a voluntary basis (PSC). The caseworker will either
8603 provide these services him/herself or refer the family to the in-home
8604 program to arrange for follow-up services.
8605 3. Refer to In-Home Services Major objectives, Section 102.
8606
8607 K. A child may be returned home for a trial home visit for up to 90 days. Within 90
8608 days of the child's return home and if the child is safe in the home, the
8609 caseworker will file a motion with the juvenile court to terminate the agency's
8610 legal custody of the child.
8611

308.2 Guardianship And Legal Custody With A Relative And Non-Relative

(This section was previously numbered 301.15.)

Guiding principles:

A. Protection and safety of a child are always the first priorities. Services are provided in the context of the practice model, Child and Family Team, and are child centered and family focused.

B. Child and Family Services seeks this permanency option only if other permanency goals, including a return to the parents or adoption, are determined not to be in the child's best interest.

C. Child and Family Services supports permanency for children and recognizes that sometimes neither family reunification nor termination of parental rights and adoption best serve the permanency needs of the child.

Major objectives:

A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of Child and Family Services or the Department of Human Services by court order and for whom return home or adoption is not appropriate, and discontinuation of agency custody is in the child's best interest.

B. To create an enduring and self-sustaining relationship for the child.

C. To normalize and stabilize family life for the child.

D. To transfer legal responsibility for the child from the State to a licensed resource parent who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed resource parent, empowering the caregiver in assuming the complete parenting role and in making important decisions on the child's behalf.

E. To minimize the level of involvement with Child and Family Services for the child and caregiver.

Applicable Law

A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement with a fit and willing relative among appropriate permanency options for foster children who are unable to be reunified with their families.

8653 B. Utah Code Ann. §78A-6-105 defines guardianship and legal custody and
8654 associated authority and responsibility.
8655
8656 C. Utah Code Ann. §62A-4a-105 authorizes Child and Family Services to make
8657 expenditures necessary for the care and protection of children who are abused,
8658 neglected, dependent, runaway, or ungovernable.
8659
8660 Practice Guidelines
8661 A. Guardianship and Legal Custody.
8662 1. Guardianship is the transfer of legal responsibility for a minor child from
8663 the State to a licensed resource parent who is a non-relative caregiver or
8664 to a relative caregiver who may or may not be a licensed resource parent.
8665 2. Guardianship involves the legal assumption of authority for another
8666 individual to consent to marriage, to enlist in the armed forces, and to
8667 consent and authorize major medical, surgical, or psychiatric treatment;
8668 and to legal custody, if legal custody is not vested in another person,
8669 agency, or institution [Utah Code Ann. §78A-6-105].
8670 3. Legal custody means a relationship embodying the following rights and
8671 duties:
8672 a. The right to physical custody of the minor;
8673 b. The right and duty to protect, train, and discipline the minor;
8674 c. The duty to provide the minor with food, clothing, shelter,
8675 education, and ordinary medical care;
8676 d. The right to determine where and with whom the minor will live;
8677 and
8678 e. The right, in an emergency, to authorize surgery or other
8679 extraordinary care [Utah Code Ann. §78A-6-105].
8680 4. The guardian is responsible for ensuring that parents have an opportunity
8681 to visit their children in accordance with the court order.
8682
8683 B. Residual Rights of Natural Parents. The residual rights of the natural parents
8684 remain in effect unless restricted by the court when guardianship and legal
8685 custody is granted to a licensed resource parent who is a non-relative caregiver or
8686 to a relative caregiver who may or may not be a licensed resource parent.
8687 Residual parental rights include:
8688 1. Responsibility for support.
8689 2. The right to consent to adoption.
8690 3. The right to determine the child's religious affiliation.
8691 4. The right to reasonable visitation.
8692
8693 C. Guardianship and Legal Custody as a Permanency Option.
8694 1. There are two types of guardianship permanency goals:

8695 a. Guardianship with a Non-Relative;
8696 b. Guardianship with a Relative.
8697 2. These permanency options may be selected as concurrent permanency
8698 goals or primary permanency goals. [*See:* Section 301.2, Identifying
8699 Permanency Goals And Concurrent Planning.]
8700 3. If it is determined by the Child and Family Team that it is in the child's best
8701 interest to remain in the legal custody of Child and Family Services but
8702 have guardianship rights granted to a licensed resource parent who is a
8703 non-relative caregiver or to a relative caregiver who may or may not be a
8704 licensed resource parent, this is NOT considered a Guardianship with a
8705 Non-Relative or Guardianship with a Relative permanency goal. This is
8706 considered an Individualized Permanency goal.
8707
8708 D. Guardianship Qualifying Factors.
8709 1. General Qualifying Factors.
8710 General qualifying factors apply for both relative and non-relative
8711 guardianship.
8712 a. The child cannot safely return home. This requirement is met if the
8713 court determines that reunification with the child's parents is not
8714 possible or appropriate and the Child and Family Team and regional
8715 screening committee agree that adoption is not an appropriate plan
8716 for the child.
8717 b. The parent and child have a significant bond but the parent is
8718 unable to provide ongoing care for the child (such as but not limited
8719 to an emotional, mental or physical disability) and the child's current
8720 caregiver has committed to raising the child to the age of majority
8721 and to facilitate visitation with the parent.
8722 c. The prospective guardian must:
8723 (1) Be able to maintain a stable relationship with the child.
8724 (2) Have a strong commitment to providing a safe and stable
8725 home for the child on a long-term basis.
8726 (3) Have a means of financial support and connections to
8727 community resources.
8728 (4) Be able to care for the child without Division supervision.
8729 (a) The child has no ongoing care or financial needs,
8730 beyond basic maintenance and does not require the
8731 services of a case manager.
8732 (b) There are compelling reasons why the child cannot be
8733 adopted such as when the child's tribe has exclusive
8734 jurisdiction or the tribe has chosen to intervene in the
8735 adoption proceedings. Under ICWA, a tribe has the
8736 right to determine the child's permanency, for this

8737 reason the tribe has the authority to approve
8738 guardianship with the current caregiver.
8739 2. Non-Relative Qualifying Factors. In addition to general qualifying factors,
8740 the following apply to non-relative guardianship.
8741 a. The child is in Child and Family Services' legal custody and has been
8742 in custody for at least 12 consecutive months. If this is a sibling
8743 group, at least one child must have been in custody for twelve
8744 consecutive months.
8745 b. The prospective guardian is a licensed resource parent.
8746 c. The child has lived for at least six months in the home of the
8747 prospective guardian. The region director or designee may waive
8748 the six-month placement requirement for sibling groups if at least
8749 one sibling has been in the home for six months and meets all other
8750 eligibility criteria.
8751 d. A Child and Family Team has formally assessed the placement and
8752 found that continuation with the caregiver is in the child's best
8753 interest and supports the safety, permanency, and well-being of the
8754 child.
8755 e. Child and Family Services has no concerns with the care the child
8756 has received in the home.
8757 f. The child has a stable and positive relationship with the prospective
8758 guardian.
8759 g. The child has reached the age of 12. The region director or designee
8760 may waive the age requirement for members of a sibling group
8761 placed with a non-relative if at least one sibling is 12 years of age or
8762 older and meets all other guardianship criteria and adoption is not
8763 the best permanency option for the younger children.
8764 3. Relative Qualifying Factors. In addition to general qualifying factors, the
8765 following apply for relative guardianship:
8766 a. The child's prospective guardian is a relative who meets the
8767 relationship requirements of the Department of Workforce Services
8768 Policy 223 Household Composition -Specified Relative Program,
8769 effective June 1, 2005, which currently includes:
8770 (1) Grandfather or grandmother;
8771 (2) Brother or sister;
8772 (3) Uncle or aunt;
8773 (4) First cousin;
8774 (5) First cousin once removed (a first cousin's child);
8775 (6) Nephew or niece;
8776 (7) Persons of preceding generations as designated by prefixes
8777 of grand-, great-, great-great, or great-great-great;

8778 (8) Spouses of any relative mentioned above even if the
8779 marriage has been terminated;
8780 (9) Persons that meet any of the above mentioned relationships
8781 by means of a step relationship such as stepbrothers and
8782 stepsisters;
8783 (10) Brothers and sisters by legal adoption;
8784 (11) Individuals who can prove that they met one of the above
8785 mentioned relationships via a blood relationship even though
8786 the legal relationship has been terminated.
8787 b. If not licensed as a resource parent, the relative has completed
8788 kinship screening, including a home study and background checks, in
8789 accordance with kinship Practice Guidelines, Section 500.
8790 c. The child's needs may be met without continued Child and Services
8791 funding.
8792 d. In order to be considered for a guardianship subsidy, the
8793 prospective relative guardian must be a licensed resource parent
8794 and demonstrate that they cannot qualify for a Specified Relative
8795 Grant. The caseworker must be provided with a copy of a denial
8796 letter from the Department of Workforce Services or written proof
8797 that the relationship requirements do not apply (such as through
8798 relevant birth certificates).
8799 (1) Approval from the regional guardianship screening
8800 committee and regional administration is required in making
8801 this determination.
8802 (2) If a relative guardian is found to be receiving both a Specified
8803 Relative Grant and guardianship subsidy for the same child,
8804 the caseworker will notify the Department of Workforce
8805 Services and appropriate actions may be taken for
8806 repayment.
8807
8808 E. Guardianship as a Concurrent Goal. The following steps should be completed by
8809 the permanency caseworker during the selection process while choosing
8810 guardianship as a concurrent goal for a child in foster care:
8811 1. Discuss guardianship as a concurrent goal in the context of a Child and
8812 Family Team Meeting.
8813 a. Assess the child's physical, emotional, social, and educational needs
8814 and how these needs may be met if under the care of a guardian.
8815 b. Consider the appropriateness of the child maintaining a relationship
8816 with parents if reunification efforts are discontinued.
8817 c. Assess the appropriateness of adoption as a concurrent goal. If
8818 adoption is ruled out, document compelling or justifiable reasons
8819 not to terminate parental rights and pursue adoption.

8820 d. Determine if guardianship is the next best permanency goal to the
8821 primary goal.
8822 e. Identify prospective guardians who are fit and willing to be ongoing
8823 caregivers for the child, and who will support the safety,
8824 permanency, and well-being of the child. Prospective guardians can
8825 be either relatives or non-relatives. If the prospective guardian is a
8826 non-relative, the child must be currently placed in their home or be
8827 a sibling of a child placed in the home.
8828 f. Discuss with prospective guardians the long-term view for the child
8829 and ability and willingness to be an ongoing caregiver if the current
8830 primary permanency goal is discontinued.
8831 g. Provide full disclosure of requirements and responsibilities of
8832 guardianship to the prospective guardians and child's parent(s)
8833 including continuation of parental visitation and residual parental
8834 rights.
8835 h. Identify factors that must be considered for transition planning if
8836 the concurrent goal becomes the primary goal.
8837
8838 F. Guardianship as a Primary Goal. The following steps should be completed by the
8839 permanency caseworker during the selection process while choosing guardianship
8840 as a primary goal for a child in foster care:
8841 1. Discuss guardianship as a primary goal in the context of a Child and Family
8842 Team Meeting. If available, include the regional guardianship subsidy
8843 caseworker as a participant in the planning process.
8844 2. Assess the child's physical, emotional, social, and educational needs and
8845 how these needs may be met if under the care of a guardian, including
8846 specific sources of support such as:
8847 a. Availability of financial support for the child (such as Supplemental
8848 Security Income, Social Security benefits, or other benefits), as well
8849 as the prospective guardian resources, specified relative payment (if
8850 a qualifying relative), or guardianship subsidy for non-relatives;
8851 b. Ability to address health care needs through health care coverage
8852 such as the guardian's insurance or Medicaid, if the child qualifies;
8853 c. Need for ongoing services from Child and Family Services or the
8854 Department of Human Services.
8855 d. Child's citizenship and legal residency status, and if an
8856 undocumented alien, how the child's medical needs can be met
8857 without Medicaid coverage.
8858 e. Identify prospective guardians who are fit and willing to be ongoing
8859 caregivers for the child, and who will support the safety,
8860 permanency, and well-being of the child. Prospective guardians may
8861 be either relatives or non-relatives. If the prospective guardian is a

8862 non-relative, the child must be currently placed in their home or be
8863 a sibling of a child placed in the home. For relative placement,
8864 Kinship Practice Guidelines (Section 500) must be followed prior to
8865 selecting guardianship as a primary goal.
8866 f. Ensure that the identified licensed caregiver or relative meets the
8867 qualifying factors to become a guardian (see Section C,
8868 Guardianship Qualifying Factors) and that long-term placement with
8869 the caregiver or relative is in the child's best interest.
8870 g. Obtain commitment of the prospective caregiver to become
8871 guardian of the child and provide for the child's long-term needs.
8872 h. Discuss the appropriateness of the child maintaining a relationship
8873 with parents despite discontinuation of reunification efforts,
8874 including continuing visitation and residual parental rights.
8875 i. Document that adoption has been ruled out as an appropriate
8876 permanency option for the child and identify compelling or
8877 justifiable reasons not to terminate parental rights and pursue
8878 adoption.
8879 j. Discuss with the prospective guardian the long-term view for the
8880 child.
8881 k. Provide full disclosure of requirements and responsibilities of
8882 guardianship to the prospective guardian and child's parent(s).
8883 l. Arrange for an orientation to be provided to the guardian prior to
8884 the transfer of custody. The orientation will include full disclosure
8885 of the benefits and responsibilities of guardianship as well as ensure
8886 that they understand the guardianship agreement.
8887 m. Notify the regional eligibility caseworker of the pending foster care
8888 case closure and if a guardianship subsidy is planned.
8889 (1) If a subsidy is planned, obtain a Medicaid review form
8890 (61MR) from the eligibility caseworker. Have the prospective
8891 guardian complete the form 30 days prior to custody and
8892 guardianship being transferred to the guardian. Give the
8893 completed form to the eligibility caseworker.
8894 (2) If no subsidy is planned and the prospective relative guardian
8895 will be seeking a specified relative payment, refer them to the
8896 local Department of Workforce Services office to apply for
8897 the specified relative payment and Medicaid.
8898 n. Select a concurrent goal by identifying the next best permanency
8899 goal for the child. Collaborate with the Assistant Attorney General
8900 and Guardian ad Litem to request that the court change the primary
8901 goal to guardianship and update the concurrent goal in SAFE, the
8902 functional assessment and Child and Family Plan.

8903 o. Prepare a transition plan with the Child and Family Team, including
8904 parental visitation, safety planning and identification of community
8905 resources available to support the needs of the child and guardian.
8906 Ensure that the regional guardianship subsidy caseworker is invited
8907 to participate in the team planning process.
8908 p. Request that the court grant custody and guardianship to the
8909 prospective guardian, when transition planning is complete.
8910
8911 G. Full Disclosure to the Child's Parents. Full disclosure will:
8912 1. Occur prior to the court granting custody and guardianship to the
8913 prospective guardian, preferably in the context of a Child and Family Team
8914 Meeting.
8915 2. Include notification to the parents of their residual parental rights. (See
8916 Section A, Guardianship and Legal Custody.)
8917 3. Will include notification of the legal rights and responsibilities of the
8918 guardian. (See Section A, Guardianship and Legal Custody.)
8919 4. Include an explanation to parents of their responsibility to continue
8920 payment for the child's care until the child reaches age 18. The Office of
8921 Recovery Services will continue to collect these child support payments
8922 until all obligations are met.
8923 5. Notify the parents that for tax purposes, their child is considered a
8924 dependent of the guardian.
8925
8926 H. Orientation and Full Disclosure to Prospective Guardian.
8927 1. Prior to custody and guardianship being granted to the prospective
8928 guardian, the permanency caseworker must provide an orientation to fully
8929 disclose the responsibilities, benefits, and implications of becoming a
8930 child's legal guardian. Where available, a regional guardianship subsidy
8931 caseworker should be included.
8932 2. The orientation and full disclosure will occur in the context of a Child and
8933 Family Team Meeting prior to court. The following individuals must be
8934 included:
8935 a. Prospective guardian(s);
8936 b. Parents, particularly when the prospective guardian is a relative and
8937 when intra and inter-familial tensions between the birth parent and
8938 caregivers affect the child and family's well-being;
8939 c. Guardianship subsidy caseworker, where available;
8940 d. Permanency caseworker;
8941 e. Child, if age appropriate;
8942 f. Other Child and Family Team members.
8943 3. The orientation includes:

8944 a. Legal rights and responsibilities of a guardian (see Section A,
8945 Guardianship and Legal Custody);
8946 b. Residual parental rights (see Section A, Guardianship and Legal
8947 Custody);
8948 c. Expectation for continuation of guardianship until age 18;
8949 d. Financial resources (relative and non-relative);
8950 (1) Guardianship subsidy for non-relatives;
8951 (2) Monthly guardianship subsidy payments may be lower than
8952 current foster care payment.
8953 (3) Specified Relative grant for relatives through the Department
8954 of Workforce Services, if eligible;
8955 (4) Impact on Supplemental Security Income or Social Security
8956 funding;
8957 e. Medicaid:
8958 (1) Qualifying criteria;
8959 (2) Application process;
8960 (3) Change in mental health coverage under Medicaid;
8961 (4) Interstate Medicaid eligibility.
8962 f. Adoption after guardianship (non-relative):
8963 (1) Loss of Federal subsidy if guardian later decides to adopt (if
8964 child would have qualified for Federal funding while in care);
8965 (2) No guarantee for adoption assistance (state funded).
8966 g. Provisions of guardianship agreements, renewals and annual re-
8967 certifications.
8968 h. Community resources to support guardianship.
8969 i. Child and Family Services support resources and contact
8970 information for follow-up and changes.
8971 j. Child support requirements and assignment of support.
8972 k. Resource parent licensure implications (i.e., the child will be
8973 considered one of the out-of-home caregiver's children after the
8974 guardianship has been granted with regard to the out-of-home
8975 caregiver taking additional foster children into the home).
8976 l. Child counts as a dependent for tax purposes (relative and non-
8977 relatives).
8978
8979 I. Court Orders. Once approved by the regional guardianship subsidy screening
8980 committee, the permanency caseworker will request an Assistant Attorney
8981 General to file a petition with the juvenile court to:
8982 1. Terminate Child and Family Services custody.
8983 2. Grant permanent custody and guardianship to the new guardian.
8984 3. Address the child's visitation with parents.
8985

8986 J. Post Guardianship Placement Social Supports and Services.
8987 1. Each region will designate a caseworker who will respond to requests for
8988 information, assistance and provide crisis intervention for guardians.
8989 2. Child and Family Services may provide voluntary home-based or youth
8990 advocate services to help maintain the guardianship placement, within
8991 available region resources designated for this purpose.
8992 3. Child and Family Services may work with the Assistant Attorney General to
8993 request a petition for court-ordered services when appropriate.
8994
8995 K. Medicaid Coverage.
8996 1. The permanency caseworker is responsible to notify the eligibility
8997 caseworker that guardianship is the child's permanency plan and the
8998 approximate date for custody to be terminated. This will help ensure that
8999 Medicaid coverage can continue without interruption for an eligible child.
9000 The permanency caseworker will also let the eligibility caseworker know if
9001 a guardianship subsidy is planned for the child.
9002 2. The eligibility caseworker will provide the permanency caseworker with a
9003 Medicaid review form (61MR) to be completed prior to termination of
9004 Child and Family Services custody.
9005 3. The permanency caseworker will work with the prospective guardian to
9006 complete the review form within 30 days prior to guardianship being
9007 granted by the court. The guardian's name and address must be specified
9008 on the form. Income and asset information of the child will be reported on
9009 the form. (Guardian income and assets are not required.)
9010 4. The permanency caseworker is responsible to provide the eligibility
9011 caseworker with the following information soon after the court has
9012 granted custody and guardianship but before the SCF case is closed in
9013 SAFE:
9014 a. Completed Medicaid review form.
9015 b. Copy of Guardianship Subsidy Agreement (if applicable).
9016 c. Copy of court order terminating DHS/DCFS custody.
9017 5. The eligibility caseworker will review the child's Medicaid eligibility and
9018 take the appropriate action based on the instruction received by the State
9019 IV-E Medicaid Eligibility Specialist.
9020
9021 L. Unearned Income and Guardianship Subsidies.
9022 1. Unearned Income and Guardianship: Unearned income sources must be
9023 considered when determining if a guardianship subsidy is appropriate for a
9024 child and in determining the amount of the subsidy. The most common
9025 types of Federal unearned income received by children in out-of-home
9026 care are Supplemental Security Income and Social Security Dependent

9027 Benefits. The Social Security Administration administers both of these
9028 income sources.
9029 2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are
9030 payable to blind or disabled children under age 18 who have limited or no
9031 income and assets/resources or who come from homes with limited or no
9032 income and assets/resources. The Social Security Administration conducts
9033 a review when an individual reaches age 18 to determine if benefits may
9034 continue into adulthood. SSI will generally continue for a child when in the
9035 care of a guardian. However, SSI income will be reduced if other income
9036 becomes available to the child, including a guardianship subsidy. A
9037 guardianship subsidy is not recommended for an SSI recipient because the
9038 subsidy will result in the reduction or loss of SSI income (which might have
9039 continued to be available when the child reaches adulthood).
9040 3. Social Security Dependents Benefits (SSDB – *may also be referred to as*
9041 *SSA*): Social Security benefits may be paid to a dependent child under age
9042 18 through the Retirement, Survivors and Disability Insurance Program
9043 based upon the work record of a child's parent. For example, a child may
9044 receive these dependent benefits as a result of a parent's disability or
9045 death. Benefits may be extended beyond age 18 for full-time students.
9046 Social Security benefits will generally continue for a child when in the care
9047 of a guardian and will not be reduced by other earnings, including a
9048 guardianship subsidy. The amount of Social Security benefits must be
9049 taken into account when determining the amount of a guardianship
9050 subsidy.
9051 4. Other Sources: Children in out-of-home care may also receive other
9052 sources of unearned income, such as Veteran's benefits, Railroad
9053 Retirement benefits, Tribal benefits, or insurance settlement funds. The
9054 caseworker should contact the benefit source prior to termination of State
9055 custody to determine the impact on receipt and amount of the benefit if
9056 the child enters into custody and guardianship of a caregiver. Any benefits
9057 that will continue in guardianship should be taken into account when
9058 determining the amount of a guardianship subsidy.
9059
9060 M. Guardianship Subsidy
9061 1. Availability/Scope/Duration:
9062 a. Guardianship subsidies are available to meet the care and
9063 maintenance needs for children in out-of-home care:
9064 (1) For whom guardianship has been determined as the most
9065 appropriate primary goal;
9066 (2) Who do not otherwise have adequate resources available for
9067 their care and maintenance;

9068 (3) Who meet the qualifying factors described in Section 3B,
9069 Non-Relative Qualifying Factors; and
9070 (4) Who cannot qualify to receive a Specified Relative grant from
9071 the Department of Workforce Services as described in
9072 Section 3C-4, Relative Qualifying Factors.
9073 b. Guardianship subsidies are available through the month in which the
9074 child reaches age 18.
9075 c. Each region may establish a limit to the number of eligible children
9076 who may receive guardianship subsidies.
9077 d. Guardianship subsidies are subject to the availability of state funds
9078 designated for this purpose.
9079 2. Regional Guardianship Subsidy Screening Committee:
9080 a. Each region will establish at least one regional guardianship subsidy
9081 screening committee. This committee may be combined with
9082 another appropriate committee such as the adoption subsidy
9083 committee or placement committee.
9084 b. The regional guardianship subsidy screening committee will be
9085 comprised of at least five members, and a minimum of three
9086 members must be present for making decisions regarding a
9087 guardianship subsidy. Decisions will be made by consensus.
9088 c. Members of the committee may include the following:
9089 (1) Chairperson;
9090 (2) Clinical consultant or casework supervisor;
9091 (3) Regional budget officer or fiscal representative;
9092 (4) Resource Family Consultant;
9093 (5) Allied agency representative from agencies such as a
9094 community mental health center, fostering healthy children
9095 nurse, or other agencies within the department;
9096 (6) Regional administrator or other staff with relevant
9097 responsibilities;
9098 (7) Adoptive or resource parent or guardian.
9099 d. The regional guardianship subsidy screening committee is
9100 responsible to:
9101 (1) Verify that a child qualifies for a guardianship subsidy;
9102 (2) Approve level of need and amount of monthly subsidy for
9103 initial requests, changes, and renewals;
9104 (3) Document committee decisions;
9105 (4) Coordinate supportive services to prevent disruptions and
9106 preserve permanency.
9107
9108 N. Determining Guardianship Subsidy Amounts.

9109 1. The regional screening committee will determine the subsidy amount by
9110 considering the special needs of the child and the circumstances of the
9111 guardian family. The caseworker presents to the committee information
9112 regarding the special needs of the child, the guardian family income and
9113 expenses, and/or the guardian family's special circumstances (Forms OH60
9114 and OH61).
9115 2. The following factors must be considered when determining the amount of
9116 the monthly subsidy to be granted: All sources of financial support for the
9117 child including Supplemental Security Income, Social Security benefits, and
9118 other benefits. (The subsidy committee may require verification of
9119 financial support.) If a child is receiving benefit income and the income can
9120 continue after guardianship is granted, this amount will be deducted from
9121 the guardianship subsidy amount. The guardianship subsidy should not
9122 replace other available income (such as Supplemental Security Income).
9123 3. The guardianship subsidy will not exceed the levels indicated below, and
9124 may be less based on the ongoing needs of the child and the needs of the
9125 guardians.
9126 a. Guardianship Level I (Basic): Guardianship Level I is for a child who
9127 may have mild to moderate medical needs or medically needy,
9128 psychological, emotional, or behavioral problems, and who requires
9129 parental supervision and care. The amount of guardianship subsidy
9130 for a child whose needs are within Level I may be any amount up to
9131 the lowest basic foster care rate.
9132 b. Guardianship Level II (Specialized): Guardianship Level II is for a
9133 child who may be physically disabled, developmentally delayed,
9134 medically needy or medically fragile, or have a serious emotional
9135 disorder (SED). The amount of the guardianship subsidy may range
9136 from the lowest basic foster care rate to the lowest specialized
9137 foster care rate.
9138 c. Children who are receiving the structured foster care rate in foster
9139 care or who are in a group or residential setting are considered for
9140 the Guardianship Level II rate.
9141 d. Guardianship subsidies may not exceed the Guardianship Level II
9142 rate.
9143 e. Guardianship subsidies are funded with state general funds within
9144 regional foster care budgets. A region has the discretion to limit the
9145 number of guardianship subsidies or reduce guardianship subsidy
9146 rates based on the availability of funds.
9147
9148 O. Changing the Amount of the Guardianship Subsidy.
9149 1. The amount of a guardianship subsidy does not automatically increase
9150 when there is a foster care rate change or as the child ages.

2. A guardian may request a guardianship subsidy review when seeking an increase in the guardianship subsidy amount, not to exceed the maximum amount allowable for the child's level of need. The guardian must complete the Request for Subsidy Increase Form to provide documentation to justify the request (Form OH66).
3. The request must be reviewed and approved by the Regional Guardianship Subsidy Screening Committee. If approved, a new guardian subsidy agreement will be completed.
4. Child and Family Services must provide written notice of agency action by certified mail at least 30 days in advance if a guardianship subsidy rate is going to be reduced.

P. Guardianship Subsidy Agreement.
1. A Guardianship Subsidy Agreement specifies the terms for financial support for the child's basic needs.
2. A guardianship subsidy caseworker will complete the Guardianship Subsidy Agreement (OH62).
3. The effective date of the initial agreement is the date of the court order granting guardianship.
4. A Guardianship Subsidy Agreement must:
   a. Be signed by the guardian and Child and Family Services prior to any payments being made.
   b. Identify the reason a subsidy is needed.
   c. List the amount of the monthly payment.
   d. Identify dates agreement is in effect.
   e. Identify responsibilities of the guardian.
   f. Identify under what circumstances the agreement may be amended or terminated and time period for agreement reviews.
   g. Include a provision for a reduction or termination in the amount of the guardianship subsidy in the event a legislative or executive branch action affects the Child and Family Services' budget or expenditure authority, making it necessary for Child and Family Services to reduce or terminate Guardianship Subsidies or if a regional office determines that reduction is necessary due to regional budget constraints.
   h. Include a provision for assignment of benefits to the Office of Recovery Services in accordance with ORS requirements.
   i. Include a provision for re-payment of any financial entitlement made by DHS/Child and Family Services to the guardian, which were incorrectly paid.

Q. Notification Regarding Changes.

9193 1. The guardian must notify Child and Family Services if:
9194 a. There is no longer a need for a guardianship subsidy.
9195 b. The guardian is no longer legally responsible for the support of the
9196 child.
9197 c. The guardian is no longer providing any financial support to the
9198 child or, is providing reduced financial support for the child.
9199 d. The child no longer resides with the guardian.
9200 e. The guardian has a change in address.
9201 f. The child has run away.
9202 g. The guardian is planning to move out-of-state.
9203
9204 R. Reviews.
9205 1. A guardianship subsidy caseworker will review each guardianship subsidy
9206 agreement annually. The family situation, child's needs, and amount of the
9207 guardianship subsidy payment may be considered.
9208 2. The guardian must complete the Guardianship Subsidy Re-certification
9209 form provided by Child and Family Services to verify that the guardian
9210 continues to support the child. If the re-certification is not received after
9211 adequate notice, the guardianship subsidy may be delayed or face possible
9212 termination.
9213 3. Renewals and Re-certifications:
9214 a. Renewals: In order for guardianship assistance payments to
9215 continue, this Agreement will be renewed at intervals of up to three
9216 years until the child's 18th birthday.
9217 b. Renewal Procedure: DHS/Child and Family Services will provide
9218 written notification to the guardians before the next renewal date
9219 and will supply the guardian with the appropriate forms.
9220 c. Amendment Prior to Next Renewal Date: The parties (DHS/Child
9221 and Family Services and the guardian) may negotiate the terms of a
9222 new agreement at any time. In order to be effective, all new
9223 agreements will be in writing, on a form approved by DHS/Child and
9224 Family Services, and signed by the parties. Oral modifications or
9225 agreements will bind neither DHS/Child and Family Services nor the
9226 guardian.
9227 d. Re-certification: In order for guardianship assistance payments to
9228 continue, the guardian must re-certify annually by completing and
9229 submitting the Annual Guardianship Subsidy Re-certification form to
9230 DHS/Child and Family Services.
9231
9232 S. Appeals/Fair Hearings.
9233 1. The guardian may appeal a DHS/Child and Family Services decision to
9234 deny, reduce, or terminate a child's guardianship subsidy awarded through

9235 the guardianship subsidy agreement by filing a written request for an
9236 Administrative Hearing with the DHS Office of Administrative Hearings
9237 (OAH). The hearing request must be filed within 10 working days of
9238 receiving the DHS/Child and Family Services decision in writing. For
9239 further instructions regarding Administrative Hearings, contact OAH. [*See*
9240 Utah Administrative Rule 497-100, Adjudicative Proceedings.)
9241 2. Child and Family Services will send by certified mail a written Notice of
9242 Agency Action when a decision is made to deny, reduce, or terminate a
9243 guardianship subsidy. The notice will also include information about how
9244 to request a fair hearing
9245 3. A fair hearings officer from OAH may overturn a Child and Family Services
9246 decision to deny, reduce, or terminate a child's guardianship subsidy when
9247 the following apply:
9248 a. Child and Family Services incorrectly determined that the qualifying
9249 factors were not met;
9250 b. Child and Family Services incorrectly determined the appropriate
9251 guardianship subsidy level for the child;
9252 c. Child and Family Services terminated the subsidy without an
9253 applicable termination reason existing.
9254
9255 T. Termination.
9256 1. A guardianship subsidy agreement will be terminated if any of the
9257 following circumstances occur:
9258 a. The terms of the agreement are concluded.
9259 b. The guardian requests termination.
9260 c. The child reaches age 18.
9261 d. The child dies.
9262 e. The guardian parent dies (in a two-parent family if both guardian
9263 parents die).
9264 f. The guardian parent's legal responsibility for the child ceases.
9265 g. DHS/Child and Family Services determines that the child is no
9266 longer receiving financial support from the guardian parent.
9267 h. The child marries.
9268 i. The child enters the military.
9269 j. The child is adopted.
9270 k. The child is placed in foster care.
9271 l. DHS/Child and Family Services determines that funding restrictions
9272 prevent continuation of subsidies for all guardians.
9273 2. A guardianship subsidy payment may be terminated or suspended, as
9274 appropriate, if any of the following occur. The decision to terminate or
9275 suspend must be made by the regional guardianship subsidy screening
9276 committee.

9277 a. The child is incarcerated for more than 30 days.
9278 b. The child is out of the home for more than a 30-day period or is no
9279 longer living in the home.
9280 c. The guardian fails to return the annual certification or to complete
9281 the renewed guardianship subsidy agreement within five working
9282 days of the renewal date.
9283 d. There is a supported finding of child abuse or neglect against the
9284 guardian.
9285
9286 U. Closure of the Foster Care (SCF) Case When Termination is for Guardianship
9287 Without a Guardianship Subsidy. The caseworker will close the SCF case
9288 following normal SAFE procedures using the closure wizard.
9289
9290 V. Foster Care Case Record Transition and Process for Guardianship (With
9291 Guardianship Subsidy Case).
9292 1. Guardianship Subsidy Screening Committee
9293 1. Schedule Guardianship Subsidy Screening Committee
9294 b. Complete Form OH60—Guardianship Subsidy Program Application
9295 c. Prepare Form OH61—Guardianship Subsidy Screening/Approval
9296 Form
9297 d. Attend Guardianship Subsidy Screening Committee
9298 e. Complete form OH61—Guardianship Subsidy Screening/ Approval
9299 Form
9300 2. Attend Court Hearing granting custody to Foster Parents
9301 a. Enter an Activity Record in SAFE detailing the outcome of the
9302 hearing;
9303 b. Navigate to the child's current placement record (Placement
9304 Window); select the Permanency Tab and enter the Guardianship
9305 Date.
9306 3. Open GAM Case in SAFE.
9307 a. Create GAM Case through the Case Creation module (Utilize the
9308 SCF case number as the prior case id). Designate a caseworker or
9309 technician to track the case, make the monthly payments to the
9310 guardian, and keep the information updated on the case.
9311 b. Complete the GAM Setup Wizard by navigating to the General Tab
9312 of the Case Window, and selecting the Case Setup Wizard button.
9313 c. Create the Guardianship Agreement Form—Form OH62, in the
9314 GAM case.
9315 d. Mail/Deliver agreement for signatures.
9316 4. Close Foster Care Case (SCF).
9317 a. Navigate to the General Tab of the SCF Case Window; Select the
9318 Case Closure Wizard button.

9319 b. Enter Closure Reason = Custody/Guardianship to Foster Parent,
9320 c. Enter Case End Date = [Date Custody granted to Foster Parent]
9321 d. Complete Closure Wizard.
9322 5. Create Provider Record/Provider Approval in USSDS.
9323 a. Most providers will already be opened as a licensed provider in
9324 USSDS. If they are not, the following steps must be done:
9325 b. Fax a "Request for 9-character Provider Record Creation" to BCM
9326 along with a copy of the provider's social security card.
9327 c. Once BCM creates the provider record in USSDS, they will notify
9328 office to create provider approvals.
9329 d. USSDS Provider tech will need to go to PR07 and open the provider
9330 approval. Form OH62, attachment A will have the start/end dates
9331 along with the rate that the provider needs to be open. If there is
9332 more than one child, with more than one rate, open the approval for
9333 the highest rate.
9334 e. The provider information will download nightly into SAFE. PSA's
9335 can be open in the GAM case the following day.
9336 6. Create Purchase Service Authorization in SAFE.
9337 a. Navigate to the Purchase Service Authorization Window in SAFE
9338 (GAM case context).
9339 b. Enter the following information:
9340 (1) Provider ID;
9341 (2) Start Date;
9342 (3) Service = GAR;
9343 (4) Kind=Month;
9344 (5) Units = 1;
9345 (6) Rate = [amount determined in agreement]
9346 7. Payment Process
9347 a. Once the provider approval has been open in USSDS and the PSA
9348 open in SAFE, the direct checks for the GAR payment will start the
9349 following month.
9350 b. A handwritten 520 will need to be filled out for the first month, if
9351 the start date was after the 1st. The rate for the first month will
9352 need to be pro-rated (i.e., if the foster care payment ends on the
9353 20th, the GAR payment will start the 21st).
9354 c. Take the provider monthly approval rate and divide by number of
9355 days in that particular month. Then times this rate by the number of
9356 days that need to be paid for remainder of the month. (Providers do
9357 not have to sign these handwritten 520's for GAR payments for the
9358 first month of service).
9359 d. The automatic check run for GAR will be on the 1ST of each month.
9360 Exceptions to this rule will be if the 1st is a Wednesday (day of

9361 regular check run), or a Saturday/Sunday. If the 1st falls on a
9362 Wednesday, the check run will be the next day. If it falls on a
9363 weekend, the check run will be on the following Monday. If there
9364 are any check runs that fall on a holiday Monday, they will run on
9365 Tuesday.
9366 e. If a provider approval has ended and the client authorization is still
9367 open, a direct check will not be issued to the provider. The
9368 agreement/approval needs to be updated before any payments can
9369 be issued.
9370 8. Create Guardianship Subsidy File in the Child's Name.
9371 a. Create new file using approved subsidy tabs. If provider is getting
9372 custody and guardianship of a sibling group, all names can be added
9373 and maintained in the same guardianship file.
9374 b. Copies of OH60 (Guardianship Program Application), and OH61
9375 (Guardianship Screening/Approval Form) will be placed in both the
9376 foster care file and the guardianship file. If copies of the birth
9377 certificate and social security card are available from the family file,
9378 copies should be placed in the Guardianship Subsidy file also.
9379 c. Forms OH62 (Guardianship Subsidy Agreement) and OH64 (Annual
9380 Recertification Letter), along with any other correspondence, will be
9381 maintained in the guardianship subsidy file.
9382 9. Annual Guardianship Subsidy Re-certification Letter.
9383 a. Mail Form OH64—Annual Guardianship Subsidy Re-certification
9384 Letter, 60 days or more prior to the end date of the agreement.
9385 b. Request that the GAR provider complete and return the
9386 recertification letter 30 days prior to the end date of the agreement.
9387 c. Upon receipt of the recertification letter, enter Activity Record in
9388 SAFE.
9389 d. Extend GAR provider approval in USSDS (do not create a new GAR
9390 line unless the rate is changing).
9391 e. If provider fails to return recertification letter 30 days prior to the
9392 end date of the agreement, mail out a final 30-day notice. This
9393 notice will notify them that their case will be closed in 30 days if the
9394 recertification letter is not received. If after the final 30-day notice
9395 the recertification letter is not received, close PSA to stop the GAR
9396 direct checks from running.
9397
9398 W. Closure of a Guardianship Subsidy Case.
9399 1. Navigate to the General Tab of the GAM Case Window; Select the Case
9400 Closure Wizard Button.
9401 a. Enter appropriate Closure Reason based on the child's situation.
9402 Select the closure reason value that most closely applies.

2. Complete Closure Wizard.
3. At closure of GAM case, the hardcopy of the Guardianship Subsidy file will be closed and archived according the retention for Guardianship Subsidies.

308.3 Transition To Adoptions And Adoption Finalization

Major objectives:
If the child's permanency goal is adoption and the child is not already in the adoptive home, Child and Family Services will make intensive efforts to place the child with an adoptive family. [*See:* Section 400, Adoption, subsections 401.3 through 401.9.]

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

308.3a Contact Between Adopted Child And Birth Family Members

Philosophy:
Help children stay connected with birth family members after adoption to help relieve loss, cultivate a pride in their heritage, and answer questions about family histories of medical and mental health conditions.

Major objectives:
Child and Family Services will help children who are adopted benefit from contact with birth family members when all parties agree it is safe and appropriate. Contact with birth family members may help a child:

A. Relieve grief and loss. Children have often lost connections with birth family members through being in out-of-home care and further lose connections after they are adopted.
B. Cultivate pride in their biological heritage to develop self-worth and good self-esteem. Contact with appropriate birth family members can help an adopted child understand their biological heritage.

C. Explain things like their genetic traits and possible inherited medical and mental health conditions.

Applicable Laws
Utah Code Ann. §62A-4a-205.6. Adoptive Placement Time Frames.

9444 Utah Code Ann. §78B-6-146. Post Adoption Contact Agreement.
9445
9446 Practice Guidelines
9447 [*See*: Practice Guidelines Section 401.8a.]
9448

9449 308.4 Transition To Independent Living

9450
9451 (This section has been replaced by Section 303.7.)
9452

9453 308.5 Transfer To Other Agencies

9454
9455 Major objectives:
9456 Child and Family Services will team with other agencies to ensure each foster child
9457 receives appropriate services from other agencies as needed.
9458
9459 **Applicable Law**
9460 Utah Code Ann. §62A-4a-105. Division responsibilities.
9461
9462 Practice Guidelines
9463 A. The caseworker should screen the case with the appropriate agency to determine
9464 if the child is eligible for services from another agency such as Youth Corrections,
9465 DSPD, or Division of Aging and Adult Services.
9466
9467 B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not
9468 assume full responsibility for the case until the child is age 18 years or in some
9469 cases age 21 years. Therefore, Child and Family Services must work in
9470 conjunction with DSPD. However, once a child reaches age 18 or 21 years, the
9471 case may be transferred to DSPD.
9472
9473 C. Once it is determined a child is eligible for service from another agency and the
9474 case has been accepted for services by the agency, the caseworker will meet with
9475 the child and necessary family members and explain the transfer of services to the
9476 new agency. The caseworker will assist the child and new caseworker in making a
9477 smooth transition.
9478
9479 D. Once the transition is complete, Child and Family Services may close the foster
9480 care case.
9481

308.6 Termination Of Out-Of-Home Services

Major objectives:
When a child's permanency goal is achieved, Child and Family Services out-of-home services will be terminated.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines
No later than 30 days after the issuance of the court order to terminate Child and Family Services custody and guardianship of a child, the caseworker will:

A. Complete the risk assessment, which shows the child will be safe in the permanent placement.

B. Update the Functional Assessment.

C. If parental rights have not been terminated, notify the parents, in writing, that the case is being closed. A copy of the letter should be sent to the Guardian ad Litem.

D. Notify the Office of Recovery Services with a closure date.

E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid eligibility.

F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social Security Administration or other entitlement source in writing of the change in payee and notify the business office at the regional office to close out the child's trust fund.

G. Write a termination summary addressing the original risk factors, achievement of the service plan goals and the reason for closing the case, etc.

H. Complete the closure wizard on SAFE.

I. The case must have a copy of the court order terminating Child and Family Services custody and involvement in the record before the case can be closed.

J. The case should be reviewed by the caseworker's supervisor and a QA review completed and put in the record to ensure all documentation is complete on the case before it is closed.

9524
9525 K. If the child is from another state, refer to Section 703 Interstate Compact On The
9526 Placement Of Children.
9527

309 Peer Parent Services

Major objectives:
Peer Parent services may be appropriate for families who have parenting or household management challenges. Peer Parent services are also appropriate for families who are at risk of having their children removed (as a preventative measure) or whose children have been removed. Families will be assigned a peer parent who is a specially trained individual, who may be a licensed out-of-home caregiver or an individual from the community, to work intensively with the parents to provide information; to teach and provide an opportunity to practice positive parenting and household management skills; and to model the skills.

Peer Parent services are not designed to ensure safety of the children in the home or to monitor the family's compliance with court orders or Child and Family Services requirements.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

Practice Guidelines

A. Eligibility requirements for families to be referred by a caseworker to Peer Parent services are:
   1. Families or caregivers in need of extra help or support in order to maintain the child in the home.
   2. Families whose child has been removed from the home due to insufficient parenting skills.

B. The role and responsibilities of the peer parent is:
   1. To teach parenting skills by engaging the parent and the child in interactive experiences.
   2. To teach and model household management skills needed by the parent.
   3. To fully document all sessions as they work with the family.
   4. To submit documentation to both the peer parent area coordinator and the caseworker on a monthly basis.

C. All peer parents will use a skills-based curriculum approved by Child and Family Services as a basis for working with the family. The peer parent may supplement the curriculum, when needed, with other materials approved by the peer parent area coordinator.

D. A manual, and/or other materials used by the peer parent when working with the family, will remain with the family as a resource when peer parenting has ended.

E. Accessing, Initiating, and Terminating Peer Parent services:

1. The caseworker will staff all referrals to Peer Parent services with the peer parent area coordinator, who will determine if the referral is appropriate for Peer Parent services.
2. Peer Parent services will not be provided simultaneously with homemaker, family preservation, or parent advocate services.
3. The caseworker will include Peer Parent services in the Child and Family Plan.
4. Peer Parent services will begin with an initial meeting between the peer parent, caseworker, and parent to clarify expectations and the skills to be addressed, and to formally include Peer Parent services in the Child and Family Plan.
5. The caseworker will ensure that correct service codes are entered into SAFE in order to provide the requisite compensation to the peer parent.
6. The caseworker will assist the potential peer parent and/or the peer parent area coordinator in completing other forms required in order to initiate services.
7. The caseworker will ensure that the service codes are closed in a timely manner upon completion or termination of Peer Parent services.

F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on, practical parenting opportunities for a minimum of 20 hours per month with a maximum or 40 hours per month. Peer Parent services are not to exceed 120 days unless staffed for an exception. Exceptions to this time frame include court orders or approval from the region director.

G. Payment code:

1. The payment code of PPO will be used when Peer Parent services are initiated on a case where the child is currently in state custody. The PPI code is utilized when the child remains in the custody of the parent or guardian and Peer Parent services are being offered.
2. Peer Parent services will be opened with the parent or guardian identified as the primary client (not the child). In most cases only one parent may be opened for the service.
3. The peer parent will receive a standard reimbursement rate. In order for the payment to be processed, Child and Family Services must receive completed documentation for total hours billed and a signed form 520 from the peer parent who is providing the services. Documentation must be received prior to the payment being issued.

H. Peer Parent Program Staff:

1. Peer parents are specially trained individuals, who may be licensed out-of-home caregivers or an individual from the community, who work intensively with the parents to provide information, to teach and provide an opportunity to practice positive parenting and household management skills, and to model the skills.
2. Peer parent area coordinators administer the Peer Parent services in the regions. The peer parent area coordinators recruit, train, supervise, and assist individual peer parents.
3. A program administrator from the State Office is assigned to manage Peer Parent services statewide and inform the peer parent area coordinators of Practice Guidelines and procedures of Child and Family Services pertaining to Peer Parent services.

I. Requirements for being a peer parent:
1. Peer parents will be certified by Child and Family Services to provide Peer Parent services.
2. Peer parents will have completed basic peer parent training delivered by the peer parent area coordinator and maintain a working knowledge of the competencies outlined in the current Peer Parenting Manual.
3. Peer parents will be current with their required advanced training hours delivered by the peer parent area coordinator.
4. Peer parents must show an understanding of the major objectives and procedures of Child and Family Services.

J. Peer Parents Certification:
1. Peer parents may be licensed Child and Family Services out-of-home caregivers who have received training and certification specific to providing Peer Parent services.
2. Peer parents may also be individuals from the community that are not licensed out-of-home caregivers, but who have gone through the peer parent training and certification process and are approved to provide Peer Parent services by the region director.
3. The peer parent area coordinator will facilitate the certification process by documenting that the prospective peer parent has:
   a. Passed the background screening process,
   b. Completed the necessary training, and
   c. Gained an understanding of Child and Family Services processes.
4. The peer parent area coordinator will notify the region of all certified peer parents and their status as either licensed out-of-home care providers or certified peer parents.

K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:

1. Recruit and train peer parents throughout the region as needed.
2. Receive referrals from caseworkers for Peer Parent services, make a determination of the appropriateness of the family for services, and assign a peer parent to the family.
3. Meet quarterly with Child and Family Services staff, throughout the region they serve, to assess the needs of the region in regards to Peer Parent services and to educate staff regarding the Peer Parent services.
4. Assess the Peer Parent services in the region they serve and make needed improvements and changes.
5. Attend statewide meetings in regards to the Peer Parent services, coordinate with the program administrator assigned to Peer Parent services, and prepare program utilization reports as requested by Child and Family Services.

L. Role of the program administrator assigned to Peer Parent services:

1. The program administrator will manage and evaluate the Peer Parent services. The program administrator works to improve the Peer Parent services and ensure that the program is being implemented effectively in the regions.
2. The program administrator manages Peer Parent services statewide and informs the peer parent area coordinators of Practice Guidelines and procedures in regards to Peer Parent Services.
3. The program administrator will assist the peer parent area coordinators, region directors, and Child and Family Services staff as needed.

310 Levels Of Care Evaluation Model

Major objectives:
A child will be placed in a placement consistent with the child's needs, first taking into consideration preference of placement found in Practice Guidelines Section 700. The type of out-of-home placement for the child, either the initial placement or change in placement, will be determined within the context of the Child and Family Team. Placement level decisions will be made based upon the needs, strengths, and best interests of the child according to the following criteria (these are in no particular order, rather they should be considered in the context of each case and situation):

A. Safety factors in regards to the potential placement, including the threats of harm to the child or that the child poses to others, the protective capacities of the caregiver, and the child's vulnerabilities.

B. Reasonable proximity to the child's home.

C. Placing siblings together unless there is a safety concern.

D. Educational needs, including proximity to the child's school and child's need for maintaining connections to school.

E. Needs specific to the child's age, including developmental level.

F. Cultural factors, language, and religion specific to the child.

G. Existing relationships between the child and a caregiver or other significant individuals in the child's life.

H. Health and mental health needs.

I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary changes in placement.

Applicable Law
Utah Code Ann. §62A-4a-105. Division responsibilities.

9717 Practice Guidelines
9718 General Philosophy:
9719 Child and Family Services has the responsibility to determine the least restrictive and
9720 most appropriate placement based on the child's needs. The placement provides for the
9721 safety of the child and others, as well as assists in maintaining the child's connections
9722 with their family. For children who are unable to return home, the placement will have
9723 the capacity to prepare a child for another planned permanent relationship and/or
9724 provide for connections to relationships that will endure through adulthood.
9725
9726 A. The Levels of Care Evaluation Model promotes the belief that children should live
9727 in family settings, not in a treatment program.
9728
9729 B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the
9730 needs of children while keeping safety, permanency, and well-being at the
9731 forefront throughout the decision-making processes used by the Child and Family
9732 Team.
9733
9734 C. The Levels of Care Evaluation Model is designed to identify the level of care,
9735 supervision, and services that a child requires and NOT identify a specific
9736 placement.
9737
9738 D. Services will be outcome driven and provided in the most cost effective manner
9739 within available resources.
9740
9741 Levels of Care - General Description:
9742 A. The Levels of Care Evaluation Model is based on a continuum of care with seven
9743 levels of care. As the levels of care progress, each level is designed to provide
9744 more intensive services and supervision than the prior level of care.
9745
9746 B. The first three levels (Level I, Level II, and Level III) are most frequently provided
9747 in foster family homes licensed by the Department of Human Services (DHS),
9748 Office of Licensing (OL). Occasionally these services are provided to children in
9749 proctor homes, such as when foster family homes are not available or when
9750 siblings of a child in proctor care are placed together.
9751 1. Level I is family-based care that provides safe, adequate, standard parental
9752 supervision and care. Children in this level of care may have mild to
9753 moderate medical or mental health treatment needs and mild behavioral
9754 problems.
9755 2. Level II is family-based care that provides a safe environment with
9756 adequate parental supervision that may be slightly or moderately more
9757 intense than that of a child in Level I care. Children at this level may be
9758 physically disabled, developmentally delayed, medically needy or medically

9759 fragile, or have a serious emotional disorder (SED), and may require
9760 outpatient treatment services more frequently than once a week, such as
9761 day treatment and/or special education services.
9762 3. Level III is family-based care that provides intensive treatment services and
9763 constant supervision in a family living environment by a well-trained,
9764 experienced out-of-home care provider. Children at this level may have
9765 severe behavioral, emotional, or medical problems that can still be
9766 managed in a foster home. Level III care is for children who are unable to
9767 be successful in placements with a lower level of services and supervision.
9768 Children in Level III care have behaviors, medical concerns, or other needs
9769 that could generally be improved by working with skilled, experienced out-
9770 of-home care providers that have completed advanced training through
9771 the Utah Foster Care Foundation and have demonstrated skills in working
9772 with the issues. A Level III placement is a safe intervention phase to help
9773 stabilize and improve the behavior of a child ages eight to 18 years and to
9774 teach them skills to help them form healthy relationships and achieve goals
9775 congruent with their age and developmental level.
9776 a. Level III care is based on the needs of the child, not the level of
9777 training the out-of-home care provider has received.
9778 b. The out-of-home care provider may be required to participate in
9779 supplemental training to learn how to deal with the specific needs
9780 and behaviors of a child assessed for Level III placement. Level III
9781 placement may also include a specific, individualized plan (which
9782 may be incorporated into the Child and Family Plan) tailored to
9783 improving problematic behaviors of the child and/or meeting the
9784 child's specific needs.
9785 c. Screening for placement in Level III:
9786 (1) A child who is recommended for a Level III placement will be
9787 screened by the Placement Screening Committee or
9788 equivalent committee in the region to determine if a Level III
9789 placement is the most appropriate placement for meeting the
9790 child's needs.
9791 (a) The region director or designee is required to approve
9792 placing a child under the age of eight years in a Level
9793 III placement.
9794 (2) Level III is to assist in preparing the child for transition into a
9795 permanent family setting, such as returning the child home;
9796 adoption; custody and guardianship to kin or with an out-of-
9797 home care provider; or another planned, permanent living
9798 arrangement.

9799 d. Requirements for prospective Level III out-of-home care providers:
9800 Out-of-home care providers must meet the following requirements
9801 before they can be approved to provide Level III care:
9802 (1) A minimum of six months experience as an out-of-home care
9803 provider OR the Resource Family Consultant (RFC) or other
9804 designated regional staff determines that the family has the
9805 skills and abilities to successfully parent a child placed in their
9806 care that would qualify as a child that requires a Level III
9807 placement;
9808 (2) One parent available in the home full-time when the child is
9809 present;
9810 (3) Complete the training designated by Child and Family
9811 Services through the Utah Foster Care Foundation for Level
9812 III out-of-home care providers;
9813 (4) Successful demonstration of the skills taught in the training;
9814 (5) Successful completion of an evaluation by the RFC or other
9815 staff designated by the region at the end of a six-month
9816 probationary period;
9817 (6) Completion of any additional requirements as outlined by the
9818 region.
9819 e. The RFC or other staff designated by the region will monitor the
9820 out-of-home care provider to assess their ability to provide Level III
9821 care. A formal, written evaluation of the out-of-home care
9822 provider's abilities will be completed annually and documented in
9823 SAFE or in the out-of-home care provider's file in order to
9824 determine that they are able to provide care and structure at an
9825 appropriate level for the child placed in their home.
9826 g. If needed, the RFC or other designated regional staff will identify or
9827 provide additional training and/or assistance to the family to help
9828 the out-of-home care provider in meeting the specific needs of the
9829 child placed in their home.
9830
9831 C. Children with severe emotional or behavioral difficulties that cannot be managed
9832 in traditional family settings because of a need for more intensive supervision and
9833 treatment may be placed in higher levels of care through contracts with licensed
9834 providers.
9835 1. Level IV is proctor family care through a private licensed child-placing
9836 agency. The proctor agency generally has access to highly skilled
9837 caregivers as well as a variety of wraparound services needed for the
9838 higher, intensive needs of the child. It also includes Transition to Adult
9839 Living services in a supervised apartment setting.

2. Level V is residential support or residential treatment, generally for children with moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.
3. Level VI is residential treatment for children with high level treatment and supervision needs, generally requiring 1:4 staff to client ratio with awake night staff. This is the highest level of care before institutional care at a psychiatric or acute care hospital.
4. Level VII is institutional care at a psychiatric or acute care hospital, such as the Utah State Hospital.

D. Categories of primary treatment needs for Levels IV, V, and VI: Children entering a higher level of care provided by a contract provider (Levels IV, V, or VI) will have behavioral concerns. These levels are based on the intensity of supervision required by direct care staff and/or proctor parents. It is what is behind the behaviors that will indicate primary treatment needs of the child.

Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five categories of service that are designed to address specific treatment needs of a child. For children entering higher levels of care, an assessment and determination must be made regarding which treatment category is appropriate for the child.

1. Sexual Behaviors: Children who have sexual behaviors that have not been managed while living with their families or while living in lower levels of care.
2. Mental Health: Children whose negative behaviors are a result of a mental illness (such as seriously emotionally disturbed, bipolar disorder, major depression, PTSD, etc.).
3. Substance Dependent: Children who have been diagnosed as being substance dependent through a psychological or substance abuse assessment.
4. Behavioral Disorders: Children whose presenting problems are behavioral in nature such as non-compliance, acts of physical aggression, property offending, or substance abuse. Children placed in this category have been ruled out of the sexual behavior, mental health, and substance dependant treatment categories.
5. Individual Residential Treatment for Severe Needs (IRTS): Children with a combination of cognitive impairments or other significant physical disabilities AND severe emotional or behavioral disorders that cannot be served in the other treatment categories due to their intensive needs. Children placed in the IRTS category require a more intensive staff to client ratio from 1:1 to a maximum of 1:3 client ratio and other intensive services, which are based on the individual needs of the child. The treatment plan

9882 for a child placed in this category is highly individualized and based on the
9883 child's needs.
9884 a. The IRTS category is a 24-hour individual residential program.
9885 Highly trained staff provide an intensely structured environment,
9886 general guidance, supervision, behavior management, and other
9887 rehabilitation services designed to improve the child's condition or
9888 prevent further regression so that services of this intensity will no
9889 longer be needed. The program has the capacity to significantly
9890 increase or decrease the intensity of services and supervision for
9891 the child, depending on their needs, without a change in the
9892 placement setting. There are two types of IRTS placements:
9893 (1) Community living residential support: This service is
9894 available to those persons who live alone or with roommates
9895 in an apartment-like setting based on an individualized staff
9896 to client ratio ranging from 1:1 to 1:3. This is a residential
9897 service designed to assist the child to gain and/or maintain
9898 skills to live as independently as possible and fully participate
9899 in a community setting. The type, frequency, and amount of
9900 required support in these settings are based on the individual
9901 client's needs.
9902 (2) Professional parent home: A family home-like setting for one
9903 child with IRTS qualifying needs. This service provides
9904 individualized habilitation, supervision, training, and
9905 assistance in a certified private home for no more than one
9906 child client at a time. This service includes daily supports to
9907 maintain individual health and safety, and assistance with
9908 activities of daily life.
9909 b. Requirements for IRTS professional parent homes:
9910 (1) The provider will place no more than one child client in the
9911 home of a professional parent.
9912 (2) The provider will ensure there is no more than one child
9913 client in the professional parent home who is unrelated to
9914 the professional parents, including the child client who is
9915 being served.
9916 (3) One professional parent will be in the home at all times when
9917 the child client is in the home, or the caseworker will need to
9918 approve other agency staff to provide supervision. A
9919 professional parent will be available for immediate contact
9920 when the child client is not in the home.
9921
9922 E. General Requirements for all treatment providers in Levels IV, V, and VI:

1. No Mixing of Treatment Populations: Child populations in different treatment categories may not be mixed in the same residential facility or proctor home. Providers will have residential programs that specifically target the population they are working with. In addition, low supervision need children generally should not mix with moderate to high-risk children, unless they are stepping down and the caseworker and Child and Family Team make a determination that placement of the children together is safe and appropriate.
2. Gender Considerations: Male and female children need to be housed and treated separately. There may be an exception granted in family-based placements for siblings or for a child in custody who has a child of their own. It is also expected that any program working with female clients, even where there is a mixed gender population in the program, will implement gender-responsive best practices. Training and guidance will be given to providers regarding gender responsive practices.
3. Multiple Diagnoses: For children with multiple diagnoses, the diagnosis of greatest concern will dictate the treatment needs and, ultimately, the placement (though the provider will still be required to address all of the treatment needs).
4. Changes in Placement: Before a provider requests to change a child's placement, the provider must first attempt to stabilize the placement through adjusting treatment and wrap services based on the child's variable needs.
5. Requirement for Written Authorization: The provider must obtain written authorization from the caseworker prior to providing services or increasing services for a child.

Process for Making Placement Decisions:

A. Child and Family Assessment (CFA): Caseworkers will complete a CFA on each child in order to assist in making an appropriate determination for the level of care the child will be placed in. The CFA will include a Levels of Care Evaluation.
   1. CFA: The CFA is developed through a process of teaming and assessing each child in Child and Family Services custody. Information available from formal assessments (health, mental health, psychiatric, school, etc.) and informal assessments (client interviews, family history, etc.) is brought together and synthesized into the CFA. Through the Child and Family Team process, the caseworker completes the CFA by gathering information about the child in the following areas:
      a. Threats of harm that can affect the safety of the child;
      b. Placement and treatment history;
      c. Child's family history, including the family's strengths, concerns, and protective capacities;

9965 d. Child's strengths, motivations, and interests;
9966 e. Health issues/concerns, including medication history;
9967 f. Developmental and educational levels;
9968 g. Behavioral/emotional concerns about the child, including those that
9969 pose a risk to self and others;
9970 h. Mental health issues and history, including psychotropic medication;
9971 i. History of delinquent behavior;
9972 j. Permanency goal, including enduring relationships that can provide
9973 safety and permanence.
9974
9975 B. Levels of Care Evaluation tool: Caseworkers will use input and information from
9976 the Child and Family Team and from other known assessments to complete a
9977 Levels of Care Evaluation on every child to determine the appropriate level of
9978 care and services needed to promote stabilization for the child. The Levels of
9979 Care Evaluation will inform the CFA. Children will be placed in the level and
9980 category of treatment and supervision that is best suited to meet individualized
9981 needs based on the conclusions drawn in the CFA and the Levels of Care
9982 Evaluation tool.
9983 1. The Child and Adolescent Needs and Strengths (CANS) assessment will
9984 serve as the Levels of Care Evaluation tool for children in the custody of
9985 Child and Family Services. The CANS assessment is meant to be
9986 completed using information that is contributed by the members of the
9987 Child and Family Team. The result of the CANS assessment is a
9988 recommendation for a level of care, as well as a recommended treatment
9989 category for Levels IV, V, and VI.
9990 2. The CANS assessment results may be superseded by recommendations of
9991 other assessments (such as a NOJOS assessment or Mental Health
9992 Assessment) or by the decision of the Child and Family Team or the
9993 Placement Screening Committee when determining the appropriate level
9994 of care for the child.
9995 3. When a decision is made to place a child at a level of care that differs from
9996 the recommendation of the CANS assessment, the rationale for the
9997 placement decision will be documented in the SAFE database in the CFA.
9998
9999 C. When the placement recommendation indicates the need for a Level III placement
10000 and above, the caseworker will take the completed CANS assessment and the
10001 CFA, and will present the information to the region Placement Screening
10002 Committee. The Placement Screening Committee will ask clarifying questions and
10003 assist the caseworker in refining the evaluation in order to determine an
10004 appropriate recommendation for a level of care for the child. The placement will
10005 be within the least restrictive environment for the shortest, appropriate duration

10006 to help the child achieve the outcomes defined for that child and to help the child
10007 progress towards enduring safety and permanency in a family setting.
10008
10009 Ongoing Assessment of Progress:
10010 In order to assess for progress, the caseworker will hold regular reviews to determine
10011 whether the child is making progress and/or needs to remain at the current level of care.
10012 The review should include the completion of a new CANS assessment, review of other
10013 assessments that have been completed since the last review, input from the Child and
10014 Family Team, and any other relevant case information.
10015
10016 A. For placements at Level I, II, and III, reviews will be conducted a minimum of
10017 every six months or more frequently as needed.
10018
10019 B. For each child placed at a Level IV or higher, reviews will be conducted a
10020 minimum of every three months or more frequently as needed.
10021
10022 C. For children in Level III placements and above, these reviews must be done with
10023 the region Placement Screening Committee.
10024 1. Review of Level III placement: The review process of a Level III placement
10025 will follow the region protocol, but at a minimum will be staffed with the
10026 supervisor and the caseworker.
10027 2. For all placements, the review will include input from the Child and Family
10028 Team members regarding the effectiveness and appropriateness of the
10029 placement, and should address the child's underlying needs, strengths,
10030 behaviors, progress toward goals, permanency, long-term view, and
10031 barriers to progress. A new Level of Care Evaluation tool (the CANS)
10032 should also be completed as a part of the review.
10033 3 If the child has been in a Level III or higher placement for 12 months or
10034 longer without making significant progress, the Child and Family Team will
10035 determine:
10036 a. Whether the child may need to be screened by the Placement
10037 Screening Committee or equivalent placement committee in the
10038 region for a higher level of care;
10039 b. Whether the child may be in need of additional supports or wrap-
10040 around services, or their behavior goals may need to be re-defined.
10041 4 If after 12 months it is determined that the child would benefit from
10042 continuation in their current placement, the caseworker will document this
10043 information on the CFA and forward the information to the Placement
10044 Screening Committee.
10045
10046 D. Stepping a child down will be based on the stabilization and improvement of the
10047 child's behaviors and conditions as based upon the CANS. This decision will be a

10048 collaborative decision by the Child and Family Team and/or the Placement
10049 Screening Committee.
10050
10051 E. Children who are placed in Level III and Level IV family-based care may be
10052 stepped down in intensity of wrap services provided while remaining in the same
10053 family placement to allow for stability.
10054
10055 F. If at all possible, children who are assessed for needing a higher level of care will
10056 remain in their current placement with increased intensity of services.
10057

311 Research Involving Children In Child And Family Services Custody

Major objectives:
Child and Family Services will cooperate with bona fide research by providing information on or allowing recruitment of children in the custody of Child and Family Services as long as the research is approved in accordance with the standards and procedures of the Department of Human Services Institutional Review Board, which may be found on their website at http://www.hs.utah.gov/irb/index.htm.

Applicable Law
FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR 46.
Utah Code Ann. §52-4 et seq. Open and Public Meetings.
Utah Code Ann. §53A-13-301. Application of State and Federal Law to the Administration and Operation of Public Schools.
Utah Code Ann. §63G-2 et seq. GRAMA.
Utah Code Ann. §62A-3-302. Purpose of Adult Protective Services Program.
Utah Code Ann. §62A-4a-403. Reporting Requirements.

Pracice Guidelines

A. When a researcher proposes a research study that involves children in Child and Family Services custody, the following steps must be taken to grant informed consent prior to the researcher being given any confidential information or having contact with clients or their private data. Federal regulations define "research" as "*a systematic investigation*, including research development, testing, and evaluation, *designed to develop or contribute to generalizable knowledge*." This may include, but is not limited to, accessing individual client records, interviewing the child or others about the child, observing the child, or treating a child as part of the research study.

1. The Child and Family Services research representative to the Department of Human Services Institutional Review Board (DHS IRB) must review and approve the research. The Child and Family Services research representative will consult with the division director and/or region directors when the research impacts regional workload or is of greater than minimal risk. Risk level is determined by the DHS IRB or the research representative. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. The review will consist of evaluating whether or not the research is in the best interests of Child and Family Services and its clients (including the children), the researcher has made adequate provision for obtaining all

10099 required informed consents and informed assents, the research protocols
10100 and procedures are designed to ensure confidentiality, respect, and ethical
10101 treatment during the researcher's gathering of the data, storage, retrieval
10102 of the data, and publication of the data, the research study involves no
10103 more than minimal risk to subjects or the direct benefits to the subjects
10104 outweigh the risks, the research methodology is sufficiently sound to yield
10105 results that offer a potential benefit to the Department or Child and Family
10106 Services, and the research protocol protects individual privacy rights and
10107 complies with the Department's Vision and Mission Statements, the
10108 Department Code of Ethics, and any applicable rules or statutes, including
10109 Utah Code Annotated §63G-2-202. Approval will be documented on the
10110 Division Level Approval of Research Form (see Section 311--Foster
10111 Children Research Involvement - Caseworker Consent Form).
10112 2. The DHS IRB must review and approve the research in accordance with
10113 Department of Human Services policy "Protecting the Rights of Human
10114 Research Subjects Policy and Procedures", FDA 21 CFR 50, FDA 21 CFR
10115 56; DHHS 45 CFR 46; Utah Code Annotated §52-4 et seq Open and Public
10116 Meetings; Utah Code Annotated §53A-13-301 Application of State and
10117 Federal Law to the Administration and Operation of Public Schools; Utah
10118 Code Annotated §63G-2 et seq GRAMA; Utah Code Annotated Utah Code
10119 Annotated §62A-3-302 Purpose of Adult Protective Services Program;
10120 Utah Code Annotated §62A-4a-403 Reporting Requirements.
10121 3. Informed consent for children in Child and Family Services custody (unless
10122 written consent has been waived by the DHS IRB):
10123 a. The Child and Family Services caseworker for the child will consult
10124 with the foster parents (adoptive parents in research with adoptive
10125 children) and may contact therapists, school personnel, and others
10126 who work closely with the child to determine if the child will be
10127 available and ready to participate in the proposed research, and to
10128 consider if there are any concerns about the child participating in
10129 the research. If it is decided that the child can participate, the
10130 caseworker must sign the informed consent and document on the
10131 "Foster Children Research Involvement – Caseworker Consent
10132 Form" who they consulted prior to deciding to give consent.
10133 b. If the research is greater than minimal risk and the child is under 18
10134 years of age and the goal of the child is 'Return Home' or 'Custody
10135 to Relative Guardian' or if parental rights have not been terminated,
10136 the parents or relatives must be consulted and give their permission
10137 for the child to participate. If they give their permission they must
10138 also sign the informed consent form. If they do not give their
10139 consent the child cannot participate in the research.

c. If the child has the maturity to understand the implications of participating in research, they must be consulted about their potential participation. It must be explained that participation is voluntary, if they do not assent it will not in any way affect services they or their families receive from Child and Family Services, and if they do assent they can withdraw from the research project at any time without penalty. Evaluation of the child's level of maturity is done by the Child and Family Services caseworker after consultation with foster or adoptive parents and other appropriate collateral contacts (i.e., education representatives, a therapist, caretaker, etc.). If the child (younger than 18 years of age) agrees to participate, he or she must sign an informed assent form. If the child is 18 years or older they must sign the informed consent form. If the child does not agree they cannot participate in the research.

d. If the research is greater than minimal risk, the office of the Guardian ad Litem (GAL) must be contacted. The GAL representing the child must be given a description of the research project. If the GAL expresses concerns regarding the child's participation in the research, the child cannot participate. The GAL may be contacted via phone or certified mail. They need to be provided the anticipated start date for the research. They also need to be provided a date by which response is required so that they can express any concerns they have prior to then. The GAL must be given at least 10 days to review and respond to the research proposal. Contact with the GAL must be documented for each child.

e. Copies of consent forms, assent forms, and the "Foster Children Research Involvement – Caseworker Consent Form" will then be sent to the Child and Family Services research representative to be stored with the research proposal.

B. Once these steps have been completed and if proper consent and assent have been given, the Child and Family Services research representative may release information to the researcher or the caseworkers may allow participation of foster children and the researcher may proceed with their research project.